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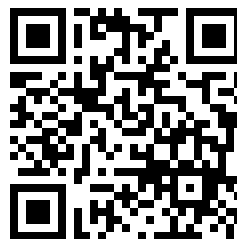
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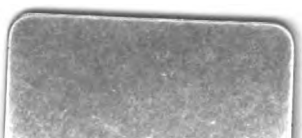
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THE
Medical Press
and Circular. Estab. 1838.

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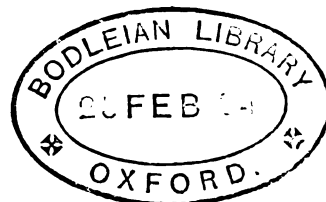
A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

FROM JANUARY TO JUNE,

1883.



LONDON: 20 KING WILLIAM STREET, STRAND.

DUBLIN: 3 MOLESWORTH STREET.

EDINBURGH: SOUTH BRIDGE.

GLASGOW: COLLEGE GATE, HILLHEAD.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Rupture of the Urinary Bladder. By Walter Rivington, F.R.C.S. Eng., Surgeon to the London Hospital	1	Invalid Carriage	9
A Historical Sketch of the Royal College of Surgeons in Ireland. By Archibald H. Jacob, M.D., F.R.C.S., Professor of Ophthalmology and Councillor in the College, &c.	3	ODONTOLOGICAL SOCIETY—	
Transfusion—for the Hemorrhages of Parturition. By Charles Egerton Jennings, L.E.C.P. Lond.	4	The Causes of Dental Decay	
CLINICAL RECORDS.		LEADING ARTICLES.	
Lottenham Training Hospital—Two Cases Empyema. Under the care of Dr. Lichtenberg. Communicated by Mr. Sidney Davies, House Surgeon	6	SHIP SURGEONS	10
SPECIAL.		THE TYPHOID EPIDEMIC IN PARIS	10
"Krao," the so-called Missing Link	6	ENTERIC FEVER IN LONDON	12
The Medical Staff in India	6	NOTES ON CURRENT TOPICS.	
TRANSACTIONS OF SOCIETIES.		Quackery in America	13
ACADEMY OF MEDICINE IN IRELAND—		The Next International Medical Congress	13
MEDICAL SECTION—		The Dangers of Keeping Anatomical Specimens in Consulting Rooms	13
The President's Address	8	The London Society of Apothecaries	13
Caustion of Left-side Pain	8	Tracheotomy	14
Unilateral Paralysis of the Soft Palate ..	8	The late Mr. Goyder	14
		Dwartz	14
		Birmingham Hospital Sunday	14
		The Dublin School Returns	14
		Perforation of the Ileum by Worms	14
		Death of a Centenarian	11
		The Public Health	15
		A Slighted Disinfectant	15
		Nickel Money	15
		The Royal Medical Benevolent Fund	15
		Hot Pack in Puerperal Eclampsia	16
		SCOTLAND.	
		Anderson's College	14
		Outbreak of Typhus Fever in Edinburgh ..	16
		The Death Rate	14
		Glasgow Magdalene Institution	16
		The Edinburgh Medical School	16
		LITERATURE	
		The Pharmacopœia as a Students' Manual; being an Introductory Address delivered before the Students' Association of the School of Pharmacy of the Pharmaceutical Society of Great Britain. By Professor Atfield	
		CORRESPONDENCE.	
		Perulicious Anæmia	17
		PASS LISTS	18
		NOTICES TO CORRESPONDENTS	
		Vacancies	19
		Births	19
		Marriages	19
		Deaths	19

WITH TITLE-PAGE AND INDEX.

Original Communications.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond
Surgeon to the London Hospital.

PART II.—*Reported Cases of Recovery—Treatment—Conclusion.*

(Continued from page 523, last vol.)

MAX BARTEL'S patient was a man, 50 years of age. His horse fell on him, causing a fracture of the os pubis. Great pain was felt in the right half of the pelvis, with tormenting pain and a feeling of numbness in the stomach, penis, and scrotum. There was great desire, but inability, to pass water. The catheter drew off much bloody urine, and a few drops of urine passed voluntarily. The catheter was used several times daily. At the end of thirty-six hours there was a rigor, and in ten days a swelling appeared above and on the inner side of the thigh. An incision gave exit to urine and decomposing fluid. At this spot a urinary fistula remained. At the end of three quarters of a year the patient went about on crutches; six months later he walked with a stick, and a cure resulted.

Berner's patient was a carter. A wheel passed over his belly. Extensive infiltration of urine resulted, with gangrene and sloughing of the soft parts. The patient was submitted to the *boutonnaire*, and ultimately recovered.

Jeanmaire's patient was a man 50 years of age, who was bruised by the falling of a brick arch. He felt something crack in his belly. An extensive tumour appeared in the right thigh. Ineffectual efforts to make water were always attended by pain in the tumour, which soon reached as far as the knee. The bladder seemed to be greatly distended. A catheter was retained, and drew off bloody urine. At the end of three days urine passed voluntarily, and after thirteen incisions into the fluctuating tumour gave exit to a quantity of urinous fluid mixed with blood and pus. All the urine now came from the wound; none from the catheter. When

the patient lay upon his left side the rent was placed higher than the point of the catheter, and, therefore, all the urine flowed through the instrument, showing that the rent was on the right side of the bladder, beneath the peritoneum. The patient suffered from an attack of rheumatism in all his joints.

Dr. Walker's (a) patient was a temperate man, 23 years of age, caught between an engine and a car. His bladder is said to have been distended. He suffered from collapse, vomiting, and tenderness, and had neither desire nor power to micturate. A tumour appeared in the right iliac region, above Poupart's ligament, reaching nearly to the umbilicus. Fracture of the pelvic bones was detected. The catheter removed six ounces of bloody urine, *with relief, and with disappearance of the tumour.* A rupture of the anterior wall of the bladder was diagnosed, and lateral cystotomy was performed, with *subsidence of the tumour and tenderness.* Improvement and rapid convalescence followed, and in fifty-five days the patient resumed his occupation.

It is obvious that if the patient's bladder was full at the time of the accident, it could scarcely escape rupture during so severe a crush, and satisfactory evidence on this point would do much to establish the correctness of the diagnosis formed by Dr. Walker. Not having seen the original report, I cannot estimate the value of the evidence afforded, and there are several points of interest omitted in the brief second-hand accounts to which I have alone had access. Under these circumstances, I reserve a final judgment. As the case stands, however, I do not comprehend the immunity from the inflammation and suppuration which might have been expected from extravasation of urine through a rent in the anterior wall of the bladder; nor do I see how lateral cystotomy would at once be followed by the outflow of urine already extravasated in front of the bladder, and into the iliac fossa. If the bladder held only a small quantity of urine at the time of the accident, the case would stand thus: Crush between two railway cars; the

(a) "Med. Com. of Massachusetts's Med. Soc." Art. IV., Case 6, Vol. VIII., 1845. Quoted in Erskine Mason's paper. The original is not accessible.

bladder containing only an ounce or two of urine; fracture of the pelvis; six ounces of urine drawn off with the catheter with relief and subsidence of swelling; subsequent retention; distended bladder and effusion of blood mistaken for extravasated urine; lateral cystotomy; emptying of bladder with relief; repair of fracture; recovery. Admission of the case into the list of real recoveries without the most critical examination would be injurious on account of the influence that it would exercise on the selection of a method of treatment in other cases. A strong argument in favour of the tumour having been really caused by the bladder itself, most probably with extravasated blood in front of it and in the iliac fossa, is derived from the disappearance of the tumour on the removal with the catheter of only six ounces of bloody urine. Mr. John Brown, of Burnley, has communicated to me the particulars of a case of an extra-peritoneal rupture, which came under his care a few months ago. The case was an example of the idiopathic variety, and seems to have resulted simply from over-distension of the bladder, occurring without any obvious cause. Not only was there an absence of any history of injury, but the patient was free from stricture, and had not suffered from gonorrhoea. The patient, a lad of eighteen, came from Colne on February 23rd, 1882, and saw Mr. Brown's partner, Dr. Henry Briggs. He complained of wetting his bed at night. Dr. Briggs found his bladder distended after he had made water, and drew off about a pint of urine; he gave him a soft india-rubber catheter, which passed readily, and told him to use it night and morning. On March 3rd the patient returned, greatly pleased, to tell Dr. Briggs that he had not wetted the bed once since he saw him. On March 13th the lad noticed on drawing off his water at night that about a tablespoonful of white matter came. Next day he had considerable pain in the hypogastric region, and passed water frequently. The pain became very severe, and lasted for about a fortnight. Hot fomentations to the lower part of the belly gave him some ease. On the 29th, Dr. Briggs found some swelling of the abdomen, above the pubes, on the outside of the right rectus muscle, and made out fluctuation and dullness. On the 31st, the swelling was more central, and the fluctuation more distinct. The temperature was high, and the pulse 150. Mr. Brown made an incision in the middle line below the umbilicus through the skin and subcutaneous tissue, not reaching the linea alba. A considerable quantity of fluid, which proved to be urine, was evacuated. The fluctuation disappeared and the symptoms improved. On April 5th the opening was unclosed and urine was oozing out abundantly, saturating the towels applied. The oozing ceased for some little time after the patient made water. An india-rubber catheter was passed and retained continuously. The patient made a good recovery. In this case probably frequent over-distension of the bladder led to the formation of a tunicary hernia near the urachus, followed by ulceration of the mucous membrane and effusion of urine between the peritoneum and the abdominal muscles. After mounting upwards to the umbilicus, the urine found a passage by which it came forward into the subcutaneous fascia. Another explanation is the prior formation of an abscess communicating with the bladder; but the fact of extravasation of urine is opposed to this view, for, if a circumscribed abscess opened a communication with the bladder, the urine would be prevented from becoming diffused by the wall of the abscess cavity.

The history of the case, which came under my own observation, though defective in regard to the mode of causation of the communication with the bladder, is as follows:—

Rebecca G., 23, was admitted into the London Hospital on April 6th, 1874, for supposed hip disease. Eighteen months before admission she had fallen down whilst pregnant, and three weeks afterwards she was confined, gave birth to a dead foetus, seven and a-half months

old. Parturition was favourable, but she was ill directly afterwards, and suffered from a constant pain in her side, which continued for nine months. Suddenly the pain removed to the groin, and immediately afterwards the right thigh swelled, and an abscess pointed and broke about two inches below Poupard's ligament on the inner side. Three other abscesses in the same region broke in like manner, and left discharging sinuses. Prior to her admission under my care she had been under various medical practitioners, including Dr. Head, Dr. Palfrey, Mr. Sequeira, Mr. Sawyer, and Mr. Richards, and she had been an inmate of the London, Tottenham, and King's College Hospitals. When she came under me there was a profuse discharge from four open sinuses at the upper part of the right thigh, which was drawn up towards the abdomen, and could not be extended. A week afterwards I placed her under the influence of an anæsthetic, straightened the leg, and explored the sinuses, laying one of them open and inserting drainage tubes in other. I could not detect any diseased bone or hip-joint disease. The leg was put up on a MacIntyre's splint, and a 6 lb. weight was applied. The patient progressed slowly, and on the 8th of June further incisions were made. On the 16th of July a new light was thrown upon the case, as urine was discovered by Mr. Needham, the dresser, issuing from the wound on the inner side of the thigh during distension of the bladder. The patient was averse to submitting to any special treatment for the prevention of the outflow of urine through the sinuses. When she left the hospital she came under the care of Dr. Godfrey and Dr. Todd, and was seen once by Mr. Hilton, who wished to have a catheter retained in the bladder, but this the patient could not bear. After the lapse of some months the communication with the bladder closed spontaneously, the sinuses healed, and the patient gradually regained power over the right leg. She has since borne several children, and at the present time is in perfect health. It is useless to speculate upon the manner in which the aperture in the wall of the bladder was formed, for there is not enough evidence to show whether it was a primary or secondary affection. If primary, the escape of urine through it into the areolar tissue was the cause of the formation of the abscesses; if secondary, there must have been pelvic cellulitis leading to the formation of an abscess, which established an opening into the bladder. Before the abscesses broke externally pus had been observed to pass from the bladder, but this occurrence is compatible with either view.

Since writing the foregoing account of the recoveries after extra-peritoneal rupture of the bladder, I have become acquainted with a successful case reported by Dr. A. V. Williams. (a) The case was one of spontaneous rupture caused by stricture, and strikingly exemplifies the advantage of early surgical interference. Wm. M., 32, of spare habit, but of great endurance, had for several years laboured under stricture of the urethra, with frequent desire to urinate from irritability of the bladder. He stated that on several occasions he had been unable to pass any water for several hours. On the 9th June, 1854, Dr. Williams was called to see him, and learned that the patient had not passed water for two days; that on the morning of the 9th, when making a violent effort to relieve his bladder, he "felt a snap," as if something had given way in his belly, from which time he had no desire to urinate, but was troubled with very great pain over the belly. The doctor tried to pass a catheter, but failed. Rupture of the bladder was diagnosed.

Dr. Willard Parker was summoned in consultation, and it was agreed to make an incision above the pubes, to cut into the bladder and pass a catheter, if possible from within outward through the penis, and re-establish a passage in

(a) Dr. A. V. Williams reported the case in the *New York Medical Times* for January, 1855. The abstract in the text is taken, however from a paper on "Rupture of the Bladder from Stricture," by Dr. J. W. S. Gouley, Surgeon to the Bellevue Hospital, in the *New York Medical Record*, 1872, p. 457. In the abstract no mention is made of the discovery of the aperture in the bladder from which the urine had escaped into the perivesical connective tissue.

that way. It was decided not to cut through the perinaeum, as the extravasation was above the pelvic fascia. The urine flowed out abundantly from the wound; there was but little hæmorrhage. The bladder was deep, and firmly contracted behind the pubes, and so altered in appearance that it could not be recognised as that organ. The doctor pushed up the peritoneum with one finger, and with a bistoury punctured the bladder which Dr. Parker had drawn up with a hook. On dilating this opening with the finger, the internal surface was found corrugated and thickened. The urethro-vesical orifice could not be felt, so that the original design of forcing a passage from within outwards could not be carried out. Whilst the finger was retained in the bladder Dr. Parker passed a grooved sound into the urethra, down to the strictured part, and forced it outward until the point was felt by the finger through the thickened coats of the bladder. A cut was then made through the bladder upon the end of the sound with a probe-pointed bistoury passed along the finger. The lips of the wound made in the abdomen were brought together by a single suture, a catheter introduced through the false passage made into the bladder, an anodyne given, and the patient sent to bed. Urine flowed freely through the wound and through the catheter. With the exception of some local peritonitis, which was readily controlled, the case progressed to a favourable termination without any serious complications. On the 27th day the wound had entirely closed, and the urine was passed through the urethra in a fuller stream than it had done for years.

A HISTORICAL SKETCH OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND. (a)

By ARCHIBALD H. JACOB, M.D., F.R.C.S.,

Professor of Ophthalmology, and Councillor in the College; Ophthalmic and Aural Surgeon to the Richmond, Whitworth, and Hardwicke Government Hospitals.

THE phase of its history which the Royal College of Surgeons in Ireland has entered upon with the year 1883 is one which makes appropriate a historical sketch of its past life, and the very special circumstances under which it is at present placed with regard to medical education in Ireland makes the present epoch peculiarly worthy of note.

With the year 1883 the Royal College of Surgeons enters upon the hundredth session of its most honourable and useful career, and its School of Surgery, being almost coeval with the College, enters, let us hope, with hundredfold energy and zeal upon the performance of the important duty for the discharge of which it is maintained by the College.

On the 16th of February, 1884—before another session of our School has been completed—the Royal College of Surgeons will have completed its century of existence, and will have taken its first step forward into a future pregnant of unknown results to the future of surgery in Ireland. On that day it will possess a School which, I confidently believe, is destined to be the chief instrument for making the Irish surgeon of the future distinguished and respected as he has been in the past, and on that day we shall have in full operation the reformed system of surgical education and examination which has been elaborated by the Council of the College within the past two years, and which has had its first trial within the past few days.

The present moment is, therefore, one in which we may well halt and look back upon the work of those who have gone before, and, having built up Irish surgery, raised this College as a noble monument to their talents, energy, perseverance, and singleness of purpose; they have passed away from us, leaving to us the less difficult but more responsible task of perpetuating the prestige of the College and its School, and carrying on the important work, scientific and

educational, which has been bequeathed to us. While, therefore, we adopt as our motto for the future *Nulla Vestigia Retrorsum*, I think we may acquire courage, hope, and enthusiasm by looking back on the history of this College and of the development of surgery which led up to its establishment, and I therefore propose to devote my lecture to-day chiefly to such a retrospection.

The earliest note which exists of any recognition of surgery in Ireland as an art, science, or profession, was in the year 1446 when a charter of incorporation was granted by Henry VI. to the barbers of Dublin "for the promotion and exercise of the art of surgery." It would seem that even at that remote period Ireland displayed the readiness which has since distinguished her to take a lead in surgical affairs, for I find that it was not until 1461 that English surgeons followed the Irish example and obtained a similar corporate recognition, and that Scotland did not receive the same incorporation until after the lapse of nearly half-a-century, in the year 1505.

In this guild of barber-surgeons women were included, and for one hundred and thirty years, during the reigns of Henry VII., Henry VIII., Edward VI., and Queen Mary, Ireland possessed no better surgical skill than that which could be exercised by the barbers and phlebotomists of the day. In 1576 Queen Elizabeth granted to the Barbers' Company a charter as a "Companie of Chirurgions" under the title of the "Guild of St. Mary Magdalene," which body held possession of surgery in Ireland for nearly two hundred years. It may be conceived, however, that its claim to be considered a centre of surgical culture was but slight, considering that, in the eighteenth century, the said guild consisted of a very limited number of aristocratic exclusionists, most of whom were no more surgeons than a member of the Fishmongers' Company is now a fishmonger. The guild was then, in fact, a club to which few were admitted, and which fulfilled no scientific function whatsoever.

Towards the close of the last century, the State for the first time began to take thought for the surgical care of its Irish subjects. I need hardly remind you that, in those times, no poor relief system existed, and saving the accommodation afforded by Mercer's, Jervis Street, Stevens's, the Meath, and Sir Patrick Dun's Hospitals, there was absolutely no refuge throughout the country for the sick or wounded poor. In 1766 an Act was passed establishing County Infirmarys, which still continue as the centres of surgical practice throughout the provinces; but for ascertaining the capacity of the surgeons who were to take charge of these institutions no means existed, and it became necessary for the Government to form an examining board, for the purpose of testing the fitness of candidates. This board was the first step towards the examining and licensing of surgeons in Ireland, and it consisted of the Surgeon-General of the Army for the time being, the two visiting surgeons, two assistant surgeons, and resident surgeon of Dr. Stevens's Hospital, and the four senior surgeons of Mercer's Hospital, and this board discharged its examining functions until 1786, when its duties were transferred to this College.

On the 29th of March, 1780, the first step towards establishing this College was taken, by the formation of the Dublin Society of Surgeons, by whom the agitation for a Chartered Surgical College was vigorously carried on. The Society had no more pretentious place of assembly than the "Elephant Tavern," in Essex Street, so-called because on the site of the house an elephant had been accidentally burned to death in the year 1681. The first president was Henry Morris, and its first secretary was James Henthorn, whose portrait at full length, believed to be by O'Regan, adorns our board-room. For fifty-two years from the establishment of this Society, until after the grant of the second charter of our College, Henthorn acted as its secretary, and stood forth as a central figure in the history of Irish surgery, and in the movement which led to the foundation of our College. The Dublin Society of Surgeons would seem to have been rather a social

(a) Being an abstract of an Address delivered at the opening of the session of the School of the College, 1882-3.

club than a scientific organisation, for I do not find in its minute book any record of scientific work done. It seems to have been devoted chiefly to emancipating the surgeons proper from their ignominious association with the barbers, for one of its first acts was to fulminate a resolution "That a Royal Charter, dissolving the preposterous and disgraceful union of the surgeons of Dublin with the barbers, and incorporating them separately and distinctly, would highly contribute not only to their own emolument and the advancement of the profession in Ireland, but to the good of society in general, by cultivating and diffusing surgical knowledge."

In order that the College, and school of anatomy and surgery which they hoped to establish, should be constructed upon the best models, some of the members of the Society visited the Continent, and noted the methods of teaching pursued there.

At length the agitation pursued by the Society resulted in the grant, by George the Third, of the first charter of our College, on the 11th of February, 1784—just a century ago. Its first President was Samuel Croker King, grandfather of Dr. Charles Croker King, the present Medical Commissioner of the Local Government Board for Ireland. The preamble relates that—

"We are informed by the humble petition, Henry Morris, William Ruxton, George Daunt, John White-way, Henry Lyster, Robert Bowes, Samuel Croker King, Gustavus Hume, John Neale, Philip Woodroffe, Francis Foreside, William Dease, and James Henthorne, on behalf of themselves and others, principal surgeons of the City of Dublin, that the regulation of the profession of surgery is of the utmost importance to the public and highly necessary for the welfare of mankind, and that the public sustains great injury from the defects in the present system of surgical education in our Kingdom of Ireland, and that the regularly educated surgeons of the City of Dublin, in our Kingdom of Ireland (who are become a numerous and considerable body), find themselves incompetent (from the want of a charter) to establish a liberal and extensive system of surgical education in our said kingdom." The College was empowered (by the agency of its Court of Censors and its Appeal Court of Assistants) to examine "every person who shall have served an apprenticeship of five years to any regularly educated surgeon, and who shall intend to become a member of said College; and if they shall be of opinion that such person so examined is duly qualified to practise surgery, then they shall give such person so examined and qualified as aforesaid the certificate or Letters Testimonial of his qualification to practise, under the common seal of the said College."

The first L.R.C.S.I. was one J. Birch, who obtained the Letters Testimonial on the 17th of August, 1784, and the second was Solomon Richard, afterwards a well-known Dublin surgeon. These gentlemen were examined during two separate days in anatomy, physiology, "practical and operative surgery, and surgical pharmacy."

(To be continued.)

TRANSFUSION—FOR THE HÆMORRHAGES OF PARTURITION.

By CHAS. EGERTON JENNINGS, L.R.C.P. Lond.,
Formerly Resident Accoucheur and House-Physician at the London Hospital.

THE earliest attempts at, and experiments on transfusion—which, from time to time, have been corroborated by actual practice as well as by repetitions of them—conclusively showed that if an animal lose a large quantity of blood the loss *per se* can be successfully supplemented by transfusion from an animal of the same species. Out of a large series of cases (a) it is found that the operation was performed in nearly one-half of them for the acute anemia caused by ante-partum and post-partum hæmorrhage. A positive result was obtained

in two-thirds of this section of these cases, and more than half of them terminated in complete recovery. The accoucheur must, therefore, consider the operation imperative whenever life is jeopardised by severe ante-partum or post-partum hæmorrhage, the hæmorrhage itself having been arrested.

Of all the methods of transfusion, that one which is theoretically the most perfect—immediate transfusion—is practically of the least value, for no means have yet been found to securely provide against the formation of coagula in the apparatus. All the varieties of this method involve an appreciable risk to the donor of the blood, and owing to the complexity and gravity of the double operation, it, as a rule, should only be attempted by a skilled surgeon, with skilled assistance and hospital appliances at his disposal; hence it is only feasible in the minority of the cases of the class under consideration in which transfusion is demanded.

Can transfusion from any of the lower animals be recommended as sound practice? I venture to answer, decidedly not. Many of the heterogeneous transfusions recorded by Hasse and others proved fatal, and it was noticed that those patients who recovered from them only did so after weathering an attack of acute nephritis. Again, the laborious experiments instituted by Ponfick—a series of experiments of too large a number and of too great variety to leave any question for doubt—have shown that to transfuse alien blood in small quantities (whether defibrinated or not) is dangerous, and in large quantities always mortal. These experiments demonstrated the alien to be so acted on by the autochthonous corpuscles that the former were disintegrated, their hæmoglobin becoming dissolved in the plasma. Hæmoglobin in-plasma exerts a peculiar and highly phlogogenic action on the kidney, and the animals transfused by Ponfick from an alien source rapidly presented symptoms of nephritis and hæmoglobin in the urine, with diminution, and afterwards suppression, of that excretion, followed by coma and death. Post-mortem examinations of the animals subjected to experiment disclosed that the kidneys were much swollen, and their tubules, choked with casts, these and other morbid changes, taken with the symptoms observed during life, being not merely amply sufficient to account for death, but also to explain the results obtained by Hasse and his followers.

Moreover, Ponfick ascertained that whilst the transfusion of defibrinated blood to an animal from another of the same species was ordinarily quite innocuous, yet if the blood were frozen and thawed (by which process it would become "laky," and the hæmoglobin liberated from the corpuscles) prior to its defibrination, the intravenous injection of a small quantity of the fluid thus prepared produced hæmoglobinuria with the concomitant train of symptoms, and if the quantity of the fluid injected was large the result was mortal. Here, now, is an explanation why some physicians advocate the transfusion of small rather than large quantities of blood. Is there not reason for suspecting that oftentimes where defibrinated blood has been transfused the corpuscles have become disintegrated during the process, and hæmoglobin-in-plasma injected into the vascular system in a lethal dose?

It must be conceded that indirect transfusion is often applicable where the direct method would be impracticable. On the other hand, the nutritive value of the blood is necessarily depreciated by defibrination. Dr. Braxton Hicks' method meets the difficulty by adding a strong solution of phosphate of soda to freshly-drawn blood; the coagulative property of the blood is minimised, the advantages of the indirect method are secured, and the objection to it is obviated. However, on examining microscopically, on a warm stage, a few drops of blood mixed with a little of Dr. Hicks' solution, it is found that the corpuscles do most rapidly swell out and discharge their hæmoglobin. Must not changes similar to those observed under the microscope

(a) Cf. Ziemssen, "Cyclopaedia of Medicine," xvi, 477.

also occur in a Hicks' transfusion syringe? Is it not open to grave question that an operator, if he adopt this method, may very possibly transfuse a dangerous or deadly quantity of hæmoglobin-in-plasma? At all events, evidence is lacking to show that it is sound practice to introduce abruptly into the vascular system phosphate of soda in proportion far exceeding that which normally obtains in the blood, and I am confirmed in the unfavourable opinion I entertain of this plan of transfusion by the record of four fatal cases treated by the originator of it. (a)

It is of importance to remember that it is the *dynamic* rather than the nutritive value of transfusion which is serviceable in combating acute anæmia. This is well exemplified by the success which usually attends saline intravenous injections (employed as substitutes for blood transfusion). From a perusal of the literature on the subject, from the experience of Dr. Little, when cholera was rife, that saline alcoholic intravenous injections were well-tolerated and beneficial, and from my personal knowledge of this plan of procedure, I am convinced that for combating the effects of alarming hæmorrhage it is an almost perfect substitute for blood transfusion, and, indeed, is, in many respects, superior to that method, for it is always readily applicable, whilst the latter is not; the saline fluid can be procured *ad libitum*, whilst the supply of blood is always very limited, and the risks special to blood transfusion clearly do not exist.

I have published the notes of a case (b) which, in with the best result, sixteen ounces of a saline alcoholic fluid were injected into the median basilic vein of a patient the subject of profuse ante-partum hæmorrhage, the method being adopted not by election, but by compulsion, for although in London, and on a Sunday afternoon, a blood-giver could not be obtained *at a moment's notice*.

To provide a simple and safe and convenient and inexpensive means for intravenous injection, Messrs. Maw, Son, & Thompson have made for me the instrument which is illustrated in the engraving. It consists

the wall of a small glass tube which interrupts the continuity of the rubber near the cannula, and which is necessary for the purposes of observation. The cannula is serpentine in form, and compressed laterally and engraved where it should be grasped by the operator's fingers, that it shall not slip. It tapers gradually to a point, to afford ease of introduction into the opened vein; a point, however, not sharp enough to perforate the walls of the vein whilst lying therein. The aperture for the egress of the fluid is half-an-inch distant from the point of the cannula, that it may be closed by the pulp of the accoucheur's index finger to prevent the escape of the fluid whilst the point of the instrument enters the vein.

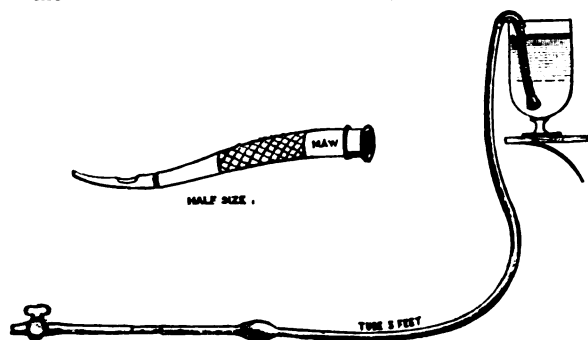
A great advantage will be gained by isolating and ligaturing the vein directly it has been fully exposed. The wall of the vein should be grasped with a forceps (to the proximal side of the ligature), and then punctured with the scalpel. By these means any flow of blood from the distal direction will be prevented, and the canula can be inserted into the opened vein as directed. To open the vein with a scissors, as recommended on high authority, instead of with the scalpel, is a needless complication, tending to waste valuable time which the use of an additional instrument must necessarily absorb. I would most strongly urge that the precaution of securing the cannula within the vein by means of a (second) ligature should never be omitted. This ligature will most effectually exclude air from, and prevent the cannula from slipping out of the vein, an accident which has frequently happened, even when assistants have been delegated to maintain the cannula *in situ*. (a)

The instrument is contained in a case which also includes a scalpel, aneurism needle, and dissecting forceps with fine points, a bottle for absolute alcohol, some saline powders, and needles and ligatures. If two drachms of alcohol be added to a pint of water at 100° F., into which a powder of the following composition has been stirred, the obstetrician is at once provided with a means, similar to that adopted in the case quoted, of combating acute anæmia:—

Chloride of sodium ...	50 grains.
Chloride of potassium ...	3 "
Sulphate of soda ...	2·5 "
Carbonate of soda ...	2·5 "
Phosphate of soda (Na ₂ PO ₄) ...	2 "

Since this syphon has been adopted at the London Hospital it has there been successfully employed, and the advantages I have claimed for it have been practically demonstrated. It is applicable not only for the intravenous injection of salines, but also of defibrinated blood, if obtainable. By a simple modification of this instrument (which will shortly be published in a monograph now in the press) it may also be used for immediate blood transfusion combined with saline intravenous injection—the favourable conditions essential for the due performance of the double operation being present—which, inasmuch as it embraces in the highest degree both the *nutritive* and *dynamic* advantages of transfusion, must be regarded as the most perfect of all the methods with which we are familiar. The chief objection to immediate transfusion as now practised—the danger of fibrination in the apparatus—will, by the modification of the instrument I have devised, be abolished, and the risk accruing to the blood-giver will be minimised.

THE Army Medical and Transport Inquiry Committee have recommended their sittings at the War Office. Several men of the Army Hospital Corps and Bearer Companies were examined by the Committee as to the medical arrangements in the recent Egyptian campaign.



essentially of five feet of rubber tubing, to be used after the principle of the syphon or nasal douche, with a bulb for exhausting the air contained in it prior to use; the tubing terminates at one extremity in a bell-shaped aperture, guarded by a metallic grating; at the other in a stopcock, to which a cannula can be "plugged on." Where the syphon passes over the edge of the receptacle the rubber is protected from pressure by a semi-circular canal of vulcanite through which it passes. It has been objected that the fluid, in passing through five feet of tubing, will lose much heat. I find, however, owing to the fact that india-rubber is a bad conductor, only a fractional part of a degree of heat is thus lost. The temperature of the fluid can be estimated sufficiently well for practical purposes by inserting a thermometer in the receptacle, or with unerring exactitude by means of a spirit thermometer constructed in

(a) Hicks, "Guy's Hospital Reports," 1869, 3 series, xiv., 7.
 (b) *Lancet*, September 16, 1882.

(a) Aveling, *Obstet. Journ. Gt. Brit.*, 1873, p 301.

Clinical Records.

TOTTENHAM TRAINING HOSPITAL.

Two Cases of Empyema.

Under the care of Dr. LICHTENBERG.

Communicated by Mr. SIDNEY DAVIES, B.A., M.R.C.S.,
L.S.A., House Surgeon.

CASE I.—*Empyema—Pneumothorax—Recovery.*—Albert H., labourer, æt. 16, a big, square-chested youth, applied at the Training Hospital as an out-patient, suffering from short breath and general indisposition of two weeks' duration. He was admitted into the hospital on March 20th. On admission the right side of the chest was found to be absolutely dull below the spine of the scapula behind and the third rib in front. On the same side there was loss of respiratory movement and of vocal resonance and vocal vibration, and the breathing was very distant and bronchial. These signs plainly pointed to a liquid effusion, and the diagnosis was confirmed by puncturing with the hypodermic syringe, when pus was drawn off. The patient was treated tentatively for four days, during which time he had a hectic temperature, rising to 101° or 102° in the evening, and falling to normal or thereabouts in the morning. On the 24th the chest was tapped in the seventh costal space in the axilla with an exhausting syringe, and sixteen ounces of pus were drawn off. No marked change in the patient's condition followed the tapping, either as regards the physical signs or the general symptoms; but a few days after the paracentesis had been performed it was observed that the sputa became much increased in quantity and altered in quality. On admission there was a little muco-frothy expectoration. Now the patient filled his half-pint spittoon three or four times in the twenty-four hours with a mucopurulent frothy discharge. At the same time the evening rises of temperature became less marked. The evening temperature on the 30th was only 100°. On the 31st, the chest being examined, the right side was found to be resonant in front down to the sixth rib, and behind to the angle of the scapula. Percussion in the fifth costal interspace gave a cracked-pot sound, and cavernous metallic breathing was heard with the stethoscope. From this time, with the exception of one or two febrile relapses, the patient made a uniform recovery. After the 4th of April the temperature seldom rose above normal. The amount of the sputa gradually diminished, and the patient rapidly regained flesh. He was discharged cured on May 13. There was then fair resonance of the right side down to the sixth rib in front and the eighth behind. Breathing was still distant at the base of the right chest, and the dullness was almost absolute below the eighth rib behind. The only medicinal treatment of importance was the administration of large doses of quinine, which had the effect of slightly reducing the temperature.

Remarks.—There can be little doubt that in this case tapping with the exhausting syringe was the indirect cause of a localised pneumothorax, and that the empyema discharged itself by an opening through the visceral pleura and lung into a bronchial tube. The comparatively small amount of the pus removed by tapping, and the limited extent of the pneumothorax, indicate plainly that extensive adhesions had formed. Probably these adhesions prevented the expansion of the lung to make up for the vacuum produced by the pus removed; the visceral pleura consequently ruptured under the unopposed tension on its inner surface. It is certainly a subject for congratulation that the event proved so favourable, the whole empyema apparently discharging itself through the lungs, leaving only a much thickened pleura behind. The case points to the need of caution in the use of an exhausting syringe. A free incision would probably have been a safer mode of treatment. It is noteworthy that the usual indication of the immediate occurrence of the pneumothorax—viz., sudden severe pain—was in this case absent.

CASE II.—*Empyema—Paracentesis and Drainage—Recovery.*—Samuel B., æt. 6, was admitted into the hospital on August 8th. His history was as follows:—With the exception of measles, he had had no previous illness. His health had been good up till a month ago. About that time he went to a Sunday school treat and caught cold, and next day was seized with a fit. The illness which followed was said to be inflammation of the lungs. He never com-

plained of pain in the side. On admission the child had a wasted, listless appearance, pale face, furred tongue, and very feeble pulse. A physical examination of the chest discovered loss of respiratory movement of the left side, with increased resistance and dullness below the spine of the scapula behind and the fourth rib laterally. The respiratory sounds all over the chest were disguised by loud mucous râles. The patient had a frequent loose cough. Pulse 98; respirations 38; and temp. 101°. On the 14th the mucous râles had diminished, but the signs of effusion on the left side remained the same. The limit of dullness varied when the patient was moved about, but there was no bulging of the intercostal spaces. The chest was accordingly punctured with a hypodermic syringe, and pus was drawn off. The temperature chart now showed an irregular remittent type. On the 13th the evening temperature was 104°, the respirations 52, and the pulse 132. Having decided to perform paracentesis, on the 18th, with the assistance of Dr. Löwe, of Berlin, I made a free incision through the chest wall in the sixth intercostal space, near the angle of the scapula, about two inches in length, and evacuated six ounces of laudable pus. The operation was performed with Listerian precautions, but without chloroform. Considerable difficulty was found in inserting the drainage-tube between the ribs on account of the movement of the latter produced by the child's cries, but finally a tube, $\frac{1}{2}$ in. diameter, was passed into the cavity and carefully secured outside. After the operation the left chest was resonant almost to the base, and the respiration was distinctly heard over the same area. The evening rises of temperature were increased for the first few days after the operation, but after the first week the fever disappeared. On September 11th the drainage-tube was discontinued. Both sides of the chest now moved equally well, but there was still impairment of resonance and distant respiratory sounds on the left side, and a few friction sounds were audible. The boy rapidly gained flesh, and was discharged cured on the 22nd September. Besides the general impaired resonance of the left side, a little patch of dullness persisted round the scar of the incision.

Remarks.—I performed the paracentesis in this case without chloroform, because an empyema greatly increases the danger of apnœa. The only death under chloroform with which I have been concerned was a case of empyema. Certainly the absence of anæsthesia increased the difficulty of the operation, and was, perhaps, one cause why the temperature did not fall sooner. Removal of a portion of one rib would have much facilitated drainage, but such an operation is much more formidable, and could not be done without anæsthesia. Ice was applied to the side of the chest previous to incision, but apparently did not diminish sensation.

Special.

"KRAO," THE SO-CALLED MISSING LINK.

WHEN the showman poses as the apostle of Science, it behoves Science to see that her name is not taken in vain, and that she is not brought into contempt by being made an advertising agent; and as a large number of medical men have been invited by Mr. Farini to a private view of his new exhibition at the Aquarium, it becomes the duty of the organs of medical opinion and science to set forth plainly the nature of that exhibition so that the medical patronage bestowed on it may not be misconstrued into assent to the statements with which it is introduced. Krao is simply an exceedingly hairy Siamese child, and it is unpardonable hyperbole to speak of her as a human monkey or the missing link. Except her extreme hairiness she exhibits no signs of physical degradation below the type of her race, and there is not an idiot school in this or any other country in which children might not be found presenting much more striking simian characteristics or resemblances than any that she displays. She is well formed and intelligent for her age, which is seven years, and it was announced as illustrating her quick-wittedness that she had acquired

the English alphabet in two days. Something was said about her wanting a muscle, which is essentially human, and as to her having two rows of teeth in the upper jaw, but any minute examination of her was out of the question in a crowded assembly containing a number of ladies; and this, at any rate, may be averred, that her movements were perfect, and that the possession of two rows of teeth would constitute her a missing link, not between man and the monkey, which enjoys no such dental superfluity, but between man and the elasmobranch fishes. It is understood that Krao has been privately examined by Professor Flower of the Royal College of Surgeons; and we may therefore look for a clear and trustworthy description of her anatomical development and morphological relations.

We cannot suppose that the puerile story of adventure and of "hair-breadth 'scapes by sea and land" of Mr. Farini's emissaries in their search for the missing link, which is distributed to Krao's visitors, is seriously intended. We take it that it is designed to heighten the dramatic effect of the exhibition, and we need not, therefore, critically examine its traveller's tales about the hairy family of Ava, the Jacoons of the Malacca forests, who live in nests in trees, the tailed men of the Passir mountains, who thoughtfully before sitting down always scoop holes in the ground to accommodate their caudal appendages, or the grand orang-outang old man of Lampun. Without even speculating how Krao has come into Mr. Farini's possession, we may express our belief that she is a member of the hairy family of Siam, photographs of several members of which were exhibited in this country many years ago. It is well-known that the King of Siam bribed a man to marry the first hairy woman in the family, who transmitted the characteristic hairiness to her offspring of both sexes. But whether or not this supposition is correct, we are confident that Krao is simply an instance of that hypertrophy of the hair—*hirsuties universalis*, or *homines pilosi*—which has been noticed by innumerable observers to occur occasionally as a spontaneous variation in a great number of races of the human family. This luxuriant growth of hair is not without its interest in connection with evolutionary theories, but no one has hitherto thought of representing those exhibiting it as survivors of a race of beings intermediate between men and monkeys. The truth is that a copious growth of body hair is characteristic of the higher rather than of the lower races of mankind, and is a distinctive mark of the Semitic and Indo-European families; whereas, amongst the Northern Asiatic Mongols, Hotentots, and Bushmen there is but a scanty or scarcely perceptible crop of hair on the trunk and limbs. It used to be believed that extreme body hairiness was, at least in one instance, a national or tribal trait, and that the Ainos, the inhabitants of Jeyo, Saghalien, and the Kuriles exceeded all nations in the world in this respect, possessing an almost animal-like covering of fur on the upper part of the body. But recent observers have greatly modified this exaggeration, and shown that, as regards hairiness, the Ainos could not even be compared with European sailors. No doubt one of the most permanent physical characteristics of man is his covering of hair; and variations in its colour, length, and distribution, as well as in the form of the hairs, as seen on horizontal section, afford valuable assistance in classifying and determining the affinities of the races of mankind; but instances of extreme hairiness like that seen in Krao must be put in a category by themselves. They are instances of a sport or variation arising we do not very well know how, and capable of transmission to offspring,

and are indeed analogous to those cases of alteration of the cutis, or ichthyosis, which have been noticed from time to time in groups in the same family, as, for instance, in Edward Lambert and his sons—the celebrated porcupine family—who were publicly exhibited in England, France, and Germany in the middle of the last century, and who were doubtless provocative of much learned and ingenious speculation in their day and generation. To quote or adduce such cases, however, in proof of man's descent from the apes is either reckless audacity or profound ignorance. As well might we adduce cases in which children are born *minus* two fingers in evidence of his descent from the three-toed sloth, or cases in which there is a growth of a horny excrescence on the scalp as indicative of his close alliance to the unicorn.

We have said that we are not yet able to explain cases of hypertrophy of the hair, and can only speak of them as sports. But explanations more or less fanciful have been frequently advanced. They have been ascribed to tuberculous and cancerous tendencies, and, of course, to maternal impressions. Thus Elle mentions, although with reserve, that Thomas Ficinus had seen a young woman who was born all covered over with hair and bristles because her mother had regarded too earnestly a picture of John the Baptist clothed in his garment of camel's hair; and the aunt of Pope Nicholas III., it is reported, gave birth to a similar child, because she was in the habit of looking at a boar in the family coat-of-arms. But of all unfounded hypotheses to explain inordinate hairiness, none could be more mischievous than that advanced in the case of Krao. Thousands who look at her—and she certainly presents a very curious and unique appearance—will go away with a crude notion that the problem of the descent of man is solved, and that a showman has struck a fatal blow at orthodoxy. Thousands will think that she is a missing link in the chain of being; whereas she is only a long well-recognised link in the chain of monstrosity.

It is intolerable that the honoured name of Darwin should be connected with the nonsense that is talked about this hairy child. Darwin again and again expressed his belief that the progenitors of mankind became divested of hair at an extremely remote period before the several races diverged from a common stock, and before that common stock became erect. The discovery of a hairy race living in a tropical climate at the present day would therefore be almost more opposed to his theory than in favour of it.

It is impossible to conclude without protesting against the ambiguity, to use the mildest possible term, of the description given of Krao by those who exhibit her. "Although she does not possess an actual tail," we are informed, "she has the rudiments of one." But what human being, we might ask, is without exactly the same rudiment? The allegation that the formation of the lower part of her body is more like that of a monkey than that of a human child is simply incorrect, and the picture drawn of her habits has every appearance of being very highly coloured. As far as could be judged at a brief interview, she is well up to the human standard, and has nothing of the monkey about her. It seems to us that she has good grounds for an action for libel in the manner in which she is described in innumerable posters and advertisements, and we almost wish that she would commence such an action against those who have so ruthlessly "invested her with artistic merit." Scientific evidence, however, does not count for much in our courts of law, and it might, perhaps, be decided, in spite of the unanimous verdict of the Royal Society and Royal College of Physicians and Surgeons, that she is the missing link after all, and is properly designated the human monkey.

THE MEDICAL STAFF IN INDIA.

It is announced that the question of the supply of medical officers of the British service to meet the requirements of the station hospital system in India has recently been under the consideration of the Government, who have decided upon maintaining an establishment of five officers per 1,000 of British troops. From this, therefore, it appears that, instead of a decrease in the number of medical officers, which was held up as one, and indeed a chief, of the grounds for the re-institution of station *versus* regimental hospitals in India, the "new" measure has already rendered a numerical increase necessary. In order to render this the more apparent, it is to be observed that for many years prior to 1841 each regiment of British infantry in India bore on its strength one surgeon and two assistant surgeons. Experience, however, had shown that these numbers were insufficient to meet all contingencies and provide for casualties among medical officers themselves arising from sickness, death, necessary leave of absence, and so on. Accordingly, in that year, a third assistant surgeon was added to each regiment, the strength of such regiment averaging upwards of 1,100 men, so that, in reality, the proportion of medical officers was not quite 4 per 1,000 troops. Here, then, even already, one of the fallacies upon which the scheme of "station" hospitals was based has already exploded. One by one those that remain will each in its turn similarly give way.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

MEDICAL SECTION.

The first meeting of the Medical Section was held, in the College of Physicians, on Friday evening, the 15th December.

Dr. WILLIAM MOORE, President of the King and Queen's College of Physicians, Ireland, occupied the chair as President of the Section.

Dr. A. N. MONTGOMERY, Sectional Secretary, and Mr. WILLIAM THOMSON, General Secretary, were present.

THE PRESIDENT'S ADDRESS.

The PRESIDENT delivered an inaugural address. Having alluded to the absorption of the Medical Society of the King and Queen's College of Physicians into the Academy of Medicine of Ireland as its Medical Section, he reviewed at considerable length the advances made in the diagnosis of disease, particularly within the last twenty-five years. He referred first to affections of the chest, the differential diagnosis of which was now well-nigh perfect. In certain cases clinical observations of the temperature had proved of great use, and the most recent advance was the demonstration by Professor Robertson of the germ origin of pulmonary tuberculosis. To Laennec was due the elucidation of cardiac disease, and to Traube, in great measure, the knowledge of the relations which may exist between these and renal affections. The diagnosis of valvular diseases had become very exact, but the precise value of murmurs as regards diagnosis and prognosis was apt to be over-estimated. Nor was the diagnosis of abdominal aneurism always an easy matter. Great advances had also been made in the study of specific fevers, especially of the endemic fever of this country—enteric or typhoid fevers. Again, much had been done in the localisation of cerebral and spinal diseases, among the more interesting of this class of maladies being hysteria, hystero-epilepsy, and hemianæsthesia. As regards the treatment of some of these affections, he mentioned some remarkable instances in which good results had followed the practice of metallo-therapeut.

LIVING SPECIMENS.

Mr. ARTHUR BENSON exhibited a case of well-marked retinitis albuminuria in a boy, aged 16, without constitutional disturbance; Dr. CHARLES F. MOORE, a case presenting neuralgic symptoms in a man having remarkable patches of

white hair, some of which were congenital; and Mr. STORY, a case of double zonular cataract.

MORBID SPECIMENS.

Dr. J. W. MOORE exhibited by card specimens of diphtheritic inflammation of throat; and Mr. P. S. ABRAHAM, microscopic sections, showing (1) diphtheritic deposit of muscular tissue of the pharynx, (2) mycelium of fungus, and (3) degeneration of muscular fibre in diphtheria.

Dr. WALLACE BEATTY read a paper

ON THE CAUSATION OF LEFT-SIDE PAIN,

drawing special attention to a form not sufficiently recognised, which was due to fecal accumulation, and removed by getting rid of the accumulation. The pain was felt over the lower few ribs on the left side, was associated with extreme tenderness on pressure upwards of the tenth or eleventh rib, scarcely any pain being felt on pressure of these ribs downwards, and was relieved when the side was pressed inwards with flat of hand. He explained its occurrence by the drag of a loaded colon on the pleuro-colic ligament, this constant drag setting up a state of extreme irritability in the nerves of that ligament, so that a painful impression was carried upwards along the left lesser splanchnic nerve to spinal cord, and was transferred by the law of irradiation of sensations to the tenth and eleventh left intercostal nerves.

Dr. WALTER SMITH said the pleuro-colic fold had not received the attention it deserved. It certainly was of considerable importance in the investigation of abdominal disease. Dr. Beatty's arguments were valid as explaining certain kinds of left-side pain, but did not explain all kinds.

Dr. WALLACE BEATTY did not wish it to be understood that he considered left-side pain was caused in every instance by fecal accumulation, but only in cases presenting the symptoms he had mentioned.

UNILATERAL PARALYSIS OF THE SOFT PALATE.

Dr. WALTER SMITH related two cases of paralysis of the left half of the velum palati, and raised the question whether palatine paralysis was invariably to be regarded as a characteristic sequela of diphtheria, or whether it may not occasionally supervene upon non-diphtheritic forms of angina. Case 1 occurred in a young lady, aged 24, and the paralysis developed six weeks after an apparently simple ulcerated sore-throat, for which she had been treated by Dr. Smith. Case 2, a young lady, aged 26, was affected with what was considered to be a simple relaxed sore-throat unattended with ulceration. She remained in a weak and nervous condition, and shortly afterwards the left half of the palate was found to be paralysed. In each case the symptoms were similar—viz., difficulty of swallowing, nasal twang in the voice, and regurgitation of fluids through the nose. Both cases recovered completely. Dr. Smith submitted that it was not unreasonable to hold that catarrhal sore-throat may, now and then, give rise to slight motor paralysis through partial implication of the nervous system, or otherwise.

Dr. HENRY KENNEDY said that diphtheria might exist without exudation. He had seen such cases in which paralysis followed.

Dr. HENRY related a case which he had observed corroborating Dr. Smith's views.

Mr. H. G. CROLY said that the large majority of cases described as diphtheria were really croup.

Mr. WILLIAM THOMSON asked, if paralysis occurred in the palate as the result of specific inflammation, why similar effects did not follow in other parts of the body where nerve filaments were concerned?

Dr. J. W. MOORE alluded to the specimen which he exhibited, describing it as one of phlegmonous erysipelas of the throat in which diphtheritic conditions had supervened. He believed that paralytic symptoms occurred only in true diphtheria.

Dr. FINNEY considered the fact that other diseases were associated with paralytic symptoms confirmed Dr. Smith's view.

Mr. W. STOKES doubted that paralytic symptoms followed inflammation other than those of a diphtheritic nature.

The PRESIDENT regretted that no information had been given as to the presence of albumen in the urine in Dr. Smith's cases.

Dr. R. A. HAYES mentioned, in support of Dr. Smith's view, a case in which chronic inflammation of the palate, resulting from excessive tobacco-smoking, gave rise to paralysis of the palate.

Dr. WALTER SMITH, in reply, said that the paralysis in these cases might be the result of myelitis or of muscular degeneration. He answered Mr. Thomson's question by pointing out the rich nervous supply of the palate, and the muscles being open to attack from both sides. The Section then adjourned.

MEDICAL SOCIETY OF LONDON.

DECEMBER 11TH, 1882.

INVALID CARRIAGE.

Mr. RICHARD DAVY, F.R.C.S., exhibited to the Society an invalid carriage that had been built under his own supervision, capable of carrying one, or, at an emergency, six injured persons, in addition to the surgeon in charge and the driver. Mr. Davy having drawn attention to the imperative necessity of conveying invalids with safety and comfort, stated that his system of carriage accorded to human beings the conditions that had been recognised as of value to furniture, viz.—the careful placing of the patient at his own door on a bed in the carriage, and not interfering with him until his door of destination be reached at the other end. He divided his essential conditions into two—1st, those required by the patient; 2nd, those required by the surgeon in charge. 1st. The carriage must be of one horse-power, able to be shunted on to a steamer or railway track; of large cubical capacity; of a level low enough to clear bridges on the line; of quiet appearance; admitting plenty of fresh air, light, &c.; having a door forming a platform for easy ingress or exit; in short, a carriage which will allow the details of a sick room to be nicely carried on within it. The stretchers must be comfortable, strong, and easy, to be slung to the roof—Mr. Davy prefers a hammock stretcher. His assistants are trained in the necessary drill. Journeys not exceeding twenty miles one way might generally be undertaken by road; beyond that distance steam should be utilised, and the quicker the speed the better. 2nd. The surgeon requires ample space, a floor easily cleaned, and ready communication between the driver and himself. A large cupboard underneath the driving-box carries lint, bandages, splints, brandy, and general provisions. Curtains must be simple and easily worked; door strong and of wide dimensions. Light inside must be given by a fixed or hand lamp. Mr. Davy drew particular attention to the exorbitant rates charged by the railway companies, and stated that he believed that the G. W. R. Co. had in their possession the most miserable invalid coach that he had ever seen. The multiplicity of varying railway companies in Great Britain caused great inconvenience,

met with any mishaps. On all grounds, relief has been gained by uplifting patients from the machines vested in cabmen, carriage proprietors, and railway companies, and substituting a system requiring no change of the invalid in place of one necessitating many; and he pointed out the great comfort to the patient in adopting the arrangement of travelling from his own door in town to his own door in the country (on his own bed or sofa) with the minimum amount of risk and maximum amount of comfort. Mr. John Burt, of Swinton Street, King's Cross, has carefully executed the whole of the carriage work; and those Fellows who made trial of the run of the carriage expressed approval of its lightness, ease, and working capacity. The diagrams illustrate an outside and inside view of the van; also (A) a suspended hammock, and (B) the line of two canvas litters.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.
MONTHLY MEETING.—DECEMBER.

Mr. S. LEE RYMER, L.D.S., in the Chair.

The greater part of the evening was occupied with the discussion of the paper read at the previous meeting by Dr. A. CARPENTER, of Croydon, on

THE CAUSES OF DENTAL DECAY.

It was begun by Mr. OAKLEY COLES, who said that Dr. Carpenter's statement that so-called "dead teeth" were more liable to decay than others did not agree with the ordinary experience of the dental profession; nor would his assertion that the subjects of inherited gout were very liable to caries; such people generally had large, strong teeth, which were but little liable to caries, but which were liable to be cast off by recession of the gums, or as the result of chronic congestion of the alveolo-dental membrane. Dr. Carpenter apparently had not observed any connection between rheumatism and caries, but it was well known by members of the dental profession that acute rheumatism was liable to be followed by the worst form of decay—that known as "soft caries."

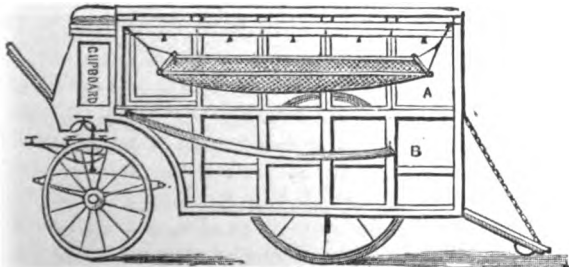
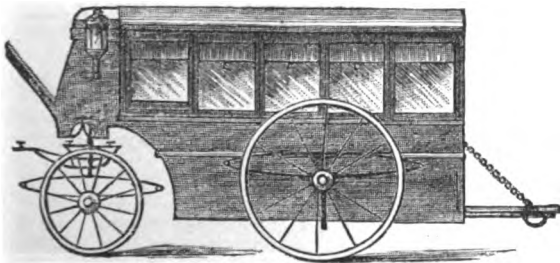
Mr. HENRY SEWILL said it seemed to be implied in the paper that the causes of dental decay were doubtful or unknown; but, as a matter of fact, there was no mystery about them. The predisposing causes were such as led to structural defects in the teeth; there was no doubt that syphilis was a cause of defective teeth, but he was strongly of opinion that gout had no predisposing influence whatever. There could be no doubt that caries itself was wholly due to the action on the teeth of the acid products of decomposition formed in the mouth, which permeated the porous enamel and acted on the dentine. It had also been lately shown that the progress of the disease was assisted by the proliferation of micro-organisms in the canals of the dentine, these organisms having themselves the power of producing an acid secretion. It was not in any sense a constitutional, but a purely local disease.

The discussion was continued by Mr. REDMAN, who suggested that Dr. Carpenter had omitted to mention one predisposing cause of caries—viz., the use of carefully-cooked and soft food, it being a well-known law in physiology that any organ not fully used would deteriorate; and by Mr. HENRY, who asked whether it really was an established fact that dental caries had become more prevalent? No doubt it came under observation more; but might not this be due to the fact that more attention was now paid to the preservation of the teeth?

Mr. COLEMAN and Dr. WALKER both gave it as their opinion that the increase of caries was an undoubted fact. The latter dissented from Dr. Carpenter's statement that gout was a cause of caries. He thought that improper food in infancy was one common cause of defective teeth, and agreed with Mr. Redman that their comparative disuse in mastication was another.

Mr. HUTCHINSON also thought that the artificial life led by mothers, and the injudicious feeding of infants, were two of the chief causes of the prevalence of bad teeth.

Dr. CARPENTER then replied at some length, saying that his statements—particularly with regard to gout—were founded on careful personal observations made in the course of forty years' experience of medical practice. He admitted that rheumatism exerted an influence on the teeth, but thought that this part of the subject required carefully working out. He quite agreed that the improper feeding of children was a very



which could only be got over by Government centralisation. Mr. Davy stated that his system of carriage had been appreciated by invalids; that much care and forethought is required in conducting any shift; and that he had never

common cause of bad teeth, but could not admit that the etiology and pathology of dental diseases were as yet quite as satisfactorily explained as Mr. Sewill claimed that they were.

Mr. CHARTERS WHITE afterwards read a paper on "The Salivary Glands of Insects."

REGISTERED FOR TRANSMISSION ABROAD.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1883.

SHIP SURGEONS.

FOR a considerable time past attention has been occasionally called to the miserable inefficiency of the regulations observed on board passenger ships in respect to medical attendance, and particularly as regards the position and accommodation given to surgeons placed in charge of such vessels during a voyage. The Manchester Medico-Ethical Association has recently discussed the matter again, with the result that unanimous acceptance of a resolution proposed by Dr. Irwin to the following effect was given—viz., "That the medical and sanitary departments of our mercantile marine are in a highly unsatisfactory condition, by which the lives of passengers are frequently endangered." Further, the same Association decided "to press upon the Government the necessity of immediate inquiry into the position, status, and efficiency of surgeons upon passenger ships."

The need for some such action as that which is indicated by these resolutions has already been abundantly shown, and we cannot but believe that when the full facts are once laid in all their significance before the proper authorities, the pressing nature of the whole question will at once be admitted. The public, moreover, is vitally interested in the immediate institution of such reforms as shall secure for passengers on ocean-

going steamers advantages in the way of medical attendance in some sort approaching to those enjoyed on land. As it is at present, there is no possibility of this being so. Anybody with a qualification admitting to the Medical Register may be accepted for the post of ship's surgeon, and any kind of lodgment on board is considered good enough for the officer who is entrusted with the care of human life, while in the matter of arrangements for enabling him to carry out the duties of his responsible position absolutely nothing is, as a rule, done, even on the best appointed vessels, to ensure efficiency and comfort. Dr. Irwin relates how, on what it regarded as the most magnificent steamer afloat, the surgeon's cabin is a mere box, less than six feet square, unlighted, unventilated, and within a yard of a series of closets, and in this den the medical officer—in charge of, perhaps, between two and three thousand people—is expected to discharge the onerous professional duties that may fall to him to undertake during a voyage across the Atlantic!

In keeping with the miserable accommodation afforded to them is the remuneration received for their services by ship-surgeons; and naturally, also, the position and status they enjoy are correspondingly low. That a remedy for such an undesirable state of things is demanded in the interests of the profession and of the travelling public alike is abundantly clear; but it is still more strikingly apparent in the fact, dwelt on by Dr. Irwin with the insistence its ominous meaning calls for, that death-rates on board ocean-going steamers are *in excess*—often largely in excess—of the annual mortality in towns which exhibit the highest rates.

There is every intention on the part of its initiators to maintain the agitation now commenced in favour of speedy reform of the shortcomings complained of. The public, too, is being slowly but surely encouraged to investigate the conditions under which it is required to risk long sea journeys as matters are at present; and in proportion as the dangers and difficulties of the system appeal to the senses of the people, a strong and irresistible demand for improvement will be excited against which owners and agents will find it impossible to contend. We shall gladly lend assistance in bringing about the changes that are both necessary and just, and we do not doubt that the importance of the whole subject will obtain for it a due amount of consideration, even from the supreme legislative assembly of the country.

THE TYPHOID EPIDEMIC IN PARIS.

NEVER has a more favourable opportunity occurred for the study of typhoid fever relative to its cause and treatment than that which is afforded by the present epidemic in the city of Paris, and medical men at home and abroad will not fail to profit by the result of the researches that are now being prosecuted with commendable zeal and energy, which will not only throw additional light on the many questions already too obscure attached to the disease itself, but what will be far more profitable to succeeding generations, on the best prophylactic measures to be adopted against it. Already the different sections of the medical bodies in Paris have devoted whole meetings

to the discussion of the subject, and much interesting matter has been developed. But, unfortunately, the issue of their deliberations only tends to show that medical opinions are as widely different as ever on the most important points; yet no blame can be attached, nor any light criticism passed—never were medical men more conscious of their responsibility before the public, and never more anxious to arrive at the truth. Paris has never been free from typhoid fever; every year it has carried off its victims; but up to August of the present year it has only existed in the endemic form. Other zymotic diseases, such as diphtheria (which seems to be gaining ground every year: from 1869 to 1874 there were 53 deaths for 100,000 inhabitants; at present the number has doubled, being 101), small-pox, scarlatina, measles, have become more frequent, and, as M. Brouardel has proved, there is a constant periodic increase of all contagious diseases. Yet Paris cannot be regarded as an absolutely unhealthy city, though, in a sanitary point of view, it must be considered inferior to many other European cities. Medical men are not blind to that fact, as they admit it and deplore it. The causes can be easily defined, and will be found in the air, the water, overcrowding, bad drainage, and perhaps a certain reprehensible laxity in the application of sanitary regulations. The air of Paris is by no means what might be termed bracing; on the contrary, it has an enervating effect, especially on those who have not had time to become acclimatised. The stranger entering the city perceives its effect at once; and unless in certain quarters, as Auteuil, the heights of Montmartre, and Belleville, the atmosphere, which seems to be deficient in ozone, is rendered, to a certain degree, impure by the emanations from defective drainage. The fact of the climate of Paris being below the standard accounts for the relative frequency of typhoid fever amongst those who have immigrated. However, a more powerful cause of the present epidemic will be found in the overcrowded state of the dwellings of the poor, especially in the *garnis*, or lodging-houses. It need hardly be stated that the houses in Paris are let in *étages*, or flats. Seldom, even by the rich, except in the most eccentric quarters, is a whole house occupied by one family. These houses contain generally four *étages*, and often five, and it is only the well-to-do who can afford the luxury of possessing a whole *étage*. The poor hire two rooms, or even one; thus, each flat might contain ten families, which would make forty for the whole house. Allowing four persons to each family—and the number is, if anything, below the average—we have 160 persons in one house. This is not an unfrequent number, especially in the *garnis*. The evil effects of this overcrowding are obvious, and are increased by the filthy habits of the lodgers, who are not in general French, but Italians and Germans. These foreigners come to Paris in search of work, and they infest, if not infect, the working quarters, as Grenelle, Meuilmontant, and Belleville. To use the words of M. Rochard, typhoid fever is the daughter of overcrowding and dirt. In 1875 there were 9,000 lodging-houses in Paris, with a population of 142,600; in 1882 the former were increased to 11,000, and the population rose to 243,560. These people have no idea of cleanliness; they seem to revel in dirt. The

walls of their houses are in the most filthy condition, and huddled together as they are, frequently all in one room, it is not surprising that the abode becomes the hotbed of contagion. M. Marjolin called the attention of his colleagues, at a meeting of the Académie de Médecine, to this serious condition of several parts of Paris, and on the disastrous influence it exercised on the population at large, and to which he attributes the present epidemic. Another cause not less powerful in its deleterious effects is the system of drainage, which is very defective, both inside and outside. In the infected lodgings of the poorer quarters of the city, the air one breathes on entering is highly charged with the odours exhaled from the water-closets, which are, in nearly all cases, placed on the stairs of each *étage*. In the warm weather the effect is overpowering, and the streets are almost impassable. Living under such circumstances engenders those epidemics which harass a city so much. Outside the drains are insufficient, and communicating with each other; the most healthy districts are not safe, as has been recently proved. The evacuations of the typhoid patients are carried along, and by the system of inter-communication the germs or specific matter of the disease—which is the immediate cause of contagion according to the most eminent medical men—is conveyed long distances, and invades dwellings hitherto healthy. Also when in summer there is a scarcity of water the sewers are insufficiently flushed, and consequently deleterious gases escape through the openings into the streets, contaminating the air. One other cause must not be omitted from the series, as to it, according to MM. Lancereaux and Rochard, the present epidemic is to be attributed, and that is the water, which M. Gueneau de Mussy affirmed before the Académie de Médecine to be charged with animal matter in a state of putrefaction and other impurities, which render it unfit for drinking purposes. It must certainly be admitted that Paris water is far from what it should be, and from what might naturally be expected to be found in the city styled the "centre of civilisation." In summer it is not potable, and unless boiled or properly filtered, causes diarrhœa or dysentery. Two streams supply the greater part of the town, the Dhuis and the Vannes, whose waters, although not free from impurities, are yet drinkable; but when the warm weather sets in the supply of water is diminished, and to meet the wants of an ever-increasing population the contaminated waters of the canal or the Seine are substituted, so that it is not surprising that the autumn brings an increase of zymotic diseases. Sir Richard Wallace, with the generosity which has always distinguished him, conferred, by means of the drinking fountains which he caused to be erected all over the city, the greatest boon that could be bestowed on a people who otherwise were compelled, in order not to drink the warm water furnished by the town, to resort to the *cafés* to quench their thirst in sour wines. These fountains, called by the Parisians, "Fontaines Wallace," are mainly situated in the populous working quarters, and every summer evening crowds of men and women may be seen regaling themselves in its cold refreshing stream. Thus it may be said that the water furnished by the Municipal Council is not only of a very inferior quality, but highly dangerous in the summer time, and

capable of engendering an epidemic such as has just been witnessed. As to the laxity of sanitary regulations, the fault lies not with the Government, but with those who have been entrusted with the execution of the health laws.

As has been already said, typhoid fever has always been endemic in Paris. Every week from twenty-five to thirty deaths were recorded, but it was always observed that in the month of July a larger number of deaths were due to its influence, at times simulating a slight epidemic. On the 4th of August the fever began to assume an abnormal development, and in the succeeding week ninety-eight deaths were recorded, the eighteenth, nineteenth, and tenth arrondissements being the first attacked, and towards the middle of September the epidemic became general over Paris. The mortality rose to 250 a week until the 26th October, when the fall took place. Thus from the 4th August to the 26th October the number of victims was 1,358, which may be divided, as regards the sex, into 763 men and boys, and 595 women and girls; that is to say, 128 persons of the male sex succumbed against 100 of the female sex during the three months of August, September, and October. As to age, 20 boys against 31 girls died under 5 years, 68 against 139 under 15, 554 men and 360 women between 15 and 35, while 9 men and 8 women died over 60. From these numbers it will be seen that the female sex were attacked at an earlier age than the male. M. Pietra de Santa, in a communication read before the Académie de Médecine, considered the epidemic grave from the large number of deaths. For the first six months of the present year the typhoid deaths amounted to 919; for the following three months the mortality was 728; and for the month of October alone, 628 deaths were registered, which gave a total of 2,285, a number already superior to the sum total of the previous year (2,130). The characteristic symptoms of the disease as seen in the Hôpitaux Necker, which provided a large number of beds for the reception of typhoid patients, are worthy of notice for their apparently mild type. Apparently, we say, for in many instances this mildness was deceptive. The temperature rarely exceeded 104, and the fever which in the first septenary went on increasing, remained stationary during the second, and in the last two, was oscillating, or affected a remittent form. In several cases the temperature after the patient was supposed to be entering on convalescence rose suddenly and the fever continued during several days with, in fact, all the symptoms of typhoid fever, eruption included. This phenomenon M. Potain, of the Necker Hospital, would not call a relapse, but a *reiteration* resulting from the primitive intoxication. The ataxic form of the fever was exceptionally rare, but in many cases the *jours critiques*, or crisis were retarded to the 24th, 26th, and in some cases to the 40th day. The abdominal symptoms were in general of a very mild type, although two cases of peritonitis were observed which terminated fatally. The most frequent complications were to be found in the respiratory apparatus, the affections observed being laryngitis (ulcerative), bronchitis, pulmonary congestion, and pneumonia. One case terminated fatally from pleurisy, and another from gangrene of the lung. As to treatment it differed widely

in the several hospitals each man adopted his own and had success which encouraged him to consider his method as the best. In any case the mortality (14 per cent.) was not excessive considering the large number of cases treated. M. Hérard goes in for quinine in large doses, forty to sixty grains a day, but two sudden deaths having occurred under this treatment he was attacked by M. Hardy who expressed the opinion that the quinine in such heroic doses was the cause, however M. Hérard, and in this he was seconded by his other colleagues, repudiated such an assertion, citing authorities in support of this view. M. Vulpian prefers salicylic acid which he gives in five grain doses every half-hour. Under the influence of this treatment the temperature lowers in 48 hours from 3 to 4 degrees, at the same time a very notable amelioration in the general condition of the patient was observed. In some cases, especially amongst boys, he had seen cerebral salicylism with a little delirium. At the same time M. Vulpian does not pretend that the duration of the disease nor the mortality are diminished, but he considers that salicylic acid is one of the most energetic moderators of typhoid fever that we possess. The treatment of M. Lancereaux approaches very closely the treatment most generally adopted. Baths at 83 lowered easily the temperature one degree or more, with the baths he gave digitalis to control agitation or sleeplessness, opium was administered, the opium and digitalis were associated with very good results in the ataxic forms. The meteorism was treated by purgatives, cold enemas, and ice, respiratory complications by cupping and ipecacuanha. Against the fetid character of the stools phenicated enemas were given. Upon 52 cases thus treated he lost but 5. It will now be seen that in spite of the different antiseptics and antipyretics recently vaunted the tendency has been in general inclining to the old classic method of purgatives and treating symptoms.

ENTERIC FEVER IN LONDON.

TAKING the cases returned as of "enteric" fever during the last few weeks, the fact transpires that the deaths by the affection or series of affections so designated have numerically increased as compared with the weeks immediately preceding, and also that they are in excess of averages for the corresponding weeks of the last ten years. The question naturally arises—How is this increase to be accounted for in accordance with the defective sanitation theory, considering that in all that concerns sanitation so much has been achieved since 1872? The fact appears to be that the theory in question is, and always has been, insufficient of itself to explain the occurrence of this particular form of fever, and of some other so called *zymotic* diseases; and, indeed, this is now coming to be acknowledged to be the case. Carefully prepared statistics show that the number of deaths assigned to "enteric" fever presents a rise and fall in accordance with the progress of the seasons; and that the regularity of this rise and fall, like the recurrence of the seasons, is more or less constant from year to year. The mortality is above the mean from about the middle of September to the end of January; it then, after fluctuating about the

mean for a week or two, falls below it for the remainder of the season. Since the 39th week of 1882—namely, that ending September 23rd—the gradual rise in the line of mortality by “enteric” fever has been in accordance with its usual law; and from that date till the end of the 49th week—namely, that ending December 7th, 1882—the weekly and general mortality has been considerably greater than that of the preceding ten years. According to some observers, the type of the disease has also increased in severity as compared with the average of the previous years just alluded to. From these considerations, therefore, the conclusion to be drawn is that the influences and conditions upon which the occurrence, propagation, and subsequent decay of the disease in question depend are in their nature recurrent, periodical, and of a nature not to be reached by the simple observance of what is commonly included under the head of “sanitary” measures. Are we, then, to revert to “epidemic influence” for so long discarded in order to account for the phenomena of the “epidemic” now prevailing, although, fortunately, not to a great extent in the metropolis? It is true, the condition so indicated is only manifest by the presence among us of a particular form of illness; yet it may become possible hereafter, by means of carefully conducted observations, to obtain at least some insight into this and other influences which affect public health in different degrees and ways, according to season and period of the year. Whenever the normal characters of a particular season are departed from, the prevalence of epidemic disease usually incidental to that season is affected; and when, as recently has happened, unusual mildness prevailed, diseases incidental to other periods of the year than winter have manifested themselves.

Notes on Current Topics.

Quackery in America.

ACCUSTOMED as we are to consider the States as the Elysium of quacks, the records of the doings of these pretenders published from time to time arouse a feeling of increased astonishment at each revelation. Beplagued by its army of sham practitioners, and abundantly spotted with villanous institutions whose founders drive a profitable trade by selling bogus diplomas, the United States may well be considered to deserve the sympathy of all who are able to appreciate the frightful mischief annually done to the population by uncontrolled practitioners of every conceivable shade of humbug. In Missouri, which the *New York Medical Record* describes as a “quack ridden state” (what about New York itself?) there are 4,834 practitioners of one kind or another, one doctor to every 450 inhabitants. Of these, 3,453 “belong to regular medicine,” “and over 1,300 are eclectics, homœopaths, and nondescripts. But hardly more than one-half (2,456) are graduates of regular schools.” In addition to these facts, which are quoted from a paper by Dr. King, President of the Missouri State Medical Society, the author of the communication referred to declares that 269 of the practitioners are abortionists, 1,904 are deemed by com-

petent judges to be incapable of practising medicine intelligently, and 452 are persons of immoral character, 34 being women. The accounts of the damage perpetrated by this army of rogues, however, is most instructive. It includes 5,570 lives annually lost through quackery in the State, in addition to 8,000 children killed *in utero* by the 269 abortionists; the yearly sum paid for these services reaches somewhere about half a million sterling: verily a pleasing reflection for those who love their species! Some of the instances of cure performed or promised by quacks are interesting from a professional point of view. They are, many of them, curious in the extreme; occasionally they are unique, as for instance the promise of a “medical man” who undertakes to cure nasal catarrh at one sitting, and in proof of performance, “remove the catarrh and place it on a saucer.” English quackery has not yet reached the perfection of American samples. Long may it continue to hold a position of inferiority.

The Next International Medical Congress.

PROBABLY none who were privileged to attend the great representative Congress of all nations which was held in London in the summer of 1881 will ever forget it, either for its magnitude, the voluminous, and at the same time, practical character of its communications, or for the unbounded hospitality which was shown to its members by private individuals and public corporations. Before separating the question arose as to the next meeting, and as Copenhagen had put in a claim to be honoured with the next assemblage, a committee was appointed, and that city has now been definitely decided on. We are authorised to state, therefore, that the next International Medical Congress will be held in Copenhagen from the 10th to the 16th of August, 1884; early notice being thus given so that corporate bodies, societies, and private individuals may make their arrangements without clashing.

The Dangers of Keeping Anatomical Specimens in Consulting Rooms.

THE Hon. A. B., a valetudinarian of 65, went to consult a leader of science. The physician was out, but his valet announced that he would be in soon, and, on learning the position of the client, introduced him into his master's private sanctum, so that he might have the benefit of consulting him out of his turn. To pass away the time, the patient examined the room, and discovering in one corner an excellently mounted and complete skeleton; imagination immediately suggested that this was probably an old patient of the doctor's. He flew at once to the hall-door and rapidly vanished, to the astonishment of the servant and the subsequent annoyance of the physician.

The London Society of Apothecaries.

THE Society of Apothecaries of London, at a recent meeting of its Court, decided to found two scholarships to be competed for by members of the medical profession, one in clinical medicine, therapeutics, and hygiene; the other in surgery. The conditions under which these prizes are to be held and the restrictions of competition are not yet announced, but early information on all points relating to amount, terms, and all other particulars, is promised.

Tracheotomy.

DR. H. M. RICHARDSON, writing on tracheotomy in the *Boston Medical and Surgical Journal*, after reviewing the methods of performing the operation adopted by different surgeons, thus sums up his conclusions:—(1) The point of election is just below the cricoid isthmus. (2) The isthmus of the thyroid, if recognised, should be pushed down, the cervical fascia of the median line having been first incised, and the trachea exposed by carefully separating the parts with a director; or, (3) The thyroid isthmus may be entirely disregarded, and the parts freely incised, in which case all hæmorrhage should be checked before opening the trachea. (4) Deliberation, careful dissection, and a bloodless operation are better than the gain of a few seconds at the expense of hæmorrhage into the trachea. (5) Ether should be used except in extreme asphyxia.

The late Mr. Goyder.

At a meeting of the principal members of the profession in Newcastle-on-Tyne, held on Friday evening in the library of the Infirmary, it was resolved to found a clinical scholarship, to be called the Goyder Scholarship, in memory of the late C. M. Goyder, L.R.C.P., M.R.C.S., a distinguished student of the Newcastle school, and for some time resident medical officer of the infirmary. Mr. Goyder had not long been engaged in private practice when he contracted typhus fever, and died after only fourteen days' illness. His loss is very deeply regretted by all his medical brethren, who entertained a warm personal friendship for him, and a high appreciation of his professional abilities. They have therefore decided to give expression to the opinion they held of his merits in the way referred to above, believing that thus may the bright example of Mr. Goyder's life be best kept in view in future, to act as a stimulus to other students to emulate his character and achievements.

Dwarfs.

ANNA MINERVA SHEARER, a child monstrosity, an object of curiosity to thousands of visitors, died recently at her parents' home in Pennsylvania. The child was ten years of age, and weighed only fourteen pounds; was blind all her life, unable to walk or talk. A sister, aged thirteen years, weighs twenty pounds, and is in the same condition. The parents are full grown, healthy, and strong, and the father is a blacksmith. The children's only sense was that of hearing, and they had to be attended to like infants.

Birmingham Hospital Sunday.

THE total sum collected in Birmingham, the home of the movement, on "Hospital Sunday," amounted to £5,152. This is in excess of previous collections, and has been distributed among the various medical charities in proportion to their respective expenditures.]

† THE next examination in dental surgery at the Royal College of Surgeons in Ireland will be held on Monday, 12th March, and following days. Candidates must forward certificates to the Registrar, at the College, on or before Thursday, 22nd February, 1883.

The Dublin School Returns.

THE Anatomical Committee has had its usual meeting to receive the returns of students dissecting at the various Dublin schools, which are supplied to them in order that they may allocate subjects to the schools as required. The returns for the past three years are as follows:—

	1880-1.	188-2.	1882-3.
School of Physic...	192	216	225
Royal College of Surgeons	189	140	132
Ledwich School ...	230	221	230
Carmichael College	149	159	134
Catholic University	94	100	118

Certain points in connection with these returns need to be taken into account before forming any judgment thereon. In the first place, the numbers represent dissectors only, and not the entrants at any school. Secondly, the numbers are those furnished by the school registrars, and it is a well-known ruse for certain schools to make returns largely in excess of their real class, in order that they may have an abundance of subjects, and look well in the list. In such cases the names of all sorts of chronics and perpetuals are returned, while other schools only set down the names of students actually entered for the current year's dissections. Lastly, it is well known that in the School of Physic and College of Surgeons schools no student is entered until he pays the entire fee, cash down, in advance; and in the Carmichael College the greater part of the fee must be paid; while other schools accept a small payment on account, and the balance whenever the certificates are taken out, from which it results that these institutions are largely patronised by students who do not choose to bind themselves by a heavy payment to go on with the profession.

Perforation of the Ileum by Worms.

DR. T. J. CROFFORD reported at the last meeting of the Mississippi State Medical Society the case of a boy (coloured), aged eight, who complained of pain in the right iliac region, had fever for eight days, and died, having passed several round worms three days before death. At the autopsy the ileum showed two perforations, one twelve, the other twenty-four inches above the ileo-cæcal valve, and the peritoneal cavity contained half a pint of pus and two lumbricoid worms, each ten inches long. One of the worms was between the liver and diaphragm, partially decomposed. The edges of the perforations in the bowel were covered with lymph.

Death of a Centenarian.

THE death is announced, at the Protestant Retreat Drumcondra, near Dublin, of Mrs. Mary Murray, at the age of 110 years. She was a native of the county of Derry, and for many years carried books about for sale, throughout the entire province of Ulster and many portions of Leinster. She was a very tall, strong woman, and was admirably fitted for the wandering life she led previous to her admission to the Retreat. Mrs. Murray is said to have been fond of a glass of punch, and smoked a very black dhudeen up to a very few years ago.

Dr. H. Macnaughton Jones, of Cork.

A SPECIAL meeting of the General Committee of the Cork Fever Hospital was held on the 21st ult., to receive the resignation of Professor H. Macnaughton Jones, as senior physician to the hospital. For the past eleven years, Professor Jones has been attached to the institution, but found it impossible, in consequence of new professional engagements, to discharge the duties satisfactorily for the future. The following resolution was unanimously adopted: "That the resignation of Dr. Jones be accepted and his letter of resignation entered on the minutes, and the committee are unanimous in their expression of regret at losing the valuable services of Dr. Jones, who has been so long and honorably connected with the institution; and they hope that his future career will be as distinguished and successful as his past."

The Public Health.

NOTWITHSTANDING the mildness of the winter so far, there appears to be a good deal of sickness about, and the rates of mortality last week in the large cities of the United Kingdom were in most cases above the average. Of the thirty large towns, Derby has the lowest death-rate, 20·0 per 1,000—and Liverpool the highest, 40·1 per 1,000. The other towns may be thus summarised:—Leicester, Edinburgh, Portsmouth, Bristol, and Brighton, 21 per 1,000; Bolton, Birmingham, Bradford, Salford, and Blackburn, 23; Nottingham and Cardiff, 24; Wolverhampton and Birkenhead, 25; Halifax, 26; London, Norwich, and Sheffield, 27; Sunderland, 28; Hull and Oldham, 29; Leeds, 30; Manchester, 31; Preston, Plymouth, and Newcastle-on-Tyne, 32; Huddersfield, 36; Glasgow, 37; Dublin, 38. The highest annual death-rates from diseases of the zymotic class in these towns last week were—from scarlet fever, 1·6 in Sheffield and 1·9 in Brighton; from measles, 1·9 in Liverpool and 2·6 in Sunderland; from whooping-cough, 2·1 in Plymouth and 2·4 in Cardiff; and from "fever," 1·3 in Derby, 1·4 in Newcastle-on-Tyne, and 2·9 in Liverpool. The 40 deaths from diphtheria included 12 in London, 11 in Glasgow, 3 in Edinburgh, 2 in Dublin, 2 in Liverpool, and 2 in Halifax. Small-pox caused 4 deaths in London and its outer ring of suburban districts, 2 in Newcastle-on-Tyne, and 1 in Wolverhampton.

A Slighted Disinfectant.

A CONTRIBUTION to the current number of the *Gentleman's Magazine* calls attention to an old-fashioned disinfectant which has unaccountably fallen into disuse. The question of the value of sulphur as a disinfectant was revived by M. d'Abadie, who read a paper before the Paris Academy of Medicine on "Marsh Fevers." He stated that in the dangerous regions of African river mouths immunity from such fevers is often secured by sulphur fumigations on the naked body. Also that the Sicilian workers in low ground sulphur mines suffer much less than the rest of the surrounding population from intermittent fevers. M. Fouque has shown that Zephyria (on the volcanic island of Milo or Melos, the most westerly of the Cyclades), which had a population of 40,000 when it was the centre of sulphur-mining operations, became nearly depopulated by marsh fever when the sulphur-mining was moved

farther east, and the emanations prevented by a mountain from reaching the town. Other similar cases were stated. It is well understood by chemists that bleaching agents are usually good disinfectants; that which can so disturb an organic compound as to destroy its colour, is capable of either arresting or completing the decompositions that produce vile odours and nourish the organic germs of ferments which usually accompany, or, as some affirm, cause them. Sulphurous acid is, next to hypochlorous acid, one of the most effective bleaching agents within easy reach. Chlorine and hypochlorous acid (which is still more effective than chlorine itself), act in the opposite way, so do the permanganates, such as Condy's fluid, &c. They supply oxygen in the presence of water. It is curious that opposite actions should produce like results. These disinfectants are, however, objectionable on account of their odours and their corrosive action on metals; but the desired end may be attained without these annoyances. Sulphate of copper, which is not patented or "brought out" by a limited company, may be bought at its fair retail value of 6d., or less, per pound (the oil-shop name for it is "blue vitriol"), in crystals, readily soluble in water. By simply mopping the floor with a solution of these green crystals, and allowing it to soak well into the pores of the wood, they cease to become a habitat for specific poisons. The solution of sulphate should not be put into iron or zinc vessels, as it rapidly corrodes them, and deposits a non-adherent film of copper. It will even disintegrate common earthenware by penetrating the glaze, and crystallising within the pores of the ware, but this is a work of time (weeks or months). Stoneware resists this, and wooden buckets may be used safely.

Nickel Money.

MUCH has been said on the subject of putting into circulation nickel money, but the authorities are not so decided in favour of the proposition as they are thought to be. However, some pieces have been struck at the Paris Mint for specimens. To avoid their being mixed with silver, they are made of an oval shape; their value, it is said, is 5, 10, and 20 centimes. It is reported that the Minister of Finance will present these specimens for inspection at the Commission held in connection with the Budget, and if this body are favourable to the movement, steps will be taken to substitute in a given time nickel money for bronze. As New Caledonia abounds in mines of this metal this will be a good opportunity for the use of this production of the French colony.

The Royal Medical Benevolent College.

WE are asked to impress upon those of our readers who are Governors of the Royal Medical Benevolent College the fact that, owing to there not being a legal quorum present at the extraordinary general meeting of Governors convened on the 20th ult., the meeting was unfortunately obliged to be adjourned to the 10th inst., Wednesday (this day week), at four o'clock precisely. It is hoped that this will not again occur, as the proposed alterations to be made in the by-laws are of a very important nature in more ways than one, and it does appear a little hard upon the Council, who, having bestowed much time and care upon the question of

the good government of the College, find their labour in vain, consequent upon the apathy or lack of interest in its affairs on the part of the general body of Governors.

Hot Pack in Puerperal Eclampsia.

DR. BRENS expresses the opinion in the *Arch. f. Gyn.* that for the cure of puerperal eclampsia either in the puerperium or the last months of pregnancy, active diaphoresis alone, induced by a hot bath, 40 to 45°C, followed by the pack, is all sufficient. The bath must not be prolonged over one-half hour, and two to three hours suffices for the envelopment in the pack. This method properly carried out, according to Brens, will also cause œdema and albuminuria to disappear without interruption of pregnancy.

DR. WILLIAM KEARNS TANNER died on the 21st ult., at Lapp's Island, Cork, aged 71. Deceased was a graduate in medicine of the University of Glasgow, and a Fellow of the Royal College of Surgeons in Ireland.

A MADRID telegram states, on the authority of the Spanish Consul at Suez, that twenty-one pilgrims have died of cholera on the road between Mecca and Medina, and that there are daily ten deaths from the same epidemic at Medina.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follows:—Calcutta 32; Bombay 26, Madras 33; Paris 27; Geneva 17; Brussels 22; Amsterdam 26; Rotterdam 29; The Hague 32; Copenhagen 20; Stockholm 32; Christiania 17; St. Petersburg 36; Berlin 23; Hamburg 24; Dresden 29, Breslau 26, Munich 27, Vienna 27, Prague 28, Buda-Pesth 24, Trieste 29; Rome 21; Turin 26, Venice 32; New York 22, Brooklyn 21, Philadelphia 21, and Baltimore 32.

WE understand that the Professors of Anatomy in the Royal College of Surgeons in Ireland (Professors Thornley Stoker and Cunningham) have taken advantage of the severe weather which we have lately had, and made a large number of sections of the frozen human body. Collecting a large quantity of snow, they subjected three bodies to the freezing process, and from these they have obtained nearly 150 sections of different regions. These will no doubt prove a very valuable addition to the teaching specimens of the school.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

GLASGOW.—ANDERSON'S COLLEGE.—The desired move westwards of Anderson's College, especially on the part of the medical teachers, received somewhat of a check at a meeting of the trustees held on the 22nd ult., when the Committee's report on the proposed removal of the Medical School to the vicinity of the University was presented. This stated that the funds at the disposal of the trustees did not admit of their purchasing a site and erecting a new school. The whole available funds of the institution

amounted to £13,000, and for the past few years the expenditure had exceeded the income by £200. Under these circumstances, the Committee were of opinion that it would be injudicious to take any steps to remove the Medical School unless £10,000 could be placed at the disposal of the trustees. The chairman, in moving the adoption of the report, remarked that the trustees were anxious to restore the School of Medicine to its former state of prosperity, but that they had not the necessary funds. An amendment was made by Dr. M'Kinlay, who characterised the report as very disappointing, urged that the present buildings should be sold, and a new college erected in the neighbourhood of the Western Infirmary. The amendment, not being seconded, fell through, and the report was almost unanimously adopted.

THE OUTBREAK OF TYPHUS FEVER IN EDINBURGH.—The prompt action taken by the medical officer of health has been effectual in checking the outbreak of typhus fever which was recently reported to have broken out in Buchanan Street, Leith Walk, and the fever has now entirely disappeared. In two tenements there were sixteen cases, two of which resulted fatally, and from the houses which were most in want of cleansing the families were, with the consent of their medical attendants, removed, and their houses cleansed at the expense of the corporation. In this way, and by the isolation of other cases, the spread of the disease was checked.

THE DEATH-RATE.—The Registrar-General's returns for the week ending with Saturday, the 23rd, show a great contrast in the respective death-rates of Edinburgh and Glasgow. The rate in the former is 21 per 1,000 per annum, and in the latter no less than 37. The average for the chief towns is 28.

GLASGOW MAGDALENE INSTITUTION.—The twenty-third annual meeting of the subscribers to the Glasgow Magdalene Institution was held on the 22nd ult. The directors' report showed that during the year the cases of 365 young women had been dealt with, and 157 were still under treatment, while 98 had been disposed of satisfactorily. The gross outlay for each inmate was £23 2s. 1d., but of that her earnings paid £15 7s. 10½., so that the actual cost per head was £7 14s. 3d. It appeared from the financial statement that the sum received for work was £3,546, that the legacies, &c., amounted to £2,241 16s. 8d., and the subscriptions to £1,031, and that there was still a burden of £2,500 resting on the institution. Dr. J. A. Campbell, M.P., remarked that, in connection with the institution, there were two subjects for thankfulness. The one was that, for any poor creature wishful to escape from a life of shame, there was a suitable asylum opened, and the other was that something like the results one would wish to see were realised. It seemed to him that the merits of the institution were very much owing to the great personal interest taken in all the arrangements by the directors and by a committee of ladies. The report was adopted, and the institution commended to public support.

THE EDINBURGH MEDICAL SCHOOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am well aware that one of the most important duties of a medical journal is to criticise the teaching and examining qualities of the various universities and schools of medicine; but it must pain all lovers of fair criticism to read the remarks on the Edinburgh Medical School in your issue of December 27th. I have been a student in Edinburgh for five and a-half years, and have never observed the cringing attitude which you say the College of Surgeons

exhibits towards the University. As to the "boy-professors," I cannot see that the University is to be blamed for their appointment, if, indeed, as I much doubt, the appointments be blamable. As to your remark that high honours at the University may be gained by any good shorthand writer with a good memory, let me state as a first-class honours man myself that I do not know any honours graduate who is a good shorthand writer, and I do know several shorthand writers who have repeatedly failed to pass. I am quite willing to grant, what is I think unavoidable, that a man has a very much better chance of a medal if he state that which his professor believes to be true than the opposite. Your word "crotchet" is scarcely permissible as applied to the outcome of laborious work by an Edinburgh Professor. It is inevitable that in Prof. Fraser's class of Practical Materia Medica less dispensing will be done than where prescriptions for actual patients are made up, but the teaching is accurate and work carefully supervised.

Yours, &c.,

G. ARMSTRONG ATKINSON, M.B., C.M.,
Resident Physician, Edinburgh Royal Infirmary.

Dec. 30th, 1882.

contributor to the tales and tit-bits of a winter's fireside. . . . An examination of the Pharmacopœia from the geographical standpoint will enlarge a pupil's mind as well as give him knowledge valuable in pharmacy. A few pen-and-ink skeleton maps are easily and quickly drawn, on which may be written, by the student himself, in different coloured inks, the habitats of the minerals and plants yielding officially recognised drugs. These habitats he should himself search out from works on materia medica."

One golden rule Professor Atfield lays down, that these summaries, to be of any value, must be made by the student for himself, and exclusively by himself; and he enforces, what experience has shown ourselves, viz., that no student who is the friend of another student will even lend him his "notes." The improving part of note-taking and summary-making is going over and over again the notes, and the correcting, extending, and expanding of them. When the student has perfected his *catalogue raisonné*, and crowned the work by a therapeutical index, he realises that he has mastered the subject, and that he has nothing more to do than to keep abreast with modern progress.

While agreeing with every word of this admirable address, we cannot avoid expressing our surprise that the recommendation to students to study pharmacy in this particular way has not been made before; and yet an examination of the indexes of the *Pharmaceutical Journal* would appear to show that it is now made for the first time. We heartily commend this *brochure* to our readers, and wish that it were in the hands of every student.

Literature.

THE PHARMACOPŒIA AS A STUDENTS' MANUAL. (a)

ANY pronouncement upon his own department by the author of what is decidedly the best Handbook of Chemistry in the English language will command attention; and we have read this Address, which has been printed at the request of the students, with much interest. Professor Atfield truly observes that the Pharmacopœia is a book intended rather for the medical or pharmaceutical practitioner than for the student, and that to alter it into an educational manual "would involve the conversion of a single handy-book into a work of many volumes, amongst whose multitudinous pages all that relates to the practical manufacture or administration of medicines would be dwarfed if not hidden altogether. To adopt the plan partially and pithily would involve the giving of high official sanction to that too rapid and superficial acquirement of information still, alas! too common, though now everywhere deprecated."

The author, however, is of opinion that the pharmaceutical student should make the Pharmacopœia the basis of his education, by making for himself a *catalogue raisonné* of its contents, according as he progresses in chemistry, botany, and the other sciences upon which pharmacy is based. The nature of this index could not be better described than in the author's own words:—

"Sooner or later the pharmaceutical apprentice who means to be something more than a mere mechanical mixer of drugs, and not a mere hand-to-mouth vendor of drugs and sundries, will have himself prepared the following manuscripts:—First, a well-arranged list of the chemical substances mentioned in the Pharmacopœia, an improved form of his first rough catalogue of mineral preparations. Secondly, a similarly well-arranged list of the vegetable products, with, perhaps, added columns showing the botanical name of the plant, its common name, the part employed, the country whence obtained, &c. Thirdly, a complete list of the compounded drugs or mixtures, with added columns showing the names of their chief or more powerful components, and the proportions in which the active agents occur in the respective preparations, &c. The compounds might be subdivided into powders, pills, ointments, &c. . . . And if he extends his labours, as he probably will, to the generic and specific names of wayside flowers, he will go far towards fitting himself to be a charming companion for a summer ramble, a strong link in the conversational chain encircling the dinner table, and a valued

Correspondence.

PERNICIOUS ANÆMIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—An instructive case is recorded to-day in your valuable journal under the head of "Pernicious Anæmia." The patient—an inmate of the York County Hospital—had suffered for six months prior to admission from severe epigastric pain which kept him awake at night, and for a third of the time he had vomited after meals. The case was, in the first instance, diagnosed as one of malignant disease, though there was no tumour nor enlargement of any of the organs. He was, however, anæmic and emaciated. Under a course of treatment consisting of morphia, creosote, and nux vomica, supplemented subsequently by iron, quinine, and cod-liver oil, the patient recovered.

I had once a somewhat similar case under my care in India. Dr. A., a medical officer, æt. 49, was for several weeks troubled with incessant vomiting, accompanied by epigastric uneasiness—sometimes amounting to pain—after meals. He became very thin and anæmic, and certainly looked as if he were the victim of scirrhus of the pylorus, which, indeed, he himself believed. But he was a singularly irritable person, indulging to the full an Englishman's right (?) to grumble, and he availed himself of every opportunity to air his supposed grievances. His *élan* was quite startling. Listening with apparent composure to a companion, he would half-spring, in a Jack-in-the-box sort of way, from his chair, and exclaim, with an energy not at all called for by the occasion, "Exactly so!" and then subside into seeming apathy. His (constitutionally) nervous irritability was extreme; and, as I subsequently ascertained, whenever—being out of sorts—this became fully developed, it would centre in his stomach, which, after long residence in India, had become his weak point. About the time to which I refer, Dr. A. had been very much harassed, professionally and otherwise, and had intensified his troubles by his own impatience. His appetite became capricious and morbid, and he took his meals most irregularly. The vomiting, as I pointed out to him, occurred too soon after eating to justify the idea of malignant disease at the distal end of the stomach; and living in a malarious atmosphere in Lower Bengal was quite enough to account for his sallow and cachectic appearance. I felt sure that it was only necessary to soothe the nervous system generally, and that of the stomach in particular, which was accordingly done by a combination of opium and hydrocyanic acid, followed by tonics; and as about the same time he was relieved of all professional and other anxieties by retirement from the

(a) "The Pharmacopœia as a Students' Manual: being an Introductory Address delivered before the Students' Association of the School of Pharmacy of the Pharmaceutical Society of Great Britain." By Professor Atfield, Ph.D., F.R.S., &c.

service, recovery rapidly followed. When I last saw Dr. A., three years ago, he was in excellent health, with a remarkably clear complexion, and very unlike a man who had been twenty years in India.

I have thus given the particulars of this case as, in conjunction with that in the York County Hospital, it may—I say it with all diffidence—help to throw some light upon the true pathology of so-called pernicious or malignant anæmia, which, it is said in text-books, cannot be traced to any known causes, is steadily progressive, and generally fatal. Associated as it usually is with gastric derangement, and sometimes with general hæmorrhages or erratic attacks of fever—it is met with (says Roberts) chiefly in middle-aged pregnant women—may not the root of the disorder lie in some weak and irritable condition of the nervous system, by soothing and strengthening which the appetite becomes healthy, the food retained, and the anæmia disappears? The success of the treatment in the York County Hospital, and in the case under my own care, seems to justify this idea. If there be any truth in it, the prognosis might be more favourable.

Yours, &c.,

CHAS. R. FRANCIS, M.B., &c.

Clapham Common, S.W.,
December 20th, 1882.

PASS LISTS.

University of London.—The following candidates were successful at the recent B.S. examination for honours in Surgery:—

FIRST CLASS.

Walter, Fredk. Rufenacht { *Scholarship and* } St. Thomas's Hospital.
 Gold Medal }
Sutton, Samuel Walter (*Gold Medal*), St. Thomas's Hospital.

SECOND CLASS.

Scharlieb, Mary Ann Dacomb, Lond. Sch. Med. & R. Free Hosp.
Buxton, Dudley Wilmot, University College.

University of Dublin.—The following is a list of the successful candidates for degrees at the December examinations of this University:—

BACHELOR IN SURGERY.—William Hallaran Bennett, Joseph Bulfin, William Alex. Carte, Francis Richard Cassidy, Arthur Wellington Fenton, J. hn William Gowland, George Marshall Lloyd-Arj hn, Francis Albert de Thierry Monlliot, Henry William P. ard, Angus Mayberry Whitestone.

BACHELOR IN MEDICINE.—John Armstrong, Francis Richard Cassidy, Eugene Cormac, Richard Geo. Hanley, Arthur Wellington Fenton, John Fitzgerald, Dionysius William Freeman.

MASTER IN SURGERY.—Charles Gorman.

DOCTOR IN MEDICINE.—Charles Gorman, Edward Gordon Hull.

LICENTIATE IN MEDICINE.—Joseph Patrick Finegan.

LICENTIATE IN SURGERY.—Joseph Patrick Finegan.

Royal College of Surgeons in Ireland.—At the December examinations of this College the undermentioned candidates obtained the diploma in Surgery (L.R.C.S.I.):—

Arthur Cottew, Michael Cleary, Tho. B. Clune, Walter W. S. Corry, John Craig, Francis J. Cruise, Cornelius Dalr, Michael O'F. Dolphin, Percy J. Drought, James E. Fitzgibbon, John W. Gormley, Francis B. Hawes, George B. Heffernan, David W. Kennedy, Richard T. King, Thomas Lane, Edward E. Lennon, John J. Lyons, Hercules S. Miles, Hy. J. O'Brien, Denis M. O'Callaghan, John J. O'Hagan, Peter J. O'Reilly, Francis F. Peet, Francis E. Pim, Alfred E. W. Ramsbotham, George P. Ridley, James D. Ryan, George P. Turney, George A. Walpole, William H. Waterfield, Herbert Wright.

South London School of Pharmacy.—The following are the successful competitors at the examinations held last week at this school:—Senior Chemistry: no prize awarded. Junior Chemistry: Mr. Parker (medal), and Mr. Oldershaw (certificate). Botany: Messrs. Pridmore (medal) and Harvey (certificate). Materia Medica: Messrs. Armstrong (medal) and Oldershaw (certificate). Pharmacy: Messrs. Oldershaw (medal) and Johnson (certificate). Extra certificates were gained by Messrs. Burton, Horsfield, Hurcombe, Austin, Arnott, and W. Kinson.

Notices to Correspondents.

✉ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber,"

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

READING CASES.—Cloth board cases, gilt-lettered, containing 25 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clear, and flat after it has passed through the post.

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

DR. WILSON.—Our correspondent in Paris writes us that the epidemic of typhoid may now be said to have fairly passed away. There are still a few fresh cases occurring daily, but these are of a milder type, and in the majority of cases do not prove fatal. You may therefore satisfy your patient that there is little fear on this point in Paris at the present time.

DR. CLIPPINGDALE'S paper, "On the Treatment of Hip-joint Disease," will be continued in our next.

MR. R. (London).—Sorry we are unable to accede to your request in our present number, but hope to do so in our next.

DR. MILLS.—The temperature is fairly equable in winter at the place mentioned; but we would advise you rather to send your patient to Bournemouth or to Hastings. If a sheltered position can be secured in the old part of the latter town, we consider it the most desirable health resort for winter in the United Kingdom.

AN INTENDING CANDIDATE FOR THE ARMY MEDICAL SERVICE will see an official notice in our advertising columns of the next examination for appointments in the Medical Department of Her Majesty's Army. The date fixed is February 19th, and following days, but applications must be made in due form at least fourteen days prior to this.

A. M. D.—There were four physicians in attendance throughout the illness, and all of them were agreed as to the pressing need for operative interference before the aid of a surgeon was called. The facts could not, for many and obvious reasons, be announced.

K.—Apply to Messrs. Burroughs and Wellcome; they will supply a sample if requested.

BICEPS.—When the Registrarship is vacant you will have the refusal of it, but, until then, you have no remedy. The Lord-Lieutenant may have a technical right to sanction such appointments, but the Registrar-General in reality selects the officer when there is any selection.

DR. CUTHBERTSON.—We cannot give you any information on the subject.

MR. JAMIESON.—The number of students who were present was not given. The result is incontestable.

DR. O. F.—There is nothing to be said in defence of such a practice. We cannot, however, take the matter up until it has been investigated by the police authorities.

A. R. L.—The writer of the article is at present away from London. On his return your note shall be submitted to him.

MASURBATION—A REMEDY WANTED.

To the Editor of the MEDICAL PRESS and CIRCULAR.

SIR,—I have a patient addicted to self-pollution. His mind is now impaired from the habit. I have tried various means to prevent it—blistering the penis, mechanical appliances, bromide of potash, &c.; but he still continues it. Could you or any of your readers suggest a remedy? Your obedient servant,

J. D.

[Potassium bromide is useless for your patient, as is shown by the recent work of Dr. Bartholow "On Spermatorrhœa" (p. 90), which we recommend you to read. Blistering is also useless; and we would recommend you to get your patient to swab the genitals with cold water at bed-time, and to wear an elastic cotton drawers (such as is used for bathing) at night. $\text{m} \times \text{v}$. doses of tinct. of ferric chloride with $\text{m} \times \text{v}$. of tinct. of nux vomica three times a day will be beneficial; also light bed-covering. If he be of sound mind, enjoin the most absolute chastity of idea; if his mind be seriously impaired you must have recourse to the apparatus contrived for preventing self-pollution in the insane.—ED.]

MR. M. M.—The lines are of good average merit, and suitable to the season, but hardly so to our columns.

ONE INTERESTED.—The Army Medical Inquiry is being carried on, though not rapidly; during the past week the Committee took evidence from a sergeant, corporal, and two privates of the Royal Artillery, each belonging to different batteries during the Egyptian war.

SECUNDUM ARTEM—Litholapaxy was introduced first by an American surgeon, Dr. Bigelow, who demonstrated his method in this country at a meeting of the British Medical Association a few years since. It has now become a well-recognized operation, Sir Henry Thompson having adopted it with the most successful results. You are quite right in your conjecture, but we do not wish to publish it any further.

ATTENDANCE ON SERVANTS.—"Senex" writes: Having recently received a "red ticket" to attend the servant (a housemaid) of a gentleman residing in my dispensary district, I would ask your opinion as to whether I cannot legally have said ticket cancelled. I should state, *in limine*, that I am not the attendant to the gentleman's family. My reasons for holding as I do that the ticket was illegally issued are: I have been informed, that, at "common law," a master stands *in loco parentis* to his household servants, placing the latter, consequently, outside the category of "poor persons." And by statute 23 and 24 Vic., c. 83, if a servant be admitted to a workhouse or infirmary "the master or mistress" is bound to contribute to his or her support during residence therein, showing also, I should say, that the

law does not look upon servants as paupers. Perhaps, Sir, the question might be worthy the attention of the Irish Medical Association, which has done so much for us heretofore, as it is somewhat annoying and unfair to be called upon to attend gratuitously a servant whose master does not consider the medical man good enough for himself.

[We have looked into the matter, and find the law stated in the following passage from Greenwood's "Laws Affecting Medical Men":—"A master is not bound to provide medical assistance for his servant, but the obligation (if any) must arise from contract; nor will such contract be implied simply because the servant is living under the master's roof; nor because the illness of the servant has arisen from an accident met with in the master's service." If, therefore, a master directs a practitioner to attend his servant, he must pay the practitioner; but if the servant calls for the doctor, or if the attendance be on dispensary ticket, no fee can be recovered.—ED.]

UNQUALIFIED PRESCRIBING CHEMISTS.—"Medicus" asks: 1. What are the means by virtue of which a man can keep open shop for sale and compounding of medicines? 2. Can a man who has no qualification be a proprietor provided he keeps a qualified apothecary or pharmaceutical chemist? 3. Is there no Council or Society to prevent and punish those men possessing no qualification whatever from keeping open shop, compounding prescriptions, even visiting, prescribing, and passing off as the "doctor"—sometimes going so far as to perform dental and surgical operations? 4. Can boards of guardians, governors of Government Institutions legally allow an unqualified man to do the duties of a qualified person? and what steps should be taken to put a stop to such a disgraceful thing, which I know is permitted?

[1. An open shop for compounding medicines may be kept by—persons qualified under (a) Apothecaries' Act, 31 Geo. III., cap. 34; (b) Pharmacy Act, 38 and 39 Vic., cap. 67; (c) Medical Act, 21 and 22 Vic., cap. 90, sec. 31. 2. Will be answered next week. 3. Under 30th sec. of Pharmacy Act, the Council of the Pharmaceutical Society can prosecute an unqualified person who keeps open shop. No person can be prosecuted for acting as a medical practitioner, but only for publicly representing himself to be a qualified practitioner. 4. Under sec. 34 of Medical Act, no unqualified person can hold any office in a workhouse or union, nor sign any certificate. If proof of such person having done so be submitted to the Local Government Board they will probably put a stop to the proceeding.—ED.]

CORONER'S QUALIFICATION.—"A Constant Reader" asks:—What are the qualifications of a coroner? Is there any property qualification?

[The Acts of Parliament regulating the office of Coroner are the 9th and 10th Vic., cap. 37, and the amending Act of 1831, 44th and 45th Vic., cap. 35, which will be found in the "Irish Medical Directory." By the Act of 1831 it is provided that no one shall hold a Coronership unless he—(a) is duly qualified to practise Medicine or Surgery, and registered as such under the Medical Act; or (b) is a Barrister-at-Law; or (c) is a Solicitor; or (d) is a J.P. of five years' standing. The property qualification is abolished.—ED.]

APPOINTMENT OF LOCAL GOVERNMENT INSPECTOR.—"Navy Surgeon" asks:—1. How the appointment of Irish Local Government Inspector is obtained? 2. If those appointed must have served a specified time as Poor-law Medical Officers? 3. If there is an examination to pass, and if such is competitive?

[1. The appointment is made by the Local Government Board, subject to the approval of the Lord Lieutenant, under sec. 3 of Medical Charities Act (14 and 15 Vic., cap. 63), and sec. 5 of Poor Relief Act, 19 and 11 Vic., cap. 90. (See *Irish Medical Directory*, page 512 and 521.) 2. Any person, with or without medical knowledge or experience, may be appointed. 3. No examination.—ED.]

WHAT ARE ZENANA MISSIONS?—As we are not unfrequently asked for information about "Zenanas" as related to medical missions abroad, the following, from the December number of the *Sunday at Home*, will be read with interest:—"We Zenana Missionaries often talk over and get hints from one another as to the best way of introducing 'The Light of Truth' into these dark homes. It is by no means always to be done in the same way in every place and in every house. Sometimes our friends wish to learn reading, then, of course, we can choose our books. Sometimes they wish to learn work, which gives us a reason for going regularly to them, and having a chat or reading a portion of Scripture. Sometimes they only wish for conversational visits. Then it is a little difficult, without abruptness, to give the tone we wish to our intercourse. As a rule, in a first visit we do not attempt more than a few kindly words and inquiries; but conversation is apt to flag, and to-day my zenana-bag helped, as it has done on other occasions, to fill up a gap. It is a conspicuous bag, with a cleverly-embroidered bird outside. Thus it often attracts the attention I wish it to receive. I am much indebted to the unknown friend who at some working party for the zenana mission added 'those crimson to the quaint macaw.' To-day he was admired and handled. Then some curiosity was evinced regarding the contents of the bag so decorated. Out came photos of the Queen and other members of the Royal Family. They were interested in hearing about the Empress-mother and her children and grandchildren. Then a book of beautifully-coloured Bible pictures attracted their attention. I pointed to one of the Prodigal Son, and asked if I should tell them about it, to which proposal they gladly assented. I had learnt the parable off by heart from the *Hindustani Testament*, and an attentive audience, increased by one or two female servants, and some schoolboys of ten or twelve years old, gathered round. Thus a part of the 'old, old story' was once more told in ears which had not before heard it. The result is with God."

A DISPENSARY TORMENT OF MINE.

THERE'S a patient for ever complaining and sick,
And he's never quite free from the dolorous tic,
Groaning on,—groaning on,—by no treatment made well,
That was not the patient whose story I tell.
But the invalid never obliged to remain
Confined to his bed, there alone to complain;
Still coming and going his doctor to worry,
And seeming as though he was ne'er in a hurry.
When middling he looked as though out of the sphere,
That Nature intended to place him in here;
And when sick, oh, my goodness! the doctor was paezed
To try all his cures but the good one of rest.
For he wanted some quinine, black draught, and blue pill,
Some tincture of ginger, and essence of dill,
Paregoric elixir, and lactate of zinc,
And syrup of phosphates in gallons he'd drink.
If calomel touched him he'd spit for a week,
And potassium iodide would quickly seek;
If taraxacum failed to relieve him of bile,
He'd seek for some comfort in pure castor-oil.
Then when coughing you'd think he'd a frog in his throat,
And he'd tear through the neck of his shirt and his coat;
For he'd take hippo wine and confection of rose
That would act on his stomach as well as his nose.
If his skin should feel rough he'd have sarasaparilla;
If his sleep went astray he'd put hops in his pillow;
If his appetite failed he'd try gentian and salts,
Or a mixture of Evans' and Jamieson's malts.
But what was his illness no mortal could say,
And I'm sure they'll not know till its nearly domesday.
Should Providence take him from this world of care,
I'd say "Deo gratias" in most earnest prayer. J. P. E.

MEETINGS OF THE SOCIETIES.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—Wednesday, Jan. 3rd, at 7.15 p.m., Council Meeting.—8 p.m. Mr. Percival Gordon Smith, "On the Planning and Arrangement of Hospitals for Infectious Disease."
HARVEIAN SOCIETY OF LONDON.—Thursday, Jan. 4th, at 8.30 p.m., Dr. Morton, "On a Successful Case of Ruptured Perineum."—Mr. Noble Smith, "On Lateral Curvature of the Spine" (with specimens).
ROYAL INSTITUTION.—Saturday, January 6th, at 3 p.m., Professor Tyndall, "On Light and the Eye."
ROYAL INSTITUTION.—Tuesday, Jan. 9th, at 3 p.m., Professor Tyndall, "On Light and the Eye."

Bacancies.

Chorlton Union.—Assistant to the Resident Medical Officer. Salary, £120, with furnished apartments, &c. Applications to be sent to the Clerk to the Guardians not later than Jan. 24th.
General Infirmary, Northampton.—House Surgeon. Salary, £125, with furnished apartments, &c. Applications to be sent to the Secretary on or before Jan. 8th.
Gorey Union.—Medical Officer. Salary, £100, and £20 as Consulting Sanitary Officer. Election, Jan. 6th.
Kilkeel Union.—Medical Officer for Workhouse and Fever Hospital. Salary, £50. Election, Jan. 8th.
Kilkeel Union, Kilkeel Dispensary.—Medical Officer. Salary, £100, and Vaccination Fees. Election, Jan. 6th.

Births.

ANDERSON.—Dec. 21st, at Newtownhamilton, the wife of W. W. Anderson M.D., of a son.
M'DONAGH.—Dec. 29th, at Mornington Villa, Hampstead Road, London, the wife of James S. M'Donagh, M.R.C.S., of a son.

Marriages.

ROBIN—POLLOCK.—Dec. 25th, the Rev. Percival Carteret Robin, to Fanny Margaret, second daughter of James E. Pollock, M.D., of 62 Upper Brook Street, Grosvenor Square, London.

Deaths.

FAWSETT.—Dec. 18th, at Wisbech, Frederick Fawsett, F.R.C.S., aged 76.
HART.—Dec. 27th, at 32 Great Coram Street, London, W.C., Adolphus Daniel Hart, M.R.C.S., aged 49.
HEWSON.—Dec. 21st, at Park Villas, Haipurhey, Manchester, Sydney Hewson, M.R.C.S., aged 55.
IRWIN.—Dec. 19th, of typhus fever, at Ivy Lodge, Kilkeel, Fitzjohn Robert Irwin, M.B.
LOYD.—Dec. 11th, at Tyn Rhyll, Rhyl, Edward Lloyd, M.D., L.R.C.P., formerly of Castella, Glamorgan, aged 62.
MACLEAN.—Dec. 19th, at the Royal Victoria Hospital, Netley, Surgeon-Major J. McK. MacLean, Army Medical Department.
PATERSON.—Dec. 9th, suddenly, at Bahia, Brazil, John Lijertwood Paterson, M.A., M.D., of Edinburgh, aged 62.
RUGG.—Dec. 26th, at Chichester, Richard Rugg, F.R.C.S.E., formerly of Brighton, aged 75.
SHEPHERD.—Dec. 12th, at Beach Cottage, Teignmouth, Fleet-Surgeon Charles Douglas Shepherd, R.N., aged 61.
TANNER.—Dec. 21st, at his residence, Lapps Island, Cork, William Kearns Tanner, M.D., F.R.C.S.I., aged 71.
WEST.—Dec. 17th, at Cairo, Edward de Lancy West, M.B., C.M. Edin., of Epsom, aged 28.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
General Paralysis from Cranial Injury. By William Julius Mickle, M.D., M.R.C.P. Lond.	25		
Rupture of the Urinary Bladder. By Walter Rivington, F.R.C.S. Eng., Surgeon to the London Hospital.	27		
A Historical Sketch of the Royal College of Surgeons in Ireland. By Archibald H. Jacob, M.D., F.R.C.S., Professor of Ophthalmology and Councillor in the College, &c.	29		
An Essay upon Hip-joint Disease. By S. D. Clippingdale, M.D., F.R.C.S.	30		
CLINICAL RECORDS.			
Case of Abortive Apoplexy. Under the care of William Donovan, L.R.C.P., L.R.S. Edin., Medical Officer to the Ashby-de-la-Zouch Union; Health Officer to the Whitwick United District, Leicestershire	31		
GERMANY.			
A Twin Monster	32		
The Water-bed for Lying-in	32		
Sir Robert W. Jackson, C.B.	32		
LEADING ARTICLES.			
THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE BY THE ATTENDING PHYSICIAN—No. V.	33		
SUDDEN DEATH	34		
QUACKERY IN GERMANY	35		
MEDICAL REFORM	36		
NOTES ON CURRENT TOPICS.			
Egyptian Plague	37		
Pasteur's Vaccinations against 'Charbon'	37		
Colour-Blindness among Natives of India	37		
Mogador as a Health Resort	38		
Pathological Society	38		
Death of M. Gambetta	38		
A Female Students' Home	38		
The Hounslow Tragedy	39		
Is it Possible to Grow Giants?	39		
Oleoresin of Male Fern	40		
King and Queen's College of Physicians	40		
Treatment of Diphtheria by Chinoline	40		
The Adulteration Law in New York	40		
The Cholera	40		
Royal Medical Benevolent Fund Society of Ireland	40		
Disinfecting Iodoform	40		
Harveian Society of London	41		
SCOTLAND.			
A Poor Professor	41		
Nurses' Meeting at the Glasgow Royal Infirmary	41		
The Health of Glasgow—Dr. Russell's Report	41		
Busby	42		
Health of Edinburgh	42		
The Compulsory Notification of Infectious Diseases in Edinburgh	42		
Edinburgh Royal Infirmary	42		
University of Edinburgh	42		
LITERATURE			
The Simplicity of Life	42		
Climates and Fevers in India	42		
The Contagiousness of Pulmonary Consumption and its Antiseptic Treatment	43		
Atlas of Skin Diseases	43		
CORRESPONDENCE.			
A Vaccination Conference	43		
NOTICES TO CORRESPONDENTS			
Vacancies	44		
Births	44		
Marriages	44		
Deaths	44		

Original Communications.

GENERAL PARALYSIS FROM CRANIAL INJURY.

By WILLIAM JULIUS MICKLE, M.D., M.R.C.P. Lond.

In the cases that have come under my own observation, where cranial injury has conducted to general paralysis, it has, in the majority, seemed to play the part of a predisposing, rather than of an exciting, cause. And yet, in some examples, this may be so in appearance only, and may not represent the actual course of events; for the injury may have left behind it not only a permanently damaged condition of encephalon, but also some obscure, insidious, and undetected inflammatory process about the brain surface and meninges, which, either with, or without, any augmentation of its activity and extent from the operation of some other exciting cause of the disease occurring later in time, and perhaps acting more directly, may have culminated in general paralysis.

From cranial injury may arise molecular perturbation of the cerebral tissue, or bruising, crushings, hæmorrhages, and even ruptures in the same, or in the meninges.

In speaking of cranial injury as a predisposing cause of general paralysis, we may suppose that, in consequence of latent residual results of the above-named hurtful immediate effects of trauma, either the cerebral tissues are simply less resistant to the influences of ordinary causes of the pathological process which underlies general paralysis, or that this process springs more fully into being by assisting in, and in its own turn being assisted by, the intensification and extension of slight local inflammation or hyperplasia sequential to the brain injury; or, again, assisted by morbid vaso-motor effects of that injury.

On the other hand, where cranial injury acts as an immediate exciting cause of the disease, it will do so by the direct development into the lesion of general paralysis, of secondary results of the molecular, or fine, or of

the gross, local damages already named, to which vaso-motor effects of the traumatism may or may not be contributory. For injury to produce this result the brain tissue must, perhaps, be ready to move, as it were, in the direction of general paralysis.

Usually, no doubt, several influences conduce to the occurrence of this and other mental diseases.

Cranial injury has appeared to be a factor in the production of general paralysis less frequently, in my experience, than in that of some observers. Sometimes it is doubtful whether the cranial injuries are in any way causal or not. Without entering into statistics, therefore, I will give a few brief extracts from notes on several hitherto unpublished cases, to which others might be added.

The following is an example of the sort of case, of which mention has been made, where injury was presumptively a predisponent:—

A. T., a sergeant, 77th Regiment, admitted March 10th, 1880, at the stated age of 29, but looking older; service in army, 57-12ths years. General paralysis had come on in an insidious manner more than a year before admission.

The patient, a fairly educated French Canadian, had for some time been a mercantile clerk at Paris. Serving in the cause of civilisation against the desperadoes of the Paris Commune, in 1871, he was struck by a partially spent rifle-ball on the head, close to the left parietal eminence, and lay insensible for several days. Subsequently entering the British army, his good conduct, temperate habits, fair education, general intelligence, and docility gained for him promotion as sergeant. Unfortunately, his promotion brought with it numerous worries and anxieties, and overwork in the orderly-room at Dublin. He became depressed, melancholy, and strange for several months—slovenly, forgetful of orders, and careless as to duties. Then, on June 20th, 1879, he was placed in hospital, under observation, until discharged on July 27th. But after this he still was strange, asked for whitewash for his tent-roof, got up in the night to wash the floor and clean belts, said he was going to the Curragh to shoot for a £40 cup, and was about to be

married, there being no real foundation for either statement. After this, tremor of lips, thickness and hesitation of speech, impaired deglutition, greedy eating, dirty and mischievous habits, defective memory, and confusion of ideas were noted.

On admission.—There was no history, acknowledgment, or sign of venereal disease. The speech, tongue, and face were moderately affected by the ataxy and paresis of general paralysis; but there was also incomplete left facial paralysis, especially of the lower part of the face, the upper part being little, if at all, affected; the left palate was also slightly palsied. The pupils were slightly irregular in shape, somewhat sluggish to light, and about equal in size. The gait was somewhat shaky, jerking, uncertain in sudden turning, and the heels were rather brought down; if in walking the eyes were closed, there was some staggering; the knee jerk was absent, and there was no ankle clonus.

Without transcribing the notes, it may be briefly stated that the patient was somewhat demented, childish in conversation, often restless, and of an anxious, worried facial expression; yet usually passing into a condition of self-satisfaction and gusto in describing what he had done and what he hoped to do, the latter embracing projects beyond his capacities. But during the less than three months' time he was under my care there were no obvious exalted, grandiose delusions (at least, none of extravagant form), or hallucinations, or epileptiform or apoplectiform attacks, or cephalæa, or knee jerk, except once slightly.

On June 4th, 1880, he died of an acute affection unconnected with the cerebro-spinal disease.

Abstract of necropsy.—Dura rather thickened, congested, slightly too adherent to calvaria at parts. Arachnoid and pia very thick, opaque, and pia œdematous, these meningeal changes being of unusually diffused distribution. Several atheromatous patches in basal arteries. Adhesion and decortication, only very slight, and found over the middle of the left second temporal gyrus and tip of left second frontal. Grey cortex of cerebrum pale in anterior regions, somewhat wasted over convexity of frontal, and less, of parietal lobes; slightly thinner in right anterior and middle regions. A slightly shrunken, withered appearance of posterior part of left nucleus caudatus. Ventricles of encephalon all highly granulated; lateral ventricles appearing relatively rather large. Pons and medulla oblongata firm. Cerebellum rather firm, free from adhesion and decortication. No gross lesion of cranial nerves at base of brain made note of. The posterior columns of the spinal cord were unduly firm from incipient sclerosis, and in the cervical region they turned of a reddish-grey colour after section and exposure to the air, but no local circumscribed patches could be made out. Of other results of the necropsy, perhaps it will suffice to mention some atheroma of left coronary artery and of aorta; very slight hepatic cirrhosis; slight traces of old adhesive perihepatitis; renal capsules slightly adherent.

In the next case the cranial injury seems to have been the exciting cause of general paralysis.

The patient was admitted in October, 1879, then aged 37; service in army 15 4-12ths years; of good conduct and temperate habits; had gonorrhœa and a venereal sore in 1868; in 1869 had "rheumatic" pains in hips, knees, legs, and wrists, but no swelling.

Having been beaten severely about the head with sticks by some military prisoners, he was admitted into hospital at Kandy, Ceylon, for surgical treatment, on August 20th, 1878, and, with the exception of three days, he there remained until the end of September, but was immediately readmitted. Discharged again, after forty-two days, he was not allowed his wish to go to the Zulu war. For some short time previously to this, his manner had been strange, and after this refusal he was depressed, and was admitted into hospital, at Colombo, for mental failure. Deep-seated cranial pains were suffered; vivid hallucinations were evinced. The Virgin and saints, he

said, visited him; angels blew on his head and healed the cracks in his skull; he saw and heard the Archangel Michael and others. With these was some emotional exaltation.

On admission (abstract).—When admitted, scars of the cranial injuries remained, especially about the left brow and temple. Speech somewhat hesitating and stumbling, with occasional repetition of syllables. Tongue fairly protruded, this movement being accompanied by some twitching of upper lip; forehead contracted from time to time, and brows raised. Pupils rather sluggish, and slightly irregular in outline. Handwriting rather irregular and shaky. No indications of syphilis. Said he had had severe pain in back and vertex of head for nine months after cranial injury; the pain wore away gradually.

Mentally, he was better, holding his former delusions apparently in doubt, and having no acknowledged present hallucinations. Ordered potassii iodid.; ammon. carb. In 1880, potass. iodid., and syr. ferri iodid.

Mental improvement occurred for a time, but seven months after admission, and later, he wrote letters giving expression to absurd, exalted delusions, such as that the Almighty visited him and made him carry a cross to save the world; that he was the Virgin; could stop the rain and bring it down; could redden the moon and brighten it again. The spelling, caligraphy, and composition pointed to general paralysis. Mentally, he became better, but, refusing the above medicines, was given hydrarg. perchlor. unknown to him. The motor signs of general paralysis became much lessened; the tactile sensibility was fair.

In 1881, delusions, as above, could be elicited at times. Body-weight higher than ever. The nape was blistered, and a discharge kept up for many months by antimonial ointment; the mercury was continued internally. The motor signs of general paralysis became very faint. No local palsies or epileptiform convulsions were observed. Treatment had kept the disease in check, and had assisted in procuring, at least, a decisive remission.

Another case, in which the cranial injury acted apparently as an immediate exciting cause, but in which there was a long syphilitic history, was that of a soldier who suffered a severe injury to the head in July, and on the 29th of that month was admitted into hospital with "maniacal" symptoms. Seven weeks afterwards he was discharged to duty, but was re-admitted in the January following with general paralysis, the true onset of which had probably been marked by the mental symptoms which followed closely upon the cranial injury. Later on he was admitted here. In the army he had been of good character and steady temperate habits; and there was no record of sunstroke, convulsion, or palsy; but there was a distinct history of syphilis incurred ten years previously.

Finally, brief mention may be made of a case in which an injury to the spine was one of the assigned causes of general paralysis that principally attracted the attention of the army surgeons; but there appeared to have been an injury to the head also, and part of this soldier's service had been abroad, and in unhealthy climates.

W. L., sergeant, Royal Artillery, admitted May, 1880, æt. 35, after eighteen years' service, mental disease having been very obvious from the preceding October, but apparently having been more or less existent for nearly four years, and the causes assigned for it being "long military service and injury to the spinal cord." The patient was temperate, of good conduct, and had no history of relatives affected with insanity or convulsions. It appears that in May, 1870, he was struck on the back and abdomen by "sheers" at Woolwich. (He stated that at the same time he was struck on the head as well, and explained a scar over the right parietal bone as being a result of that injury.) Supposed as a sequel to this accident, he was admitted into hospital at Halifax on April 16th, 1876, and for forty-one days, the entry on his "medical history sheet" being "injury to spinal cord." Subsequently, he was in feeble health, mentally changed, slovenly, neglectful

of duties and orders, depressed, discontented, making silly and unfounded charges against those about him. Stationed at Bermuda, he was admitted into hospital on Sept. 29th, 1879, and was, or became, restless, excited, irritable, sleepless, peevish, sulky, dull, with outbursts of rage, gave absurd and confused orders, was noisy, mischievous, destructive to clothing, and on one occasion rushed from hospital to the sergeants' mess and said he had put all those in hospital under arrest.

When here he had exalted delusions, co-existing with absurd delusions of ill-treatment, of being starved, of having, daily, frightful corporeal injuries inflicted, of his life being threatened, and attempts made to poison him. Though at times buoyant, he was usually sullen and morose, often threatening and full of invective. There were hallucinations of sight and hearing, and muscular illusions as to flight of body. Knee-jerk well marked. No ankle-clonus. Once, temporary left hemiparesis, and left facial paresis. Speech, moderately affected. Pupils, face, tongue, gait, considerably affected. No epileptiform seizures. The patient was subsequently transferred.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond]
Surgeon to the London Hospital.

PART II.—Reported Cases of Recovery—Treatment—Conclusion.

(Continued from page 3.)

WE now reach the reported cases of recovery after intra-peritoneal rupture of the bladder. Abstracts of six of the eight cases referred to will be found in Max Bartel's list—viz., those reported by Walter, Erskine Mason, Thorp, McDougall (2), and Chaldecott—and only one is admitted by that laborious and careful author as a genuine case of recovery after intra-peritoneal rupture. He disposes of four—viz., the cases of Thorp, Erskine Mason, and McDougall—by regarding them either as errors of observation or as cases of sub-peritoneal or extra-peritoneal rupture mistaken for intra-peritoneal. Chaldecott's case is passed over in silence. I will take Dr. Walter's (a) case first. A man, 26 years of age, in good health received a blow upon the lower part of the belly. He almost fainted, and complained of violent pain in the region of the bladder. Some hours later the belly had swelled, and became very tender, especially just above the pubes. The pulse was small and frequent, the skin cold, respiration hurried, and urination almost impossible. There were nausea and vomiting. The catheter withdrew a very little bloody urine without relief. Three grains of opium were given at once, and one grain every hour afterwards. The catheter was retained in the bladder. Ice was given in fragments for the patient to suck. No relief being thus produced it was decided to open the belly. Ten hours after the accident chloroform was given. An incision was made in the linea alba, commencing one inch below the umbilicus and terminating one inch above the pubes. The intestines were found distended with gas and the vessels beginning to be injected. A sponge introduced mopped out nearly a pint of urine and extravasated blood. A rent was observed in the base (?) of the bladder two inches long. As soon as the urine was evacuated the bladder was left to itself, and the abdominal wound was closed with pins retained by silver threads, care being taken not to involve the peritoneum. A flannel bandage was placed round the belly. On waking from chloroform the patient felt much relieved. The vomiting ceased. One grain of opium was ordered to be taken every hour, and the general treatment was the same as before. The night passed well, and the next day there was neither

pain nor desire to micturate. There was no tympanitis. A little iced water was allowed. The catheter gave exit to urine unmixed with blood. On the third day the quantity of opium was reduced. At the end of the first week the wound had united. During the third week the catheter was only used every four hours.

That the foregoing is a genuine case of recovery can scarcely be questioned, unless it is possible for an observer to mistake serous fluid and blood for urine and blood, and by an optical illusion to fancy that he sees a rent where none exists. It would, however, have been as well if a catheter had been passed into the bladder and through the rent after the abdomen was opened, so as to complete the demonstration, and leave no room for scepticism. Mr. Heath adopted this plan. Of the seven other cases of reported recovery after a presumed intra-peritoneal rupture, Mr. Le Gros Clerk's case is the only one which is not absolutely claimed by the author as a genuine instance of this happy termination. That case, as I have endeavoured to show, lacks the proof of the very essential primary condition for an intra-peritoneal rupture—distension of the bladder—and a careful examination of five of the others displays this deficiency in a greater or less degree. It is of little consequence, perhaps, which of these cases we investigate first, but I will take Dr. Henley Thorp's (a) case, because it has been elevated into a fictitious importance by the *imprimatur* of one of the leading surgeons of the day, Mr. Christopher Heath, and because Mr. Heath founds upon it a general recommendation for the treatment of cases yet to come. Dr. Thorp's preamble appears particularly inopportune, for, after regretting that "any want of precision or completeness in the details" of Mr. Chaldecott's case "should lead to doubts as to its real nature," and suggesting that Mr. Chaldecott was not "aware that the bladder is liable to give way in any other position than posteriorly," he makes this courageous assertion: "The following case, however, which has recently occurred in my practice, was seen by two other surgeons, and, watched throughout with great interest and anxiety, places the question beyond dispute." The revenge of time reversed the respective position of Mr. Chaldecott's and Dr. Thorp's cases, for in Mr. Birkett's excellent article, I find that he admits Mr. Chaldecott's as one of the three cases of recovery out of the fifty to which he refers, the symptoms being "those of extravasation of urine into the peritoneum," whilst, after stating in a foot-note that "possibly Dr. Thorp's case should be added to those of recovery," he adduces in the text the following cogent reasons against its pretensions:—"It is to be much regretted that only the local symptoms of the injury are fully detailed. We vainly search in the account of the first two days after the injury for those constitutional symptoms which are so constantly present after the occurrence. This omission is most unfortunate after the introductory observations which precede the recital of the case." The history is as follows:—A farmer, 30 years of age, intoxicated, was thrown from his horse. No account could be obtained from him as to the state of his bladder at the time of the accident, or as to any injury to the hypogastric region. He was found lying on the roadside, and when consciousness returned, he experienced a severe pain at the bottom of his belly, attended with an urgent desire to pass water, without the power of emptying his bladder. On visiting the patient four hours later, Dr. Thorp found him in a sitting posture, with his body bent forwards. He complained of an oppressive burning pain in the hypogastric region; there was pressing inclination, without the capacity, to micturate; the abdominal muscles, more especially the recti, were rigid and tense, and any attempt to stand upright produced a great increase of suffering. He had neither vomiting nor rigor, nor did the surface of the belly present any contusion or other mark of injury. A full-sized gum-elastic catheter entered the

(a) Ranking's Abstract, 1862, vol. II, and Philadelphia's Medical and Surgical Reporter. I have only been able to refer to Ranking's Abstract.

(a) Dublin Quarterly Journal, Vol. xvi., p. 306.

bladder without difficulty. At first no fluid escaped, but upon pushing the instrument onwards, and at the same time turning it a little upon its axis, about a tablespoonful of bloody urine flowed out. No further quantity coming away, I withdrew the catheter a short distance, twisted it round in another direction, and again passed it backwards, when an additional ounce of a reddish fluid welled over without force or jet. By changing the position of the patient from side to side, turning him over upon his knees, and substituting a silver for the gum-elastic instrument, I at length succeeded in obtaining nearly half a pint of urine mixed with blood. The patient expressed himself as much relieved. He was placed in a half-sitting posture, some laudanum administered, and a gum-elastic catheter was left in his bladder a few drops of clear urine distilling over." Even before he had introduced the catheter, Dr. Thorpe had jumped to the conclusion that there was a rupture of the bladder into the peritoneal cavity! "The diagnosis of the accident," he writes, "was exceedingly simple. The position of the patient in the sitting posture, with the body bent forward, the spastic rigidity of the abdominal muscles, and the urgent but unavailing efforts to pass water, enabled me to predicate the mischief before I introduced the catheter. Then the empty state of the organ, and the mode the bloody urine overflowed the instrument without impetus, in small quantities at a time, irregularly and interruptedly, uninfluenced by pressure above the pubes, but clearly affected by pushing the instrument backwards, changing its direction, turning it on its axis, &c., and also the postural expedients described, placed the nature of the case beyond the possibility of doubt. However, it is not every case of ruptured bladder that presents features so palpable and undisguised." Let it be remembered that this passage was written in the absence of any kind of evidence of a full bladder and direct injury to the hypogastric region, in the absence of symptoms of shock, and without accurate local examination of the abdomen or rectum. Anxiety of countenance, restlessness, constitutional depression, nausea and vomiting, distension of the abdomen and fluctuation, found in the less "palpable and disguised" cases, were conspicuous by their absence. A mere contusion, with loss of power over the bladder, and a laceration of the mucous membrane, or some other cause of obstruction, such as a false passage near the orifice of the bladder, would account for the symptoms. There is, however, a sequel which is particularly instructive. Dr. Thorp left his patient for a few hours. The patient did not sleep, and suffered from pain in the belly. The distressing desire to urinate passed off, drops of clear urine escaping at intervals from the catheter. Dr. Thorp returned provided with a half-pint elastic bottle and a stopcock. He withdrew the gum elastic catheter and introduced a silver instrument into the bladder. "The organ felt contracted, and did not easily admit of the complete introduction of the instrument; nor could the latter be depressed, pushed onwards, or moved about with the same ease as previously. Furthermore, the manipulation caused much pain, and accordingly the gum elastic catheter, now mounted upon a strong stilet shaped like a sound, was again passed into the bladder. Its movements likewise were at first restricted and painful, until after cautiously probing and turning its point it entered nearly its full length, when a different feeling of resistance was communicated, and it could be moved about with somewhat greater freedom. The stilet being withdrawn, a tablespoonful of reddish urine flowed away." Clearly, then, the catheter had not passed into the peritoneal cavity through a rent in the bladder. The limitation of movement and the small quantity of urine show that it was in a nearly empty bladder. "The stopcock of the elastic bag was next adjusted to the catheter, and tepid water to the amount of three bagfuls injected through the instrument. Each portion when introduced was retained for a couple of minutes,

and then allowed to return through the catheter, so that not more than eight ounces were injected at a time into the abdominal cavity. At first the water returned was of a reddish tinge, but the last half-pint was clear and bloodless. Each bagful regurgitated in a slow and interrupted manner, and pressure had no influence in accelerating or otherwise altering the mode of its discharge. During these proceedings, which occupied about twenty minutes, the patient was caused frequently to change his position, so as to mix the injected fluid as much as possible with whatever urine remained in the peritoneal sac."

This account yields strong proof—to my mind, at any rate—that there was no rupture of the bladder at all. Eight ounces of fluid were injected each time, and each time eight ounces returned, showing that they entered and passed from a circumscribed cavity—viz., from the unruptured but incapacitated bladder, and not, as asserted, from the peritoneal cavity. If the tepid fluid had really passed into the peritoneal cavity the patient would have experienced during the injection some unwonted sensation, as in Mr. Heath's own case, and exactly the same quantity of fluid would not have been recovered. Moreover, if the catheter had entered the peritoneal cavity a far larger quantity of urine should have been withdrawn. Yet the total amount of reddish urine evacuated by the catheter in its various excursions did not exceed twelve ounces, a decisive proof of the want of distension of the bladder at the time of the accident. No wonder that Dr. Max Bartels (*a*) declines to regard the case as an intra-peritoneal rupture. He suggests that there may have been an extra-peritoneal rent, and that the urine was collected in a pouch of peri-vesical areolar tissue, into which the point of the catheter passed on manipulation; but if my criticism holds good this explanation is superfluous. I now come to the cases related by Dr. MacDougall (*b*). The first case, was under the care of Dr. Thom, of Brampton, and was seen also by Mr. Page, of Carlisle.

R. B., a farmer, had been drinking freely at market. He passed his water at 2.30 p.m. He left for home in a heavily-loaded cart at 3 p.m., but stopped for a little while at a public-house on the way. In passing through a gateway he was thrown out of the cart, and the wheel passed over his belly. He lay for about an hour. Was then found and carried home at 8 p.m. When he was seen by Mr. Thom two hours later the symptoms were—great pain in the belly, great desire and inability to micturate. There was a bruise extending from the left crista ili across the pubes; a deep abrasion on the dorsum of the penis; and a fracture of the ilium, not extending into the true pelvis. A gum elastic catheter drew off, with pressure over the bladder, six ounces of urine deeply-coloured with blood. The catheter did not move freely in the bladder, and it required constant pressure to get the urine away. The pulse was 88 and weak; the face flushed; but the countenance did not express much anxiety. Being very drunk, he threw himself about the bed in the most violent way. Beyond a rapid pulse, and respiration, and tender, distended, and tympanitic abdomen, there were no symptoms of ruptured bladder. On the following day Mr. Page himself remarked that "he seemed to bear the injury remarkably well, there being no marked evidence of abdominal shock." Opium, rest, and the retention of an elastic catheter comprised the treatment. On the third day he was better; on the fourth much improved, the abdomen being less swollen, and some dulness which had been noticed for two inches above the pubes had all but disappeared. The urine flowed freely through the catheter, but became purulent and ammoniacal. Directly the catheter was removed the patient made water freely and well, and the pus disappeared. A rapid recovery took

(a) Dr. Max Bartels's view is supported by Dr. E. Vincent in his valuable monograph, "Plates Pénetrantes Intra Péritoneales de la Vessie," Paris, 1881.

(b) *Edinburgh Medical Journal*, January, 1877.

place. The diagnosis of ruptured bladder was made on the following grounds:—1. The patient's bladder was probably much distended at the time of the accident, as he had been drinking freely, and had made no water for some hours. 2. The wheel of the cart had passed over the region of the bladder with sufficient force to fracture the ilium. 3. Only six ounces of urine came by the catheter when it was first used, and only flowed when pressure was made above the pubes. Lastly, there were signs of severe peritonitis. The impartial critic would at once concede that if the wheel of a heavily-laden cart had passed over the hypogastric region when the bladder was distended, the organ would certainly have been ruptured. But was the bladder distended, or did it contain more than a few ounces of urine, or sufficient urine to make it rise well above the pubes? My reply would be decidedly in the negative. Not alone the absence of the severer symptoms of ruptured bladder, not alone the rapid recovery under the simplest treatment, compel me to this conclusion. Confirmation is obtainable from the history itself. The patient had been drinking heavily at market. His distended bladder urged him to the ural at 2.30 p.m. From 2.30 p.m. to 3 p.m. he was probably not drinking, but superintending the harnessing of his horse and the preparation of his cart. At 3 p.m. he departs, but stops for a glass of ale at a public house. Very shortly after he is thrown out of his cart whilst passing through a gateway, and lies for a considerable time—it may have been two or three hours—before he was picked up. Not improbably the wheel of the cart pressed the bladder backwards, causing extravasation of blood and bruising of the tissues, including the peritoneum and the bladder itself. In this way the small quantity (six ounces) of sanguineous urine drawn off with the catheter is explained, and there is no need to invoke the aid of so fatal a lesion as intra-peritoneal rupture of the bladder to account for the temporary incapacity of the organ, and a moderate attack of traumatic peritonitis.

(To be continued.)

A HISTORICAL SKETCH OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND. (a)

By ARCHIBALD H. JACOB, M.D., F.R.C.S.,

Professor of Ophthalmology, and Councillor in the College; Ophthalmic and Aural Surgeon to the Richmond, Whitworth, and Hardwicke Government Hospitals.

(Continued from page 4.)

SHORTLY after the incorporation of the College, a code of bye-laws was enacted, some of which remain in force to this day; others of them we have grown out of long since, but they are both instructive and interesting as illustrating the manners and customs of our profession a hundred years ago. Evidently our ancestors in the surgical profession were most anxious to disassociate themselves from the barber-surgeons and keep their community select, for we find it strictly forbidden to consult with others than regular surgeons, or to refuse to consult with those within the pale.

A Bye-law declares "That every Member, Honorary Member, or Licentiate of the College who shall consult with any other Member, Honorary Member, or Licentiate, and whosoever refuses so to do shall be liable to such censure as the College shall think proper to inflict."

A further Bye-law declares, "That no Member, Honorary Member, or Licentiate shall consult with any Surgeon or Practitioner of Surgery usually resident in the City of Dublin who is not a Member, Honorary Member, or Licentiate of the College, and any Member, Honorary Member, or Licentiate who shall be convicted of so doing shall for the first offence be cited to appear and solemnly admonished by the chairman in full College

(a) Being an abstract of an Address delivered at the opening of the session of the School of the College, 1882-3.

assembled, and any Member or Honorary Member who shall be again convicted of so doing shall for the second offence be expelled, and any Licentiate who shall be convicted of doing so shall for the second offence have his Letters Testimonial or Licence withdrawn, and be for ever incapable of being elected a Member of the College."

Another law declares that "Every Member who shall be convicted of having taken with an Apprentice or pupil whom he is to maintain in his house a less fee than two hundred guineas, or with one whom he is not to maintain in his house a less fee than one hundred guineas, shall be expelled, and every Member taking an Apprentice or pupil shall solemnly declare upon his honour, in the presence of the College, either that he has really and *bond fide* received such fee of two hundred or one hundred guineas as the case may be, or that he has not received, nor does he expect to receive, any fee whatsoever."

According to another regulation no Member of the College was allowed to take an apprentice until the pupil had been previously examined by the College and enrolled as a registered pupil. The fund arising from the fees of £5 5s. each paid by such pupils was to "be appropriated to the support of the Professorship in such manner as the College shall think fit."

At that time no one was admitted to the Professor's lectures save the registered pupils of the College, there being no other surgical school in Ireland but that connected with the College; but since then the pupils of all schools have been admitted to the teaching of the College professors, and registration as a pupil of the College has come to be simply the advanced payment of a part of the diploma fee in consideration of the pupil receiving the privilege of studying in the library and museums.

The appointment of Professors in the College was provided for by the 17th Bye-law, which empowered the College "to elect a Professor or Professors, who shall annually give a regular course or courses of Lectures on Anatomy, Physiology, the Practice and Operations of Surgery and Midwifery."

At its first incorporation it would seem that the College exercised certain functions which have long since lapsed. It was frequently called upon to arbitrate in professional disputes, and by Bye-law 26 every Member or Licentiate was forbidden to "accuse any other Member, Hon. Member, or Licentiate, of malpractice or mistake out of the College, or give countenance to such accusation made by others, under such penalty as the College shall think proper to inflict."

Another duty of the College was to advise its Members and Licentiates who resided at a distance respecting the diagnosis and treatment of obscure diseases, and I find recorded several occasions on which the College assembled specially, debated the reports of the case submitted to them, and formally resolved upon the proper treatment to be used.

In these days, and up to the year 1828, you will observe, the College had no Council, and the Members administered the institution, just as the Fellows of the College of Physicians do at the present time. They paid an annual subscription of £1 1s., "towards establishing a library and defraying the necessary expenses of the College," and were bound with the utmost strictness to attend the Collegiate meetings, were rigorously fined if absent, and if they omitted to pay, were not only debarred from taking part in the College meetings, but were charged with interest at the rate of 120 per cent. on their overdue fines.

The College at this time was to a certain extent dependent for dissection material upon the bodies of executed malefactors sent to them by the sheriff, and in our museum we have the skulls of several such persons.

Some years afterwards, when the Members of the College were agitating for a grant of money to erect buildings, it suited them to use the occasion to bring the need of dissecting-rooms before the Government, and they

accordingly refused to receive the body of one Frederick Lambert, brought them by the sheriff, who was therefore obliged to fetch it back and dispose of it as he best could.

It will be recollected that at the time of its incorporation the College had no local habitation, a deficiency which it lost no time in remedying. No sooner had the charter been received than the College began to press the Government for a grant to help it to build a house. Pending the issue of its attempts in this direction, it met until 1787 in the Rotundo Lying-in Hospital. Some difference seems to have arisen between the College and the Hospital Governor, for it flitted at that time to the house of the Secretary, James Henthorn, in St. Andrew's Street, where it held its meetings until 1790.

Five years previous to this date the embryo of the School of Anatomy and Surgery attached to the College was vitalised, and the teaching faculty of the College has since developed to a condition of perfection of which we all may well be proud. In 1785 Mr. Halahan laid before the College a scheme for the systematic teaching of anatomy, and his scheme was immediately reinforced by Mr. Dease, who offered to deliver a course of lectures in surgery at his own expense. Up to this date surgery—such as it was—was taught exclusively in hospitals, and dissections were performed in private houses. The College received with enthusiasm the suggestion of Messrs. Halahan and Dease, and joined those gentlemen in the expense of erecting a small lecture theatre in Mercer's Street, close to Mercer's Hospital, in which theatre the College held its meetings for the twenty years between 1790 and 1810.

In 1786 the Government, for the first time, recognised the College officially, for in that year it handed over to it the function of examining army surgeons and surgeons' mates, and up to our own day the performance of that public duty has been set forth in all the College charters as one of the reasons for its existence and one of its claims upon public support. I am gratified to be able to remind you that within our own time the College has most efficiently fulfilled the important duty of providing surgeons for the Army and Navy, and that its Licentiates have always held a high position at the competitive examinations for admission to these services.

In 1790 the College received its first grant of £1,000 from Government towards erecting a suitable building. It must, however, be recollected that it was not to the aid of Government subvention that the success of the College and its School is due. Before it got a shilling of Government money it had its School in full work, with two professors of anatomy, one of surgery, one of medicine, and one of surgical pharmacy, besides three superintendents of dissections, the equivalent of the demonstrators of our day; and these professors were closely watched in the performance of their duties by the court of examiners.

In the same year, as far back as 1790, a Students' Medico-Chirurgical Society was formed by the registered pupils of the College for their mutual advantage, and with the sanction and approval of the College. That Society existed for many years, has since been resuscitated from time to time with much temporary success, and, I venture to suggest, might again be reorganised with great advantage to the student, who, under the improved conditions of medical education, would have much greater facility for bringing before such a Society matter of general interest.

In 1790 John Hunter became an honorary member of the College. From that year to 1805 the institution continued to make progress in importance and usefulness, and to gain influence. It had, however, only yet received £1,000 of a grant from the State, and it did not cease to agitate for increased resources to enable a College and School to be built. In 1805 it succeeded in obtaining £6,000, which was increased subsequently by the following sums:—In 1807, £9,517; in 1808, £5,300; in 1809, £4,550. These sums, amounting in

all to £29,104, were spent upon the handsome building in Stephen's Green, and upon the School in which we now stand. In 1810 the College finally left its ignoble tenement in Mercer Street, which it sold to Mercer's Hospital for £300, and assumed possession of its new house; but it did not rest from its efforts to render the establishment complete, for we find on record a petition to the Irish Government adopted in the following terms:—

“That petitioners have been enabled, by the bounty of Parliament, to establish in Dublin an extensive School of Anatomy and Surgery, which surgeons and assistant-surgeons to His Majesty are permitted to attend gratis. That this School was established on such liberal principles, and has been conducted with so much attention and success, that a concourse of students has been attracted to it far exceeding petitioners' warmest expectations, and it has thus become a national object of considerable importance. That the petitioners have found the apartments allotted to practical anatomy totally inadequate to the suitable accommodation of their increasing class.”

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 529, last vol.)

5. *Inflammation of the round ligament.*—The idea that morbus coxæ commonly commences as inflammation of the round ligament seems to have originated with Mr. Aston Key. Mr. Key published his views upon the subject in a paper which he read to the Medico-Chirurgical Society, and printed in the 18th volume of the “Transactions.” The exact morbid appearances in the case there described were as follows:—“The ligamentum teres was found much thicker and more pulpy than usual from interstitial effusion, the vessels upon its investing synovial membrane were distinct and large, without being filled with injection. At the root of the ligament, where it is attached to the femur, a spot of ulceration in the cartilage is seen . . . the same process also taking place on the acetabulum where the ligament is attached.” Mr. Key then expresses the opinion that “at least in many instances the action is propagated from the ligament to the cartilages and that ulceration of the latter is consequent upon inflammation of the former. The beginning of the affection,” he adds, “is frequently to be traced to a fall, by which the legs have been forcibly separated and the ligament stretched.” Mr. Key founds his view, as already stated, upon the erroneous notion that the round ligament checks abduction. This theory of the origin of hip-disease is supported by one of Mr. Key's successors at Guy's—Mr. John Hilton. South also, in editing the English edition of “Chelius's Surgery,” gives the following instructive case in support of Key's view:—“The child, ten years of age, had been lame in the right hip for five or six months, but had no other symptom of hip disease, no pain on motion nor on pressure, nor any restriction to the motion of his limb till within a fortnight of his death (which was caused by tubercles and effusion into the ventricles of the brain), when he complained of violent pain if the thigh was only slightly moved in lifting him from or to the bed.” Mr. William Adams, who made the post-mortem examination, found “a small abscess, the size of a nut, close to the upper origin of the m. rectus femoris. On laying open the capsular ligament a small quantity of dirty brown fluid escaped. The synovial capsule had become thickened, tender in the sense of being readily torn, granular on the surface, and yellowish in colour. The round ligament and contiguous synovial membrane in the portion of acetabulum uncovered by cartilage had been the seat of inflammation. The vessels were injected, the membrane was thickened, and a small

quantity of lymph adhered to its surface. The state of the membrane and round ligament just described appears to me to be precisely the same as that described in Key's case, but less advanced." Mr. Timothy Holmes, (a) although expressing a different view as to the common origin of hip-joint disease, still seems to cling to this one of Key's. Most authorities, however, reject this view; and Mr. Bryant (b) expresses his surprise at finding "good men and true gravely discussing the question as to the origin of hip disease in the ligamentum teres." Another author, whose name at the present time I cannot call to mind, considers belief in this view of the origin of the affection to partake of the nature of superstition. It is perfectly certain that if the round ligament be bruised, lacerated, or ruptured, inflammation must follow. And this might lead to destruction of the joint, especially if the patient be strumous. But I am in a position to state this fact; that in no one of the pathological museums of London, containing as they do more than two hundred specimens of the disease, is there to be found a preparation, showing beyond doubt that the disease commenced in the round ligament. In the museum of University College Hospital is a specimen (c) described as "Hip-joint disease commencing as inflammation of the ligamentum teres." In this specimen, which is a very neat preparation in wax, the ligamentum teres is intensely coloured, but every other part of the joint appears to be normal. Upon the great trochanter is some caries, with formation of new bone. There is no history attached to the specimen, and apparently there is insufficient proof of there having been anything more than caries of the great trochanter. It is beyond doubt that the round ligament is one of the first structures to disappear in disease of the joint; but this may be explained without admitting that the disease commences there. The ligament receives its nourishment from vessels which pass through it from its acetabular end and anastomose with those springing from the head of the femur. The ligament, therefore, would be likely to perish if these vessels were constricted at either end of it. And this is what really takes place in synovitis of the joint. Effusion into the sub-serous tissue takes place, compression of the vessels supplying the round ligament follows, and this structure ulcerates and eventually disappears altogether. Again, if the round ligament were prone to disease we should expect to find hip disease to be common in any animal in which the ligament is well developed. Professor Robertson, of the Royal Veterinary College, however, informs me that in the horse, in whom the ligament is very large, this disease is never met with; and only rarely in oxen and cattle. Professor Williams, of Edinburgh, in his work (d) also supports this view.

Passing now to those cases in which the hip-joint disease follows and is due to an extension to the joint of disease from some part external to it, it may be stated broadly that any of the contiguous structures, bone, muscle, bursa, &c., may be the starting point of disease which ends in destruction of the joint. The most common of the extra-articular causes, however, are—Psoas abscess, and inflamed bursa, and necrosis of the shaft of the femur. A few remarks will be offered on each of these.

1. *Psoas abscess* has been known to occasion hip disease in several cases. This is brought about by the matter perforating the capsular ligament where this lies beneath the muscle. In entering the cavity of the joint, however, the pus appears to do so, in the majority of cases, by first passing through the bursa which lies between the muscle and the joint, and usually communicates normally with the latter. In the London museums there are three very clear specimens of this

condition—viz., one in St. Bartholomew's, (a) one in Guy's, (b) and one in St. George's. (c) In a remarkable case under my own care the disease, which succeeded Pott's curvature, was bilateral, suggesting that there had been double psoas abscess causing double hip-joint disease.

2. *Inflammation of bursa* lying beneath the psoas muscles, independently of psoas abscess, or inflammation of any other bursa contiguous to the joint, may cause its destruction by impaction. An illustrative case, in which the disease followed a buritis at the back of the joint, is recorded by Athol Johnstone. (d)

3. *Necrosis of the shaft of the femur*.—Hip joint disease occasionally, but rarely, results from extension upwards of disease from the femur. This has clearly been the case in a specimen in the museum of Middlesex Hospital. (e) And in Guy's Hospital museum are two specimens (f) illustrating the extension of disease from the trochanter major.

The views above given as to the seat and modes of origin of hip-joint disease may be tabulated as follows:—

- I. Cases of ordinary origin begin as synovitis.
 - II. Cases of extraordinary origin begin as:—
- | | | |
|-----------------|---|--|
| Articular | } | a. Deposit of tubercle in synovial membrane. |
| | | b. Deposit of tubercle in articular cartilage. |
| | | c. Deposit of tubercle in bone. |
| | | d. Inflammation of bone. |
| | | e. Inflammation of round ligament. |
| | | f. Psoas abscess. |
| Extra-articular | } | g. Inflamed bursa. |
| | | h. Necrosis of femur or innominate bone. |

Clinical Records.

CASE OF ABORTIVE APOPLEXY.

Under the care of WILLIAM DONOVAN, L.R.C.P., L.R.C.S.
Ed.; Medical Officer to the Ashby-de-la-Zouch Union;
Health Officer to the Whitwick United District, Leicestershire.

On June the 19th last, I saw Mrs. K., æt. 47. She was then apparently suffering from an abortive attack of apoplexy. Under bromide of potass and an aperient this passed off. Next day she complained of a pain in the right foot, which appeared swollen and congested. She was directed to use a stimulating liniment, the foot to be kept in an elevated position. I saw her again in a few days, when the foot appeared shrunken and dark in colour, and hard. The hardening went on gradually, until the foot appeared as if made of black marble, a line of demarcation beginning to appear in the middle third of the leg in about ten days. She was then ordered ammonia and cinchona, the foot and leg being kept wrapped in "carbolic tow." On the 29th of August, the line of demarcation being fully established, I amputated the leg about an inch above it, Dr. Wilson, of Sheepshed, kindly assisting me. During the operation there was no loss of blood worthy of mention, and on easing the tourniquet none at all, except a slight oozing from the cutaneous vessels. Seeing nothing to point to hæmorrhage, I put up the flaps in the ordinary way, having washed them in "sanitas fluid," and enveloped them in "sanitas gauze." There was no further trouble, and on the 29th I took out the sutures, the stump being to all intents healed. I did not see the case again until the 3rd of this month, having gone to America for a holiday trip in the interval. On that date the stump appeared all that could be wished. The facts of interest appear to be the complete

(a) "Surgical Diseases of Children."
(b) "Practical Surgery."
(c) Prep. No. 706.
(d) "Veterinary Surgery," 3rd edition.

(a) Prep. No. 564.
(b) Prep. No. 1318 & f.
(c) Prep. No. 39, series iii.
(d) Holmes' "System of Surgery."
(e) Prep. No. iv., 42.
(f) Prep. No. 1318 & e.

absence of hæmorrhage—no ligatures being required—the rapid healing of the stump, the absence of suppuration or secondary hæmorrhage, which I had anticipated.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

A TWIN MONSTER.—M. Paul Bert has had the opportunity of examining a living twin monster at Geneva, which differs in many respects from any of the modern show cases. It is a male child five years of age, possessing two heads, two thoraces, four arms, one abdomen, and two feet. The fusion of the two bodies takes place at the umbilicus, so that above this point there are two individuals, but below, only one. Notwithstanding the anatomical unity as regards the lower half of the body, physiologically or psychologically this part is dual. Each individual claims the extremity of its own side as its own: they play and strike each other with their respective *leg*. Their features are exactly alike. Their mental development is fair; they speak French, German, and Italian. They are quite healthy, but rather anæmic. They cannot walk. They are two distinct beings, and quite independent of each other mentally. The sensations of hunger and thirst are not simultaneous: if one eats the other is not satisfied. The duality of the stomach requires a dual satisfying of the food-requirement. They have been baptised separately under the names of Jean and Jacques. In describing the above case P. Bert mentioned that of the court jester of James the IV. of Scotland, who was a monster of a similar kind. Of the two beings of which it was composed one was full of intelligence, wit, and *verve*; on account of his beauty, as well as of his mental gifts, the pet of the court ladies; whilst the other was disgustingly idiotic, and so addicted to drink that in a drunken fit he at last smote his brother, from the effects of which both died. The two individuals could not live in peace; they struck one another and used to snatch the wine flask out of each other's hands, the one that he might drink, and the other to throw it away.

THE WATER BED FOR LYING-IN.—A woman, 22 years of age, in the 8th lunar month of pregnancy, the subject of Bright's disease, with great œdema, was transferred from the Medical Klinik of the Vienna Hospital to Professor Braun's department, for the purpose of having premature labour induced. The œdema of the external genitals was so great that gangrene had set in, commencing at the nymphæ. As a person in such a state brought into a lying-in hospital would be likely to prove a focus of infection for the other inmates, Professor Braun had her placed in an isolated room, provided with a separate nurse, and told off a special medical attendant to take charge of her. So far the pulse and temperature were normal, and he (Prof. Braun) determined to await for a short time the course of events, in the meantime washing out the vagina with a 3 per cent. carbolic solution, applying thymol dressings, and placing her upon generous diet. He came to this determination from believing that premature labour was not urgently called for, and from a strong objection to do anything that might lead to the carrying of any infective material into the uterus; "and to undertake anything that might possibly cause the death of the mother, for the sake of a foetus whose vitality is doubtful, I consider unjustifiable." Thus three days passed in expectation, on the fourth the temperature rose to 40° C. (104° F.), and on the fifth day a living child was born, weighing 2,100 grms. As the gangrene had now extended to the thigh, and threatened to advance still further, she was at once placed in a bath. Up

to the time of writing she had been in five days, during which time she had remained free from pyrexia, the gangrenous places had cleaned, her appetite was good, and there was every hope that her life would be saved. Prof. Braun concludes: "But this hope is entirely due to the water bed. It sounds strange, and up to the present such a procedure as putting a lying-in woman into a warm bath has scarcely ever been carried out. But theoretically, there can be no objection to it. In the case of our patient, the water bed, with its continual irrigation, and washing away of putrid and infective secretions, and thereby avoiding the absorption of them, was the only way by which her death could be prevented. Her general condition is as good as can be wished, she is quite comfortable in the water, and we are delighted to have brought her thus far in safety on the one hand, and on the other to have saved our Institution from the perils of infection."

SIR ROBERT W. JACKSON, C.B.,
Brigade-Surgeon, A.M.D.

We should be remiss did we not make mention in our columns of the services of this distinguished medical officer, who has just returned from the Egyptian campaign. Sir Robert Jackson served with the 90th Light Infantry in the Crimea from the 5th of December, 1854, including the siege and fall of Sebastopol, and then returned to England in medical charge of the regiment.

During the Indian Mutiny was in medical charge of a Battalion at the relief of Lucknow by Lord Clyde, present at the battle of Cawnpore on the 6th of December, 1857, was with Outram's force at the Alumbagh assault and capture of Lucknow, in medical charge of the Camel Corps at the assault and capture of Calpee, present at the capture of the Forts of Dehaigh Tyrhool, in Oude, also during the final operations of Jugdespore. On the voyage homewards from Calcutta in sailing ship *Pomona* an outbreak of cholera occurred; there were 49 cases and 27 deaths. He was alone in medical charge until arrival of General Browne and Surgeon-General Anderson, who brought another medical officer; was thanked by the General and favourably reported on by Major Edmonstone, commanding troops on board the ship *Pomona*.

Accompanied Sir Garnet Wolseley to the Gold Coast in September, 1873, and served throughout the Ashantee War of 1873 and 1874, including the action of Essama (again thanked for his valuable services), relief of Abakrampa (on this occasion contracted fever and was sent on board H.M.S. *Simoom*, and a board recommended invaliding home, but he obtained permission to return to duty), present at the battle of Amoafu, battle of Ordashu, and capture of Coomassie, and was in medical charge of the 1st Field Hospital from its formation to the end of the campaign (mentioned in despatches C.B.).

Volunteered for service on occupation of Cyprus, received thanks of Military and Medical Departments, and specially reported for having carried out professional duties with zeal and ability during the great sickness which prevailed in the summer of 1878.

Volunteered for, and served during, the campaign in South Africa. The General commanding at the attack on Secoconi's stronghold reported in very commendatory terms on the service of Surgeon-Major Jackson, and of the efficiency with which he dressed the soldiers' wounds under fire.

Volunteered for, and served on, Egyptian campaign at actions Tel Mahutu, Magfar, Kassassin, and Tel-el-Kebir, and mentioned in despatch as follows:—

"Brigade-Surgeon Jackson has served in all parts of the world, and in the many wars in which he has taken part has distinguished himself throughout by his coolness under fire, and in zeal as a medical officer, I would venture to recommend his special promotion."

He was three times in medical charge of the Royal Infirmary, Phoenix Park; an important charge, which it is believed has not in any other instance been held a second time by the same medical officer, although applied for.

Sir Robert Jackson has the following rewards, received from the Executive Department:—

For Crimea, medal and clasp and Turkish medal; for India, medal and three clasps; for Ashantee, medal and clasp, and C.B.; and for South Africa, medal and clasp; for Egypt, medal and clasp, and the honour of third-class Medjidie, knighthood.

Sir Robert Jackson, still on full pay, will soon retire from the Army Medical Department. We congratulate him on his distinguished career, and trust that he may long be spared to enjoy the honours he so justly merits.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 10, 1883.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY THE ATTENDING PHYSICIAN.

—No. V.

On the last occasion on which we discussed this subject we pointed out a very serious objection to the working of the proposed law, grounded upon the fact that, if the physician does not please to notify, no power on earth can make him do so, and no Act of Parliament can punish him for omitting to do so. We remind our

readers that the diagnosis of an infectious disease is a simple matter of professional opinion, and that no man can be prosecuted or punished for making an incorrect diagnosis, or forming an inaccurate opinion.

For how is the physician to be punished? It is true he may be summoned to the police court and charged with an offence against the law; but it is also true that no evidence can possibly be produced which can convict him. He has only to say that he did not recognise the disease as infectious, or boldly assert that it was a case of nettle rash, or some other non-infectious disease, and he *must* be discharged free. True, he may be called an ignoramus by the medical officer of health for not recognising such obvious symptoms, but no further penalty can be inflicted on him, seeing that stupidity or ignorance of the symptoms of disease are not crimes punishable by law. We have pointed out that this anticipated difficulty in enforcing the law does actually arise, and does prevent any person being punished for omission to notify. In the seventeen towns in which notification by the physician has been in force for years past, not a single successful prosecution has been carried through, though the omission to notify disease has been palpable in every one of those towns. In Edinburgh and in Bolton prosecutions have been successfully carried out, but on these occasions no such defence was made. In these cases the recalcitrant physician pleaded simply either that he did not know the law, or that he objected to it, neither of which pleas were, legally, of any avail. But he did not say, as he might have done, that he denied that the case was infectious, or that the symptoms were not such as to make its character certain. If he had made this defence no prosecution could have been maintained, and in point of fact, wherever such plea was put in the attempt to punish the physician completely broke down. So fully is this difficulty of enforcing the law recognised by medical officers of health, that, speaking generally, notification, though compulsory in theory, is purely voluntary in practice. We challenge denial of the statement that, as a rule, physicians practising in notification towns report cases which they can report without doing violence to their patient's wishes, and that they abstain from reporting cases which the patient's friends desire to conceal. In fact the penal clauses of the Notification Acts are, and must always continue to be, a dead letter as long as they are directed against the physician and based upon the erratic judgment of a practitioner respecting the diagnosis of an obscure disease. We therefore ask again in Parliament to be asked to enact a law which is unworkable, has failed in practice, and, in the most favourable case, must prove troublesome and unmanageable? But, to our mind, one of the strongest objections to the proposed law is that its inevitable effect must be, and has been to divert practice from the hands (and pockets) of conscientious and competent physicians to those who are ignorant and scheming, and to encourage by the strongest incentives the existing disposition of the lower-middle classes to resort for advice, to counter prescribing chemists, and other unqualified persons. Should this pernicious law become general it is easy to see how the tide would flow. The conscientious physician, being called to attend a case of infectious disease, will do his

legal duty regardless of the feeling of his patient, and in all those cases in which concealment is desired, will suffer the consequent penalty of losing his patient, his money, and his reputation, whilst the practitioner whose purpose is to make a practice and conciliate his patient, will find all the excuses which the proposed law affords to abstain from notifying.

Let us not pretend to more virtue for medical men than for other classes of practitioners of similar social standing; and let us, therefore, not forget that a very numerous section of our profession will certainly not, if they can help it, do anything which will interfere with their own interests in practice. With such practitioners "Business is business." If the notification fee is half-a-crown they will notify for the purpose of earning it; but if it pays them sixpence more to pretend not to recognise a case of infectious disease, they will certainly be very slow to find out what in reality is wrong with the patient. If they are earning daily fees by attendance on a case in private, they will scarcely be expected to put an end to their own profits by reporting the case, and thus causing it to be taken off to hospital.

Thus, in every town where compulsory notification has been enacted the conscientious-timid practitioner has suffered seriously by his infectious cases being diverted into the hands of less honest persons; and it is evident that the inevitable effect of such law must be to handicap honesty in practice heavily in its competition with the trade trickery which is an important element in the success of low-class practitioners.

But it should be recollected that if all medical practitioners were of spotless integrity the effect of compulsory notification upon the public health would be still worse, because the law would then transfer to counter-prescribing chemists and quacks the practice in infectious disease, which it now hands over to low-class medical practitioners. The proposed law does not in any way interfere with the counter-prescriber's practice. He is not amenable to it in any way. He may visit small-pox patients, treat them, and conceal the disease all through, and cannot be even asked to report, much less punished, for omitting to do so. If, therefore, the custodian of any infected patient desires to escape the publicity and inconvenience attendant upon the notification of the case to the sanitary authority, he may at once escape all trouble of the sort by resorting to a chemist or quack practitioner. Thus, notification law, wherever enforced, has always increased unlicensed practice at the expense of legitimate medicine; and it must always have such effect as long as the physician and not the custodian of the patient is the person responsible to notify.

SUDDEN DEATH.

AN ingenious apparatus has been described by Mr. Lane Fox in a recent issue of the *Zoophilist*, which has been designed for the purpose of putting an instantaneous and humane end to worn-out horses or pet animals of any kind. On the floor of an ordinary stable stall an iron plate is fitted, and with this is connected the negative pole of an electric condenser, formed of alternate layers of tin-foil and tissue paper soaked in

paraffin. This condenser is charged from an ordinary coil to its full capacity of a hundred micro-farads, and is to be discharged at an electro-motive force of 15,000 volts, which produces a one-inch spark. The animal to be despatched having had its head, feet, and legs sponged with salt water, is placed on the iron plate, and is then touched on the forehead by a brass knob fixed in an insulating handle, and connected with the positive pole. It falls dead at once, without a struggle or movement, being, in fact, killed instantaneously and simultaneously in its every tissue. No more sudden or painless form of death is possible. The effects of electricity on the muscular substance of blood in relation to cadaveric changes must prevent the adoption of this process for the slaughtering of animals whose flesh is to be used for human food; but that it will be extensively employed for putting an end to old and diseased animals cannot be doubted, as it will at the same time spare their feelings and those of their owners. It is almost to be hoped, too, that it will be adopted as a means of inflicting the penalty of death upon criminals. There is, unfortunately, no prospect that we shall be able to dispense with capital punishment for some time to come; but we may at least do our best to dispense with the torture and physical anguish which now, it is to be feared, too often accompany it. A review of the executions which have taken place in this country during the last ten years would reveal an amount of bungling that would startle the public when thus summed up, and that can only be pronounced scandalous. Within the last month two shocking scenes have been enacted on the gallows. In the case of Myles Joyce, hanged at Galway, the rope caught on the arm of the wretched man, who seems to have made a grim fight for life until the foot of the executioner, as it were, kicked him into eternity; and in the case of Taylor, hanged at Wandsworth, the long drop tore open the wounds which the convict had inflicted on his own throat in an attempt at self-destruction some months previously, and his head was nearly severed from his body. We have no hesitation in saying that misadventures like these more than counterbalance any public benefit derived from the example afforded in the cases in which they occur, for all recollection of the guilt of the criminal is swallowed up in commiseration for the torture he has endured. But even when accidents such as those we have referred to do not occur, there is reason to believe that executions in this country are often accompanied by much unnecessary pain, and that the long drop does not possess the advantages which are alleged in its favour. Death rarely takes place, it is believed, at executions by dislocation of the neck, but most often by slow strangulation. The statement that death was instantaneous is only a stereotyped phrase, or a compliment paid by the hangman to his own work, for no one but the hangman can say how long the death agony was prolonged. The moment that the bolt is drawn the body falls into a pit or behind a black curtain, where no one but the executioner has a view of it, and the small group of spectators now present at an execution cannot pretend to say how long the death struggle continues. Now that executions are

in private, this veiling of the process seems quite unnecessary. It ought, we think, to take place in full view of the persons whose duty it is to witness the execution, and of the representatives of the public, so that some guarantee may be obtained against unskilfulness and the infliction of unnecessary suffering.

It behoves the Home Secretary to give his careful attention to this matter, and to see whether Mr. Lane Fox's apparatus cannot be substituted for the clumsy appliances now in use for the execution of criminals. Death by electricity is absolutely painless; but it is so sudden and mysterious that it would not be less deterrent to the criminal classes than the more primitive and familiar death by hanging.

Medical jurists will have to give very close and earnest attention to the signs of death by electricity, for it can scarcely be doubted that we shall have murder by electricity before long, and at present no indications are known by which that mode of death could be sworn to. Far less contrivance and money than were expended in the Peltzer case would suffice to arrange a murder by electricity, which would in all respects resemble a death by the visitation of God.

QUACKERY IN GERMANY.

Not long ago we referred to the above subject, and incidentally mentioned that quackery must be a hardy plant to flourish, as it apparently does, in the uncongenial soil of Germany. The subject of quackery comes home to every one of us, to the laity not less than to professional men. Those who make our laws have in a purblind sort of manner become cognisant of this truth, and have in their wisdom decreed that the public shall have the power of distinguishing practitioners of medicine whose education shall have received an official stamp from those who have given no guarantees of their fitness for their calling. So far our Legislature has gone, but no further. So far it has given to the profession a *trade mark*, and has allowed the use of it to every qualified and registered practitioner, but at this stage its active watchfulness over the exercise of the healing art has ceased. Should this be so? Is there no further room for improvement? It has done for an important body of citizens fitly educated, and at great expense of time and money, for perhaps the most important duties, from a statesman's point of view, that any body of men can exercise—viz., looking after the lives and health of their fellow-men; it has done for this body of educated men just what it will do for any individual on the same terms. We believe that any man can register a trade-mark for the sum of five guineas or thereabouts, and such a registration gives the individual thus registering the exclusive right to the use of the trade-mark so registered. A medical man, however, properly qualified, registers, and his registration gives him the right to the use of a *corporate trade-mark* only—that is, the right to style himself "physician," "surgeon," "registered medical practitioner," or "apothecary," a right, however, which is anything but exclusive, since it is the common property of some thousands besides himself. A property in a common trade-mark, then, and a power of recovering payment in

a court of law for service rendered are all the advantages, independent of social ones, or nearly all that a qualified man acquires by virtue of his diplomas and registration. There is no sort of watchfulness on the part of officialism that these poor and empty advantages are secured to him; and the reason is perhaps not far to seek. It is not, however, our business at present to go into this question.

There is a class of officials whom this condition of affairs more nearly concerns. The office of medical officer of health is of comparatively recent institution, and it may not unreasonably be supposed that its duties at present are not very clearly defined, and that the sphere of activity of its incumbents might easily be widened with benefit to the community whose servants they are.

These remarks are intended to introduce an interesting narrative, one that offers a whole crop of suggestions to any one who may choose to gather them. We commend it specially, however, to the notice of medical officers of health, as recent vigorous endeavours on their part made in furtherance of the compulsory notification of infectious diseases, or compulsory tale-bearing, as it might not inappropriately be called, seem to show that they are not wanting in zeal for the public good, whatever may be thought of their discretion.

The narrative is that of a trial in Germany a few days since, in which the plaintiff was a certain quack named Mohrmann, who styled himself *Heilkünstler* (literally, health-artist), and the defendant a medical man named Pfeiffer, who filled certain public offices, amongst which that of public analyst was included. Mohrmann was principally engaged in vending a nostrum for the cure of tapeworm, and Dr. Pfeiffer, in the course of what he conceived to be his duty, had procured a sample of the drug whose virtues were vaunted, and had submitted it to chemical examination. It turned out to be castor-oil, to which some colouring matter had been added. Having discovered so much, he now thought it his duty to warn the public against the imposture. This he did in the public papers, and in doing so made use of language the reverse of complaisant from the plaintiff's point of view, inasmuch as he described Mohrmann's occupation as swindling. The consequence of Dr. Pfeiffer's official interference was that Mohrmann's business came to a standstill—nobody would any longer believe him to be a worker of miracles, nor would they buy his wares.

He, on his part, thought Dr. Pfeiffer's interference officious and unjustifiable. He had put himself to great expense in advertising in the papers, periodicals, and in placards, and he now brought an action before the Königl. Schöffengericht (an inferior court) of Wiesbaden, for damages for defamation of character, and for the recovery of the sums spent on advertising. Dr. Pfeiffer appears to have treated the affair with perfect calmness, and when the case came on for hearing pleaded justification. His plea was a categorical one, and on the whole seems to give evidence that the defendant was equal to the occasion. The following will give some notion of the defence. 1. That Mohrmann, in his mountebank-like publications, had enumerated symptoms as evidence of tapeworms, that might be present in various kinds of sickness, whereas the only reliable proof of their presence

was the expulsion of segments. Mohrmann plainly intended to make as large a circle of readers as possible believe that their bodies were the dwelling places of these unpleasant guests, in order that he might profit by such a belief. 2. The drugs employed by Mohrmann were such as taken in large doses would act powerfully, and easily produce injurious effects. The dangers to the patient would be the greater, as the plaintiff, through lack of education, would not be able to decide whether the state of the patient's health would permit such violent remedies to be used, and, as a matter of fact, he did not trouble himself to learn whether it did or not. 3. The charge made by Mohrmann for his medicine, inclusive of consultation and trouble, was 10s. (at first 6—15s.) although the actual value was not much above 1s. 2½d; although, as a rule, a consultation was dispensed with, and his trouble consisted simply in sending the order for the medicine to a certain chemist, with whom he had a contract. 4. The plaintiff, plainly for the purpose of deceiving, coloured the castor oil made use of, a red colour; although this was never done by medical men. 5. The whole art and manner by which Mohrmann sought to dispose of his wares smacked of cheating. Thus he lauded himself "world-renowned! unique! not to be excelled!" ; whilst the fact was that he was not the discoverer of the method of treatment made use of, and that one of the drugs employed belonged to a class that has fallen into disuse, as far as scientific medicine is concerned. 6. The plaintiff multiplied orders and titles to himself (to which he had no claim) in order that he might appear as an educated man of high position in the eyes of that portion of the public that is easily led captive by such simple means. He gave himself out to be the possessor of an Austrian Order, which, as far as he, the defendant, could discover, had no existence; further, he decorated himself with the appellation, "Member of the Free German Hochstift, Frankfort-on-the-Maine," an institution which not only had "nothing to do with tapeworms," and was simply a society of men specially interested in art and science, but which only accepted his proposal for admission on the strength of his declaration that he was a private individual, and which had at once expelled him as soon as the fact that he had abused his membership came to be known.

From all this, his endeavour to pass himself off as a notable was plainly seen (he was a watchmaker by trade, and lately practised as a photographer), and he was absolutely without scientific training. Dr. Bickel, Kreisphysikus, who gave evidence as an expert, confirmed the evidence of the defendant with regard to the money value of the ingredients of Mohrmann's medicine.

Judgment was delivered some time afterwards, and was in favour of the defendant on all points; on the grounds, amongst others, that the defendant had published the warning that was the cause of the action in the course of his duties as public inspector of articles of consumption as food, &c. (a department of public health), that only the concluding part of the warning, at the most, was libellous viz., that in which mention was made of swindling; that this concluding sentence was, however, not so much a reproach as a judicial conclusion drawn from what had preceded it; that the manner in which Mohrmann conducted his business might fairly be described as mountebank-like;

and that the defendant was entitled to the protection of the law, inasmuch as his action could not be looked upon so much as an injury to an individual as a benevolent warning to the public.

Would not some of our own public medical officers be better employed in warning the ignorant and credulous against the "reverend" and other impostors that wax fat by means of the so-called "religious" press, than in doing their little all to get compulsory tale-bearing acts forced on their brethren.

MEDICAL REFORM.

THE following petition, adopted by the Executive of the Irish Medical Association, was presented on Friday last to Mr. Mundella, M.P., at the Privy Council Offices, by Dr. Jacob, who was deputed to do so. It will be observed that the memorial is a reiteration of the opinions already expressed on many occasions by the general meetings of the members of the Association, and a reaffirmation of the policy to which the Association was pledged by its petitions to Parliament.

We are gratified to learn that the Reform Bill is already drafted and submitted to the Cabinet, and will certainly be introduced early in the session with the serious determination of Government to pass it.

TO THE RIGHT HONORABLE THE LORD PRESIDENT OF
HER MAJESTY'S PRIVY COUNCIL.

*The Memorial of the President and Council of the Irish
Medical Association*

HUMBLY SHEWETH—

That your Lordship's memorialists are the executive body of an incorporated Association which numbers amongst its members more than one-third of the entire body of registered medical practitioners in Ireland, and which for more than forty years has been maintained in order "to unite the members of the medical profession in Ireland, and so form a body competent to exercise influence in sanitary and medical affairs for the public benefit, and to protect and promote the interests of the medical profession."

That your Lordship's memorialists have learned with much satisfaction that it is the intention of Her Majesty's Government to introduce to Parliament a Bill for the amendment of the Medical Acts based upon the recommendations of the Royal Commission appointed in the year 1882 to investigate the subject.

That the Irish Medical Association has, at many successive annual general meetings, declared its approval of the principles embodied in the recommendations of said Royal Commission, and has petitioned Parliament in favour of those principles, and furthermore expressed its opinion thereon by testimony given on its behalf before said Royal Commission.

That your Lordship's memorialists will be prepared to give the best support of the Irish Medical Association to any Bill which embodies the following principles:—

a. To restrict the privilege of registration as a medical practitioner to persons who shall have passed before a Central Examining Board for each division of the kingdom an examination adequate to ensure their competency, registration being granted throughout the kingdom upon equal terms as regards standard of examination, duration of study, and amount of fees payable prior to examination.

b. To reconstitute the General Medical Council so that an adequate direct representation therein of the registered medical practitioners throughout the kingdom shall be secured.

c. To amend the existing law so as to check effectively

the prevalent practice of medicine and surgery by uneducated and unlicensed persons, and the use by such persons of titles calculated to deceive the public as to their competency to practise.

Your Lordship's memorialists therefore humbly pray that Her Majesty's Government will take steps during the next Session of Parliament to have the existing law amended in these respects.

Signed,

JAMES MOLONY, F.R.C.S.I., President.

JOHN H. CHAPMAN, F.K.Q.C.P.I., Honorary Secretary of the Irish Medical Association.

Notes on Current Topics.

Egyptian Plague.

IN so insanitary a condition was Cairo when it fell into the hands of our troops that for a time it was feared that among other diseases the plague might show itself and drive us out. Remarkable enough, little more is known of this much-dreaded disease than was known in the days of the celebrated physician Clot Bey. The late Mr. Nassau Senior, in his interesting "Journal and Conversations" on Egypt, tells us that, being particularly anxious to obtain information on this scourge of Eastern nations, he entered into conversation with Clot upon its history and treatment. Replying to his questions, Clot said: "The only reliable piece of information I have gained with regard to plague is that it is not transmissible—that it cannot be propagated by inoculation like small-pox, or by contact mediate or immediate, like typhus. For five months, in 1835, my colleagues and myself were in constant contact with plague patients. I inoculated myself twice with the matter from tumours of the stricken and dying. We wore clothes taken off their bodies; we slept in their beds; we made post-mortems of more than a hundred bodies; we tried every mode of exposure, but without one of us being attacked. I used no precaution with respect to my family, but went straight from the plague hospital to my wife and child: so strong was my conviction that plague was not transmissible. The result has been the virtual abolition of quarantine in England and France. Dirt, over-crowding, and bad feeding have nothing whatever to do with the propagation of plague, since these are the normal condition of most Egyptian towns, and the strong and the sober die in nearly the same proportion as the weakly and intemperate." So much for this unaccountable scourge of the Middle Ages, and which has even so come down to us.

Is the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 33, Bombay 26, Madras 31, Paris 25, Geneva 30, Brussels 21, Amsterdam 28, Rotterdam 33, The Hague 23, Copenhagen 23, Stockholm 21, Christiania 20, St. Petersburg 34, Berlin 20, Hamburg 26, Dresden 26, Breslau 26, Munich 29, Vienna 25, Prague 29, Buda-Pesth 28, Trieste 27, Rome 25, Turin 29, Venice 33, New York 22, Brooklyn 20, Philadelphia 23, and Baltimore 28.

Pasteur's Vaccinations against "Charbon."

M. PASTEUR communicated last week to the Academy of Sciences of Paris the statistics of the results obtained by him by vaccinations, protective against "charbon," in a single one of the French departments. The inoculations were practised on 85,000 animals, and the figures show that "charbon," which before inoculation was discovered destroyed 9 per cent. of the animals, had only killed 0.75 per cent. of them since that period. At a subsequent meeting, M. Pasteur read a note, on behalf of MM. Straus and Chamberland, respecting the possible passage of the "charbon" bacterium from the mother to the foetus. This fact has been long denied, but it is now placed beyond doubt. However, the effect is not constant. Pasteur inclines to the belief that the difficulty of so transmitting the bacterium would have the effect of a vaccination, and ought to preserve the foetus thus inoculated. These experiments were made on sheep.

At a subsequent session of the Academy, M. Paul Bert gave the results of some experiments on the germ origin of hydrophobia. The blood of a rabid dog having been transfused into a healthy one, the latter became mad. The saliva of a rabid dog does not communicate rabies by inoculation; it is the froth which comes from the bronchi which conveys the disease; but if the saliva does not transmit the disease, it produces at the spots where it has been inoculated suppuration so considerable that death may follow. The saliva of a rabid animal transforms starch into glucose, just as ordinary saliva. It seems to have undergone no alteration. The saliva of a mad dog filtered through plaster, and inoculated, is harmless, although the part which remains on the filter communicates the disease, which proves, as M. Bert thinks, that this terrible disease is due to the presence of a microbe.

Colour Blindness among Natives of India.

SURGEON-MAJOR CULLEN, of Khundwa, has had an opportunity of making some interesting observations on the existence of colour blindness amongst the natives. Dr. Cullen, during the early part of last year, examined 430 railway employes by Holmgren's method of coloured skeins of wool. The result was the discovery of colour-blindness in 1 out of 86 Eurasians, or 1.6 per cent.; 3 out of 41 Mahomedans, or 7.31 per cent.; and 11 out of 300 Hindus, or 3.66 per cent. Subsequently, Dr. Cullen extended his examination to native children, and found 12 among 471 boys, and none among 68 girls, affected. The proportion among the boys approximates closely to that found among European school children. Further inquiry showed that colour blindness was not associated with myopia or any other defect of vision, and that it was independent of the colour of the iris. At the same time, out of the 430 railway servants examined, Dr. Cullen found no fewer than 35 myopic.

We regret to learn that the defence of Mr. Noake, M.R.C.S.E., L.R.C.P.Ed., of Leeds, to the charge of illegally attempting to procure abortion, and thereby causing the death of a Miss Laidlaw, of Wakefield, was deemed insufficient to release him from suspicion. Both he and Mrs. Hudson have been again remanded.

Mogador as a Health Resort.

NONE of the well-known winter stations, such as Nice, Cannes, Algiers, and even Madeira, can afford to invalids so many favourable circumstances as the city of Mogador. The only actual lack at that place is *comfort*, but this would soon be supplied if patients came. As a compensation, living is very cheap, clean lodgings, good board, and attendance included, costing at the rate of 8s. per day. The difference between the highest monthly average of temperature in summer and the lowest in winter is only 13.5 degrees Fahr., and the difference in twenty-four hours, between day and night, is rarely more than 5 degrees Fahr. This is owing to Mogador being under the influence of the north-east trade wind almost throughout the whole year. Besides this, the same wind, and occasionally that from south-west, keeps in the locality a gently moist and saline atmosphere, and carries away from it all miasmata. In Madeira, the next to Mogador in regard to latitude, there is a difference of 20 degrees Fahr. between the average temperature of the six summer months and the winter average. At Mogador the difference is only 7.9 degrees Fahr. On account, therefore, of its climate, the prospects held out to consumptive and otherwise delicate persons by a resort to that place deserve to be made known, there being every reason to believe that, before long, it will in these respects compete successfully with Algeria, Egypt, Madeira, and the Riviera. There is a splendid sea-beach, several miles in extent, at Mogador, where riding and walking exercise is most enjoyable. The town can boast of English, French, and German Consuls, a resident physician (Dr. Thierry-Mieg), and a missionary clergyman. Steamers ply between Mogador and London frequently.

The following works contain full information regarding Mogador:—"Mogador et son Climat," par Dr. Serex, 1870; "Climat de Mogador," par le Dr. Clin, 1875; "Morocco and the Moors," by Dr. Leared, 1876.

Pathological Society.

At the annual meeting of the Pathological Society, held on Tuesday, January 2nd, the following office-bearers were elected for the ensuing year:—*President*, *J. W. Hulke, F.R.S.; *Vice-Presidents*, W. Bowman, F.R.S.; Thomas Buzzard, M.D.; William H. Broadbent, M.D.; Andrew Clark, M.D.; John Croft; *Arthur Edward Durham; Jonathan Hutchinson; Samuel Wilks, M.D., F.R.S.; *Treasurer*, George Johnson, M.D., F.R.S.; *Honorary Secretaries*, *J. F. Goodhart, M.D.; Henry Morris; *Council*, *Robert Barnes, M.D.; John Cavafy, M.D.; John Curnow, M.D.; *Frederick A. Mahomed, M.D.; Joseph Frank Payne, M.D.; *George Vivian Poore, M.D.; R. Douglas Powell, M.D.; *Frederick Thomas Roberts, M.D.; George Henry Savage, M.D.; Reginald Southey, M.D.; *W. Morant Baker; *William Harrison Cripps, Alban Henry G. Doran; *Alfred Pearce Gould; Thomas Ridge Jones, M.D.; John Langton; *R. Clement Lucas; Edward Nettlehip; Robert William Parker; William J. Walsbam. The gentlemen whose names are marked with an asterisk (*) were not on the Council, or did not hold the same office during the preceding year.

Death of M. Gambetta.

THE unexpected, fatal termination to M. Gambetta's illness, though not caused by the accidental pistol wound of the hand and arm sustained by the distinguished statesman recently, must nevertheless have been to some extent accelerated by this catastrophe. Post-mortem examination of the body has revealed extensive degenerations in the region of the left iliac fossa and ascending colon, of a nature to preclude any hope that might have been entertained of successful operative interference. The termination of the ileum was very much contracted, and all the evidences were discovered of an old-standing perityphilitis, while general inflammation had clearly existed for a long time in the neighbourhood of the ascending colon; in no place, however, was there any collection of pus into an abscess, but rather the whole cellular tissue surrounding was infiltrated with a puriform deposit. The final result is without doubt to be attributed to extension of the inflammatory action to the peritoneum, following the development of acute symptoms in the parts affected with chronic inflammation. Such unfavourable change would naturally ensue as a consequence of lowered vitality induced by confinement and inaction; and more especially on an active temperament like that of the late Republican leader. A most important point, verified by the necropsy, is that any surgical procedure adopted with a view to prolonging the life of the patient would have been attended with disastrous results, and thus the judgment of the eminent surgeons who opposed such a proceeding is fully endorsed by the facts.

This is no place to discuss any aspect of the great Frenchman's death, except that in which the question of medical treatment is reflected; we may, however, be permitted to proffer our deep-felt sympathy with the nation which has thus been deprived of death of almost its most prominent citizen; and of one whose zealous patriotism and noble devotion to his country's cause had gained for him the affection and esteem of a mighty and united people.

A Female Student's Home.

On January 2nd, a new "College Hall of Residence for Women Students" was opened for inspection at No. 1 Byng Place, Gordon Square. In this institution accommodation is provided for a limited number of ladies engaged in studying in London, whether medicine, art, or science; and its arrangements are devised with a view to combining as far as possible the advantages of home associations with academic routine. The scheme deserves the fullest success, and will no doubt command it, for one of the greatest drawbacks attending the prosecution of systematic studies by women in the metropolis is the lack of convenient and economical lodgings within any reasonable distance of their work. Already the whole of the rooms available are occupied, and it is intended at as early a date as possible to extend the present building as far as funds permit.

At a recent conference of members of the British Association held in the rooms of the Geographical Society, a protest was drawn up against the proposed meeting of the Association in Canada in 1884.

The Hounslow Tragedy.

WITHIN the past few days the usually quiet suburb of Hounslow has been a scene of wild excitement and uproar, occasioned in connection with the death by suicide of Dr. William Whitfield Edwardes. This unfortunate gentleman—a late student of St. Mary's Hospital, where his manly, straightforward character gained for him the esteem of teachers and students alike—not long ago entered into partnership with Dr. Whitmarsh, of Hounslow, and appears to have been disappointed in his expectations of the practice enjoyed by the latter. On Christmas day he saw a certain female patient in the ordinary course of practice, and shortly after this she charged him with impropriety in his conduct towards her. The charge was subsequently withdrawn, but in a letter written by Dr. Edwardes before his death, he alludes to his partner's persistency in maintaining his guilt, notwithstanding the woman's recantation. It is certain, indeed, that the occasion was taken by Dr. Whitmarsh to necessitate a dissolution of the partnership, which he demanded on the payment by himself of £500 to the outgoing partner, who, about twelve months ago, had given £1,800 for a half-share of the practice. Apparently distressed in mind at the circumstances by which his position was surrounded, Dr. Edwardes, in a moment of extreme depression, took a quantity of hydrocyanic acid, from the effects of which he speedily died. The matter remains under investigation at present; but so strongly has popular indignation been aroused against Dr. Whitmarsh, that he has been compelled to leave the neighbourhood of Hounslow for a while, attempts having already been made to wreck his dwelling by an infuriated mob. Dr. Edwardes was greatly liked by the people among whom his practice lay; and it is difficult to conceive that he could have been guilty of so serious an indiscretion as that imputed to him.

Is it Possible to Grow Giants?

THIS question has received almost a solution. According to the *New York Times*, the incubator of M. Tarnier has succeeded in raising infants who, at the end of six months, weigh 84 lbs., and whose weight at birth six months previously was only 10 or 12 lbs. The incubator of M. Tarnier is framed on the model of the one for hatching eggs scientifically. The immense success which attended the artificial incubation of chickens in France attracted the attention of the learned, ingenious, and obstetric physician. He was attached to a hospital for foundlings, and although the position gave him an admirable opportunity for experimenting with new medicines, he was a humane man, and he was annoyed at the large number of foundlings who died within the first six months of their life. The majority of those admitted to the hospital were weak and sickly, but in that respect they did not differ from all sorts of French infants. Dr. Tarnier felt that it was a reproach to medical science that French infants could not be cultivated with as much success as French chickens, and he resolved to try what artificial incubation, if it so may be called, would accomplish if applied to infants.

The doctor constructed a child-incubator on precisely the model of the ordinary chicken-incubator. It was a

box, covered with a glass side, furnished with a soft woollen bed, and kept at a temperature of 85 degrees Fah. by the aid of hot water. He selected as the subject of his first experiment a miserably-made infant—one, in fact, that had rashly insisted upon beginning the world at an injudiciously early period. This infant was placed in the incubator, provided with a nursing bottle, and kept in a dark room. To the surprise of the doctor, he ceased to cry on the second day after he was placed in the incubator, and although it had previously been a preternaturally sleepless child, it sank into a quiet, deep sleep. The child remained in the incubator for about eight weeks, during which time it never once cried, and never remained awake except when taking nourishment. It grew rapidly, and when at the expiration of sixty days it was removed from the incubator, it presented the appearance of a healthy child of a year old. Delighted with the success of this experiment, Dr. Tarnier next selected an ordinary six months old infant addicted to the usual pains and colic, and exhibiting the usual fretfulness of French infants. This child conducted itself while in the incubator precisely as its predecessor had done. It never cried; it spent its whole time in sleep; and it grew as if it had made up its mind to embrace the career of a professional giant. After six weeks' stay in the incubator, it was removed and weighed. During this brief period it had doubled its weight. It had become so strong and healthy that it resembled a child three years old, and it could actually walk when holding on to a convenient piece of furniture.

These two experiments satisfied Dr. Tarnier of the vast advantages of artificial child-incubation. He immediately proceeded, with the permission of the authorities of the hospital, to construct an incubator of the capacity of 400 children, and in this he placed every one of the 360 infants who were in the hospital on the 10th day of February last. With the exception of one who died from congenital hydrocephalus, and another who was claimed by its repentant parents, the infants were kept continuously in the incubator for six months, when they were removed in consequence of having outgrown their narrow beds. The result will seem almost incredible to persons who are unfamiliar with the reputation of Dr. Tarnier, and have not seen the report made to the French Government by a select committee of twelve.

The average age of the infants last February was eight months and three days, the youngest being less than twelve hours old, and the eldest not more than eleven months. Their average weight was 10 lbs., only one of the entire 360 having attained a weight of 32 lbs. At the end of six months of artificial incubation the average weight of each infant was 84 lbs., and there was not one who would not have been supposed by a casual observer to be at least eight years old. In other wards, six months of artificial incubation did as much in the way of developing Dr. Tarnier's foundlings as eight years of ordinary life would have done. The infants were strong and healthy, as well as big; they walked within a week of leaving the incubator, and most of them have since learnt to talk. These results surpassed Dr. Tarnier's most enthusiastic expectations, and there can be no doubt that his system of artificial child-incubation will be adopted

not only in every child's hospital in France, but in every private family throughout the civilised world. We must make allowances for some of the statements, which are taken from an American paper. Allowing for exaggerations, the incubator of Tarnier may be of use in rearing delicate and premature infants. It is an ingenious application of a principle recognised by agriculturists.

Oleoresin of Male Fern: increasing its Efficacy against Tape-worm.

ACCORDING to E. Dieterich, the frequent failure of oleoresin of male fern as a remedy against tape-worm is to be ascribed to its irrational administration. It has become known that the popular "worm-doctors," who use almost exclusively the oleoresin of male fern, and who hardly ever meet with a failure, administer the remedy in conjunction with castor-oil, instead of following it by the oil after one or two hours, as is usually done by practitioners. The object is to bring the extract in an unaltered or undigested condition into contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor-oil have been very successful, and this mode of administration deserves, therefore, the preference. Oleoresin of male fern is apt to derange the stomach, and, when enveloped partly in the oil, is likely to pass it more rapidly, which constitutes another advantage. The mixture has, it is true, an unpleasant taste. This may, however, be disguised by filling it in capsules of about 45 grains each. The dose may be regulated for six capsules to seven or eight more, according to circumstances. It is advisable to empty the bowels the preceding day by a mild purgative, best by castor-oil.

The King and Queen's College of Physicians.

THE following examiners have been appointed by the President of this College, Dr. William Moore, from among the Censors and Fellows, for the membership of the College, and for the certificate in sanitary science during the ensuing year:—For the Membership: 1. Principles of Medicine, including Pathology, Medical Anatomy, and Medical Chemistry—Drs. Finny and Purser; 2. Practice of Medicine, including Principles of Public Health—Drs. Cruise (Vice-President) and Duffey; 3. Clinical Medicine—Drs. Foot and Nixon. For the Certificate in Sanitary Science: 1. Etiology and Prevention of Disease—Dr. Cruise (Vice-President); 2. Chemistry—Dr. Walter Smith; 3. Meteorology, Climatology, and Vital Statistics—Dr. Quinlan. The names of the gentlemen appointed to examine in engineering and in sanitary law have already been published. Examinations will be held for both the membership and for the sanitary certificate in January.

WE understand that the subscriptions for the memorial to the late Sir C. Wyville Thomson have reached a total of 500 guineas. It has been decided that a bust, by Mr. J. T. Hutchinson, R.S.A., shall be placed in the University Hall, Edinburgh, and that the balance of the fund shall be devoted to putting a stained-glass window in the church of St. Michael, Linlithgow.

Treatment of Diphtheria by Chinoline.

SOME excellent results appear to have been obtained by Dr. Seifert (*Berl. klein. Woch.*). Dr. Seifert prefers the pure chinoline to the tartrates, on account of the bad taste and smell of the latter. The chinoline is prescribed in a 5 per cent. solution for painting the fauces, the solvent being a mixture of equal parts of alcohol and water. A new brush of hair or cotton wool is used each time, the old ones being burned. The stinging pain at first produced is succeeded by a sense of comfort and by the ability to swallow, if the throat is washed out with cold water after being painted. The following formula is the one which is prescribed for a gargle:—Pure chinoline 1 gram, distilled water 500 grams, sp. vini rect. 50 grams, and menth. pip. gtt. ij.

The Adulteration Law in New York.

THE State Board of Health of New York have commenced prosecutions under the new adulteration law by causing the arrest of nine persons for selling cream of tartar which was adulterated with ground gypsum. The accused pleaded "not guilty," but were held in 100 dol. bail each for trial. The adulteration in these cases amounted to from 37 to 92 per cent. of terra alba, or ground gypsum. In every case the accused stated that the substance had been purchased for pure cream of tartar, and he did not know that it was adulterated.

The Cholera.

ACCORDING to the *Veröffentlichungen des Deutsches Gesundheitsamtes* for December 18, the number of deaths from cholera at Mecca, from October 24 to November 6, amounted to 290. The disease has now ceased. In Japan, between April 28 and October 5, there occurred 47,089 cases, with 27,757 (58·2 per cent.) deaths. In the capital, Tokio, there were 6,499 cases, with 5,031 deaths. In French Cochinchina the disease has nearly ceased since the middle of October.

Royal Medical Benevolent Fund Society of Ireland.

DR. J. MAGEE FINNY has been elected an honorary secretary of this fund, in the place of Mr. A. H. Benson, appointed acting secretary, in place of Dr. Marks, resigned. Dr. Finny was for several years honorary treasurer of the fund, and is thoroughly acquainted with its working.

Disinfecting Iodoform.

THE *Journal de Thérapeutique* reports that Dr. Yvon effects the abolition of the smell of iodoform by the very simple procedure of incorporating with it a little essence of roses. Half a drop of the essence removes the odour of sixty grammes of iodoform, the compound retaining that of the essence.

THE appointment of Physician-in-Ordinary to Her Majesty the Queen, vacant through the death of Sir Thomas Watson, has been conferred upon Dr. Wilson Fox, Physician to University College Hospital.

Harveian Society of London.

At the annual meeting of this Society, to be held on January 18th, the election of office-bearers for the ensuing year will take place, after which the President will deliver an address, and a *conversazione* will close the proceedings. The following is a list of the names proposed by the Council as officers of the Society for the year 1883:—President: E. Symes Thompson, M.D. Vice-Presidents: W. B. Cheadle, M.D.; H. Cripps Lawrence, L.R.C.P. Lond.; C. P. Field, M.R.C.S.; Percy Boulton, M.D. Treasurer: Thomas Buzzard, M.D. Hon. Secretaries: W. H. Lamb, M.B.; J. Ernest Lane, M.R.C.S. Council: Henry Power, F.R.C.S.; D. Ferrier, M.D.; J. Knowsley Thornton, M.B. Ed.; H. W. Kiallmark, M.R.C.S.; J. H. P. Staples, M.D.; H. Allen Aldred, M.D.; W. Hickman, M.B.; S. H. Davson, M.D.; W. R. Gowers, M.D.; Charles Vasey, L.F.P.S. Glasg.; James E. Pollock, M.D.; Malcolm Morris, F.R.C.S.E.

THE scientific world and the many friends of Professor Owen will be sorry to learn that the state of his health is such as to cause great anxiety.

DR. J. OWEN REES, late Senior Physician to Guy's Hospital, has been appointed Physician-Extraordinary to Her Majesty the Queen, in succession to Dr. Wilson Fox, appointed Physician-in-Ordinary.

HER Majesty the Queen has expressed her interest in the efforts now being made to provide fully-qualified medical women for India, and gladly countenances a proposal suggested by Mr. Keltridge, of Bombay, to raise, with the co-operation of natives of India, a guarantee fund for the benefit of women doctors willing to go out from this country to settle in India.

It is understood that the Secretary of State for War has approved the appointment of Deputy Surgeon-General J. A. Marston, M.D., C.B., lately employed as Sanitary Officer of the Egyptian Expedition, to be chief of the Sanitary and Statistical Branch of the Army Medical Department at the War Office, vice Deputy Surgeon-General J. Irvine, M.D., who has been selected to succeed Surgeon-General Sir James Hanbury, K.C.B., in medical charge of the Army of Occupation in Egypt.

THE annual rates of mortality last week in the principal large towns of England and Wales averaged 24.9 per 1,000 of their aggregate population, and were as follow:—Portsmouth 16, Brighton 17, Leicester 19, Salford, Bristol, Derby 20, Wolverhampton, Hull 21, Bolton, Norwich, Birkenhead 22, London 23, Sheffield, Blackburn, Bradford, 24, Huddersfield, Cardiff 25, Oldham, Birmingham, Newcastle-on-Tyne 26, Leeds, Halifax 27, Plymouth 28, Nottingham, Manchester 29, Preston 33, Liverpool 35, and Sunderland 37. No returns for the week were received by the Registrar-General from Dublin, Edinburgh, or Glasgow.

THE highest annual death-rates per 1,000 in the twenty-eight large towns last week from diseases of the zymotic class were—From whooping-cough, 2.1 in Ply-

mouth and 2.7 in Preston; from measles, 1.2 in Birkenhead and in Cardiff and 3.1 in Sunderland; from scarlet fever, 1.3 in Sunderland and 1.6 in Nottingham; and from "fever," 2.2 in Liverpool and 3.5 in Sunderland. The 17 deaths from diphtheria in the twenty-eight towns included 12 in London and 3 in Manchester. Small-pox caused 2 deaths in London, 2 in Newcastle-upon-Tyne, one in Nottingham, and one in Sunderland.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

A "POOR PROFESSION."—A parish appointment is now vacant in Edinburgh for which there is the usual scramble. Printed testimonials recounting the mighty works and honours of the applicants are being circulated in all directions. The whole performance would be ludicrous if it were not sad to think that professional men are obliged to struggle so fiercely for existence. The coveted prize of £60 per annum for attending the poor in some of the worst alms of Edinburgh will probably fall to the candidate who is the son of some tradesman on the Town Council, or who has married the daughter of some Free Kirk minister.

NURSES' MEETING AT THE GLASGOW ROYAL INFIRMARY.—On New Year's Day an interesting meeting of the nurses of the institution took place at the Royal Infirmary, Glasgow. The Hon. the Lord Provost presided, and was accompanied to the platform by Sir James Watson, Sir William Collins, Dr. Scott Orr, Eben Watson, &c. The Lord Provost briefly opened the proceedings by an introductory address, and Dr. Scott Orr delivered a special address to the nurses, in which, having contrasted the nursing of past years with the system at present in operation, he went on to speak of some of the characteristics and qualifications of a trained nurse. This address, which was an interesting and instructive one, was followed by a statistical account of the working of the Infirmary during the year by Mr. McEwen.

THE HEALTH OF GLASGOW.—DR. RUSSELL'S REPORT.—At the meeting of the Glasgow Town Council, held on the 2nd inst., Dr. Russell submitted his usual fortnightly report, in which he stated that the death-rate in the first week of the fortnight was 35. The number of deaths from infectious diseases of children was 104 in place of 67—viz., 52 from whooping-cough, 32 from scarlet fever, and 20 from measles. There have not been so many deaths from scarlet fever since the autumn of 1880, or from whooping-cough since the spring of the same year. Of the total fatal cases of scarlet fever, 22 have occurred in the Eastern district. The past fortnight has been marked by that extraordinary mortality which always accompanies cold in Glasgow, and to which, if the cold continues long enough, and especially if it be accompanied by fog, there scarcely seems any limit. On the present occasion the frost was of short duration, and the fog, though continuous during most of the week preceding, was never so dense as in 1874-75. It is quite certain, however, that if we happen upon a frost lasting as long, and a fog as dense, the experience of that winter will be repeated. It is worth noting that the phenomenal and startling death-rates of Glasgow have never arisen from epidemic disease, at least during the last twenty years, but from cold, and that the very highest arose from the accumulation over us of our smoke in the foggy calm of continuous frost. The number of cases of fever registered was 40 in place of 41—

viz., 31 of enteric fever, 8 of typhus, and 1 undefined. There were 184 cases of measles, 172 of scarlet fever, 72 of whooping-cough, and 21 of diphtheria registered, of which 51 were removed to hospital, and the remainder treated at home.

BUSBY.—A fatal case of typhoid fever has occurred in this village. As there is no other case in the meantime, it is hoped that the fever will go no further. The new water supply has greatly improved the sanitary condition of the place.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 30th ult., the mortality in Edinburgh was 100, and the death-rate 23 per 1,000. There were 15 deaths under one year, and 28 above 60, of which 6 were above 80, and 3 above 90 years. Diseases of the chest accounted for 58 deaths, and zymotic causes for 9, of which 3 were due to fever, 3 to scarlatina, and 1 to measles, the intimations of these diseases being 6, 31, and 7.

THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES IN EDINBURGH.—At a meeting of the Public Health Committee of Edinburgh Town Council, held on the 2nd inst., Dr. Littlejohn, Medical Officer of Health for the city, submitted a report bearing on the compulsory notification of infectious diseases. From this it appeared that the number of intimations by medical practitioners during the month of December was 366, of which 157 were from the New Town, 146 from the Old Town, and 63 from the southern suburbs. The report also stated that the total number of intimations for last year was 7,063, comprising 2,477 from the New Town, 3,599 from the Old Town, and 1,072 from the southern suburbs. In not one of these instances had it been found necessary to use the compulsory powers conferred upon the authorities by the Act of Parliament of removing the patient to an hospital. The fees paid to medical practitioners for the notifications made during the past year amounted to £882 17s. 6d.

THE ROYAL INFIRMARY, EDINBURGH.—The annual meeting of the contributors to this institution was held last week, from the report of which we gather the following important items:—Patients admitted between 1st October, 1881, and 1st October, 1882, 5,949—6,443. Of these there were dismissed cured, 3,184; dismissed relieved, 1,824; dismissed on other grounds, 418; died in the hospital, 501—5,945; patients remaining at 1st October, 1882, 498. Of the cases brought to a termination during the year, 568 were cases of infectious disease treated in the fever house in the old Infirmary, including 190 cases of scarlet fever; 2,385 were ordinary medical cases, and 3,042 were surgical cases. The daily average number of patients in the hospital during the year was 537; the greatest number at any one period was 578, the lowest 477, and the average time during which each patient remained under treatment was 30·4 days. The extraordinary income—that is, receipts from donations and legacies above £100—amounted to £21,337 2s. 11d., as compared with £6,572 3s. 7d. for the preceding year, showing an increase of £14,764 19s. 1d., while the extraordinary expenditure has been £1,081 9s. 8d. The ordinary expenditure of the Infirmary for the past year was £31,286 10s. 4d., as against £31,720 16s. 8d. for the preceding year, showing a decrease of £434 6s. 4d. We may state that the Infirmary is still heavily weighted with debt, and that subscriptions are urgently needed.

UNIVERSITY OF EDINBURGH.—The register of the General Council of this University has now been made up. During the year 318 members have been registered, and 101 have been struck off as dead. The number of members on the register is 4,742, being an increase of 217.

Literature.

THE SIMPLICITY OF LIFE. (a)

DR. RICHARDSON is not satisfied with the critiques which, at the time, appeared on his work on "The Simplicity of Life." Very many writers are in much the same predicament, but they do not all rush into print, as he has done, to review the reviewers. But as it so happens a great deal of what Dr. Richardson has to say in his critique is very true, albeit he presents a very unsatisfactory picture of the present state of medical science. For example, he says: "Writers of great authority are not ashamed to indicate a chemical theory for one disease, a vital theory for a second, a neurotic theory for a third, and even a mechanical theory for some other disorder." All this is very sad. He says other hard things about the fallacies of the faculty, and evidently "fears not the anger of the wise to raise," as he himself states in the couplet with which his *brochure* concludes.

CLIMATE AND FEVERS IN INDIA.

THE recently published work on "Climate and Fevers in India," by Sir Joseph Fayrer, valuable and important as it would be at any time, is especially so at present, when the lessons inculcated therein may and ought to be applied in reference to the same great class of disease by which so many of our troops in Egypt are being struck down. In that work an exhaustive description is given of the several types of fever met with in India, and indeed in the tropics generally. Adverting, however, to the particular type of fever which, according to official nomenclature, at present affects our troops at Cairo, it is desirable to collate some such particulars as may throw some light upon the etiology of that form of the disease. This the work in hand enables us readily to do. The author observes (p. 191) that Dr. Parkes entertained doubts that the generally accepted cause of enteric fever is the only one to which that disease is to be referred. Dr. Bryden believed that the typhoid fever of the British soldier in India is primarily due to climatic influences; that the belief that defective conservancy will be found in every case where typhoid fever shows itself is a narrow view, and not warranted by any feature in the aspect of typhoid as we meet with it among our soldiers. It is added (p. 192), "If enteric fever were in India as it undoubtedly is in Europe, due to faecal emanations, how can we explain the circumstances that in the midst of the city of Dacca, containing, as it did in 1872, 69,000 inhabitants, densely populated quarters are to be seen, in which the faecal deposits of generations are collected in unsightly heaps, or thrown into privy wells within a few feet of the well from which drinking-water is obtained, which causes diarrhoea when first used, but never any form of fever is observed." These remarks are commended to the especial attention of the medical officers now contending against fever and other endemic diseases among our troops in Egypt, and it will be for them to say how far the results of their observations may be to confirm the statement quoted that the merely pythogenic view of its causation "is a narrow view." Sir Joseph Fayrer enters fully into the several points on the subject of fever as met with in tropical countries, in regard to which differences of opinion exist. These opinions he has carefully analysed, with the result that no reader can rise from a perusal of his work without having the strong conviction that theories formed from conditions as they are met with in London are, in very many instances, forcibly applied in countries and under circumstances to which they are palpably unsuited. There is indeed much reason to believe that, as a result of this misapplication of home-born theories, the labours of such men as Twining, Annesley, and Martin have, for the time being, been obscured. This circumstance does not escape the notice of Sir Joseph Fayrer. Thus (p. 164) he observes: "Writers on Indian and tropical disease have described a form of continued fever liable, like remittent, to be modified by visceral complications, and to have a fatal termination, post-mortem examination revealing pathological changes of various degrees of importance. It is attributed to climatic causes, and the circumstances attending life in tropical or sub-tropical regions, such as heat, atmo-

(a) "The Simplicity of Life." A Critique on Criticism. By B. Richardson, M.D., M.A., T.C. Dub. London: H. K. Lewis. 1882.
(b) "Climate and Fevers of India." By Sir Joseph Fayrer, K.C.S.I., LL.D., M.D., F.R.S., &c. London: J. and A. Churchill. 1882.

spheric vicissitudes, terrestrial emanations, personal habits. But it is necessary to distinguish it from specific fevers, with which it may be confounded." Just so. And there is reason to believe that it very often is thus confounded, the consequences of its being so by no means satisfactory. Every medical officer is, or about to proceed to, India or the tropics should carefully study for himself this extremely important work.

THE CONTAGIOUSNESS OF PULMONARY CONSUMPTION AND ITS ANTISEPTIC TREATMENT. (a)

WHATEVER may be said in the present day of micro-organisms and tubercle bacilli as active agents in the origin and spread of tuberculous diseases, the experience of those who have passed many years in the observation of consumptive people is antagonistic to any belief in the disease being of a contagious nature. The extensive and carefully worked-out statistics of Dr. C. T. Williams, derived from his vast experience at the Brompton Hospital, are in contradiction to any theories that may have been formed as to consumption being a contagious disease.

The conditions of inoculation under which a true tuberculating process may be set up in an animal, are concisely and ably set forth by Dr. Burney Yeo in his recapitulation of the careful and important experiments of Dr. Hippolyte Martin, of Paris; and Koch's demonstration of the "virus" of tubercle in the form of tubercle-bacillus is aptly put in just at the point where such a link in the chain of evidence is wanting to mark the distinction between tuberculating and non-tuberculating processes of disease. It is well known that in Southern Europe consumption is a most virulent disease, and regarded as contagious in its nature. Dr. Yeo very reasonably suggests that this may be due to the relatively higher temperature of Southern Europe, "and we naturally associate with this reflection Koch's statement that the tubercle-bacillus requires a temperature above 86° Fahr. for its propagation" (page 32). In our own experience we have often remarked, especially among poor persons confined to one hot close room, to what an active and destructive form pulmonary consumption can be brought by this kind of "cultivation." To study tubercular phthisis in its most virulent form, the patient should be confined in one atmosphere, all windows must be kept carefully closed, and, if this produce weakness and depression, let this state be met by the frequent administration of port wine, rum, brandy, or, indeed, any form of alcohol. The cough will probably be severe and distressing, and much opiated cough medicine will be needed to impose silence on this noisy cough. One cannot but think of the possibility of a second individual shut up much with such a case as that just described running some risk of tubercle, but we are unable to recall any facts in proof of such event actually coming under notice.

The practical part of Dr. Yeo's book is found in Lecture II., on "The Antiseptic Treatment of Pulmonary Consumption," and here the infective bacillus theory works in well. What can be more rational or sound practice than to destroy these bacilli by surrounding them with an antiseptic vapour? Some very good illustrations are given of the efficacy of antiseptic inhalations of creasote, eucalyptol, and other agents of less utility. It is well known that the antiseptic method is making much progress and producing excellent results upon patients. Instead of the patient having to encounter the fatigue and weariness of a long journey to some foreign health resort, where his case may be at once settled by an attack of typhoid fever acquired soon after his arrival, he now has the antiseptic climate brought literally under his very nose, and thus the rich and the poor are pretty evenly started in the race for health.

Much may be learned by the perusal of Dr. Burney Yeo's interesting lectures. A good summary of the condition of our present knowledge of tubercle-bacillus is given, and the practical physician will fully appreciate the lecture on the method of using antiseptic inhalations.

(a) "The Contagiousness of Pulmonary Consumption and its Antiseptic Treatment." Two lectures delivered in King's College Hospital in the Summer Session of 1882, with Appendices and Notes. By J. Burney Yeo, M.D., F.R.C.P., Physician to King's College Hospital; Fellow of King's College; late Senior Assistant Physician to the Brompton Consumption Hospital. London: J. and A. Churchill, New Burlington Street. 1882. Pp. 124.

ATLAS OF SKIN DISEASES. (a)

It is nearly five years since this Society ceased to publish their most valuable "Dermatological Atlas;" and this circumstance, coupled with the beginning of their splendid "Pathological Atlas," caused most of the outside medical public to consider the issue at an end. This circumstance was regretted, as the subject was evidently not quite exhausted. The former of the two Fasciculi now before us illustrates hæmorrhagic purpura, and the latter molluscum contagiosum. Both pictures are admirably coloured to life, and combine great pathological exactness with high artistic finish. We trust that the series may be further extended from time to time, and that some of the rarer skin diseases described by Mr. Hutchinson in his lectures on clinical surgery may be included.

Correspondence.

A VACCINATION CONFERENCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having paid considerable attention to the subject of vaccination, I intend organising a conference, to meet in London in the early part of April, to discuss the merits and demerits of the practice, and the question of its compulsory enforcement. It is hoped that, as the inquiry will be unfettered by officialism, an independent and reliable verdict upon this much-vexed question will be thereby returned to the public. With a view to assist the work of the forthcoming conference, I am forwarding the accompanying series of questions to leading medical men and those well informed upon the subject, and I beg to request that they will do me the favour to reply to them before the 1st of February.

I am, Sir, yours, &c.,

M. D. MAKUNA, M.R.C.S., L.R.C.P.
(Late Medical Superintendent of Fulham Small-Pox Hospital).

Questions.

1. What are your views regarding compulsory vaccination in England, Scotland, or Ireland?
2. What are your views regarding the protection afforded by vaccination against small-pox?
3. What diseases have you, in your experience, known to be conveyed, or occasioned, or intensified by vaccination? Please give cases.
4. What opinion do you hold as to the quantity and quality of vaccination, as determined by the cicatrices?
5. What opinion do you hold as to the relative values of humanised and animal lymph, both as regards efficacy and safety?
6. What opinion do you hold regarding the relations subsisting between variola and vaccinia, and the theory of vaccination?
7. How far do you consider insanitary conditions responsible for small-pox epidemics, and how far can small-pox be controlled by improved sanitation?

[* * The foregoing letter and questions have been forwarded this week to about 3,000 public vaccinators in the United Kingdom, and to others who have taken special interest in the subject; but as it was impossible to post a copy to every member of the profession, the author will be equally thankful of replies from those who have not received the same, and who read it for the first time in the columns of the *Medical Press*. The object has our warmest sympathy.—ED.]

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.

(a) "Atlas of Skin Diseases." Published by the New Sydenham Society. Fasciculi 45 and 46. London: H. K. Lewis. 1882.

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

DR. HERCULES MACDONALD.—Your paper on "The Electrical Treatment of Enlarged Glands" shall appear in our next.

DR. BALMANGO SQUIRE.—As your communication "On a New Kind of Urthral Syringe" has already appeared in several journals, pressure on our space with original matter precludes its insertion in the columns of the *Medical Press*.

MR. FRY.—Several cases have been recorded during the year, but not all of them were successful. The abdominal method of operating was introduced by Langenbuch, not Langenbeck.

RUSTICUS.—Constipation should yield under a course of rational treatment regularly pursued. Sir George Burrows has recommended the following pills, one every third night:—

℞ Podophyll resinæ, gr. i.;
Pil. rhel. co., gr. x.;
Ext. hyocyami, gr. iv.

Divide into four pills.

CUM LABORE.—We have no knowledge of any publication such as you describe. There are numerous journals devoted to the discussion of practical sanitation, and you will probably find any one of them suitable. A medical paper is scarcely the place for such information, useful though it undoubtedly is.

MR. GREGSON.—It would be very inexpedient.

W. S.—Ringworm can only be got rid of by vigorous measures. Whatever the mode of treatment you adopt, let it be thorough of its kind, and you may anticipate a favourable result. Dr. Living's little book, or Mr. Morris's, is very good.

A JUNIOR STUDENT.—You will do best for yourself by following the advice given by your teachers. We cannot, in the face of their recommendation, suggest any alteration in the list you have given; moreover the works named are both reliable and complete.

TREATMENT OF OBESITY—A FRENCH STORY.—The *Vichy Journal* is accountable for the following story. We suppress names:—About four years ago T. N. was condemned to five years' imprisonment for debt by the Lord Mayor, and sent to Clerkenwell to complete his sentence. At first T. N. was depressed, then he consoled himself, took to his bed, and to eating. He ate and slept, took exercise in his cell. After three years' eating and sleeping he thought he would like some fresh air. He had, however, become so stout that he could not pass out through the door of his cell; neither sideways nor in any position could this be accomplished. At this period his family decided on paying his debts and restoring him to liberty. This was impossible. He could not get out. The cell could not be broken down, as in England it is not allowed to destroy the property of the Queen. The unfortunate T. N. would have remained a prisoner for life, but fortunately a French paper fell under his eyes. This journal told of the marvellous cures wrought by the waters at Vichy:—the fat man became lean; the most enormous mountains of adipose tissue disappeared after a course of these waters. Happy release for him. He ordered twenty gross of these waters. In two months' time he was so reduced that he could have stepped through a one-foot ring. He left his cell and Clerkenwell singing the praises of the waters of Vichy.

DR. CUNNINGHAM.—Received with thanks.

MR. W. COLLINGS.—*Lippia Meziaca* is an expectorant recently introduced by Dr. Saxton, of Baltimore. It is given in 1 and 1½ fluid drachm doses, and is said to combine valuable demulcent as well as expectorant properties. We have had no personal experience of the drug, but the article of Dr. Saxton should induce trials.

A GOVERNOR.—The adjourned meeting will be held to-day (Wednesday), and needs all the support which those who have the welfare of the institution at heart can and should accord.

CLEANLINESS VERSUS DEATH.—At the recent Medical Congress at Seville, Spain, Dr. Robert said that the death-rate of Madrid was 400 per 1,000. This excessive death-rate he ascribes to two factors—the want of the use of water, and poor alimentation. There are thousands of Spaniards who have never washed since they were born.

DR. JENNER addressed the following lines to a lady upon the recovery of her daughter, which, sent with a pair of ducks, afford a specimen of his facetious vein:—

"I've despatched, my dear madam, this scrap of a letter,
To say that Miss — is very much better;
A regular doctor no longer she lacks,
And therefore I've sent her a couple of quacks."

INDIGNANT.—Sir Henry Thompson would probably be equally indignant were it supposed that such an arrant puff originated with him. We agree with you that "the skillfully and successfully-performed operation" thus reported of a private patient in the lay public press is in bad taste; but, from what we know of Sir Henry Thompson, we are certain he would not be a party to such publication. It is another of the many illustrations which suggest deliverance "from our friends."

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This evening (Wednesday), at 7.30 o'clock Council Meeting.—8 o'clock, Dr. Charleswood Turner will show a Heart of Two Cavities.—Mr. T. McCarthy, "On Cases of Fracture of the Skull."

CLINICAL SOCIETY OF LONDON.—Annual General Meeting, Friday, Jan. 12th, at 8.30 p.m., Report of Council; Election of Officers and Council, 1887.—Dr. Coxwell, "On the Case of a Child with Symptoms resembling those of Myxœdema."—Dr. Davies-Coiley, "On a Case of Enormous Enlargement of the Lower Lip caused by Operation."—Dr. Southey, "On Tacheté and Symmetrical Gangrene."

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 p.m., Specimens will be shown.—Mr. Knowsley Thornton, "On a Case of Extirpation of Uterus and Appendages for Epithelioma of the Cavity."—Mr. W. S. A. Griffith, "On Notes of a Specimen of Ante-

flexion of the Uterus."—Mr. C. E. Jennings, "On Transfusion."—Dr. Galabin, "On Notes of Two Cases of Transfusion of Blood."

ROYAL MICROSCOPICAL SOCIETY.—This evening (Wednesday), at 8 p.m., Mr. A. D. Michael, "On Notes on the Anatomy of the Oribatida."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Thursday, Jan. 11th, at 8.30 p.m., Mr. Priestley Smith, "On the Growth of the Crystalline Lens."—Mr. David Lees, "On a Case of Paralysis of Third Nerve in a Child."—Dr. Abercrombie, "On a Case of Paralysis of Sixth Nerve in a Child."—Dr. Hughlings-Jackson, "On the Movements of the Eyes in a Case of Ear Disease."—Dr. E. Maddox (communicated by Dr. Greenfield), "On a New Method of Determining the Relation between Convergence and Accommodation."—Mr. Rockliffe, "On a Case of Epithelial Tumour growing from a Hair in the Anterior Chamber."—Living Specimens at 8 o'clock.

EDINBURGH OBSTETRICAL SOCIETY.—This (Wednesday) evening, at 8 p.m., the following papers will be read:—Dr. J. Halliday Croom, "Observations on the Bladder during the Puerperium."—Dr. A. D. L. Napier, "Umbilical Cord round Child's Neck as a Cause of Delayed Labour, and sometimes a Cause of Death."—Professor Simpson, "Case of Basilius."

Vacancies.

Bromyard Union.—Workhouse Medical Officer. Applications to be sent to the Clerk on or before Jan. 22nd.

Bromyard Union.—District Medical Officer. Salary, £105, with fees extra. Applications to be sent to the Clerk on or before Jan. 22nd.

Chorlton Union.—Assistant to the Resident Medical Officer. Salary, £120, with furnished apartments, &c. Applications to be sent to the Clerk to the Guardians not later than Jan. 24th.

Leicester Infirmary and Fever House.—House Surgeon. Salary, £120 for the first year, rising at the rate of £10 per annum until the fourth year, with board, &c. Applications to be addressed to the Secretary on or before Jan. 15th.

London Lock Hospital.—House Surgeon. Salary, £50, with board and residence. Applications to be sent to the Secretary on or before Jan. 23rd.

Appointments.

BEEVOR, H., M.R.C.S., Assistant House Physician to King's College Hospital.

EDWARDS, A. R., M.R.C.S., House Surgeon to King's College Hospital. KERSHAW, H., L.R.C.P. Ed., M.R.C.S., Resident Medical Officer to the Leeds Public Dispensary.

MAQUIRE, R., M.D. Lond., Pathological Registrar to the Manchester Royal Infirmary.

MCGILL, A. F., F.R.C.S., Honorary Assistant Surgeon to the Leeds General Infirmary.

MOODY, J. M., L.R.C.P. Ed., M.R.C.S., Medical Superintendent of the Additional Asylum for the County of Surrey, Coulsdon.

PORTER, G. D., M.R.C.S., Assistant House Surgeon to King's College Hospital.

ROBSON, A. W. M., F.R.C.S., Honorary Assistant Surgeon to the Leeds General Infirmary.

SERJEANT, G., M.R.C.S., Medical Officer for the Sixth District and the Workhouse of the Launceston Union.

STEVENS, B. L., M.R.C.S., House Accoucheur to King's College Hospital.

TYNAM, R. G., M.R.C.S., House Surgeon to King's College Hospital.

WEST, J. A., M.R.C.S., House Surgeon to the North-Eastern Hospital for Children.

YOUNG, A. H., F.R.C.S. Eng., M.B. Edin., Medical and Surgical Registrar to the Manchester Royal Infirmary.

Births.

ADAM.—Jan. 4th, at Crichton House, Dumfries, N.B., the wife of James Adam, M.D., of a daughter.

BERRY.—Jan. 5th, at Appleton Cottage, Great George Street, Wigan, the wife of Wm. Berry, M.R.C.S. Eng. and L.R.C.P. & S. Ed., of a son.

LENTAIGNE.—Dec. 31st, at 29 Westland Row, Dublin, the wife of John V. Lentaigne, B.A., T.C.D., L.K.Q.C.P., of a daughter.

MOIR.—Jan. 3rd, at Nevis Bank, Fort William, N.B., the wife of W. Brown Moir, M.D., C.M., L.R.C.S. Ed., of a son.

ROBSON.—Dec. 31st, at 20 South Street, Durham, the wife of E. Shedden Robson, B.A., M.R.C.S.E., of a daughter.

Deaths.

BARRATT.—Dec. 26th, at Ditchling Rise, late of Brighton, Arthur Newton Barratt, L.R.C.P. Ed., aged 42.

BIRT.—Jan. 4th, at Grove House, Leamington, Thomas Birt, M.D., aged 69.

CORNFOOT.—Dec. 26th, at Leven, Fife, N.B., James Cornfoot, M.D., late H.M.I.S., aged 78.

DAVISON.—Dec. 27th, at Hastings Cottage, Seaton Delaval, Northumberland, Anthony Davison, L.R.C.S. Ed.

EDWARDS.—Dec. 27th, at Hounslow, William Whitfield Edwards, M.D. Brux., M.R.C.S. Eng., son of Thomas Edwards, F.R.C.S. Eng., of Glascoed, Llanarthfrid, Montgomeryshire.

NICHOLS.—Jan. 1st, at the South Dublin Union, James's Street, Dr. John Moore Nichols, Resident Medical Officer, aged 85.

OTLEY.—Dec. 31st, at Ladbroke Grove, W., Drewry Otley, M.D., M.R.C.P., aged 79.

SNELL.—Jan. 2nd, at Cazenove Road, Stamford Hill, Edward Snell, M.R.C.S., aged 70.

VAUDIN.—Jan. 1st, suddenly, at Beaulieu, St. Peter's, Jersey, Charles Vaudin, Esq., M.R.C.S., aged 63.

WILSON.—Dec. 29th, at Redlands Bank, Holmwood, Surrey, James Arthur Wilson, M.D., at Consulting Physician to St. George's Hospital, aged 88.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1883.

CONTENTS.

	PAGE	PAGE
ORIGINAL COMMUNICATIONS.		
The Lettsomian Lectures on the Treatment of Some of the Forms of Valvular Disease of the Heart. By A. Ernest Sansom, M.D., F.R.C.P. Lond., Physician to the London Hospital, Senior Physician to the North-Eastern Hospital for Children.—Lecture I.—Endocarditis	45	
Rupture of the Urinary Bladder. By Walter Rivington, F.R.C.S. Eng., Surgeon to the London Hospital	48	
The Electrical Treatment of Enlarged Glands. By Hercules H. MacDonnell, M.D. M.Ch., B.A. Univ. Dub., Surgeon to County Louth Infirmary, &c.	50	
An Essay upon Hip-joint Disease. By S. D. Clippingdale, M.D., F.R.C.S.	51	
SPECIAL.		
Cholera and Dirt	52	
The Royal Medical Benevolent College ..	53	
TRANSACTIONS OF SOCIETIES.		
CLINICAL SOCIETY OF LONDON—		
Supposed Myxodema	54	
Case of Enormous Enlargement of the Lower Lip, cured by Operation	54	
Case of Transpatellar Excision of the Knee	54	
OBSTETRICAL SOCIETY OF EDINBURGH—		
Some Observations on the Bladder during the Early Puerperium	55	
Umbilical Cord round Child's Neck as a Cause of Delayed Labour, and Cause of Infantile Death	55	
Case of Bestiality	56	
LEADING ARTICLES.		
TRANSFUSION	58	
PASTEUR AND KOCH	57	
NOTES ON CURRENT TOPICS.		
Clinical Society of London	58	
Hospital Administration Charges	58	
Last Year's Medical Publications	59	
Royal Commission on Irish Prisons	59	
Glanders	59	
Massage as Practised by Barbarians	59	
Suicide of a Surgeon	60	
Medical Wills	60	
The Certificate Regulations of the Irish College of Surgeons	60	
Royal College of Surgeons' Museum	60	
The Royal Irish University	60	
The Dublin Branch of the British Medical Association	61	
Hydrophobia	61	
SCOTLAND.		
Dundee Royal Lunatic Asylum	62	
A Month's Vital Statistics	62	
Professor Grainger Stewart	63	
A Munificent Bequest	62	
Health of Edinburgh	63	
Death rate of Glasgow	63	
Fresh Outbreak of Fever at Dumfries	62	
Testimonial to Dr. Manson, of Banff	64	
Gambetta's Death	63	
Questionable Advertisements	63	
CORRESPONDENCE.		
The Prevention of Hydrophobia	63	
A Vaccination Conference	66	
Gratuitous Attendance on Servants	66	
Dispensary Medical Officers and Railway Society Patients	66	
LITERATURE		
Essentials of Vaccination	64	
Theory and Practice of Medicine	64	
NOTICES TO CORRESPONDENTS	66	

The Lettsomian Lectures

ON

THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART. (a)

By A. ERNEST SANSOM, M.D., F.R.C.P. Lond., Physician to the London Hospital; Senior Physician to the North-Eastern Hospital for Children, &c.

LECTURE I.—ENDOCARDITIS.

The Rational Bases of Treatment—Morbid Anatomy—Clinical Investigation—Origin and Progress of Endocarditis—Study of Endocarditis occurring in Children—Pathogenesis—Existing Methods of Treatment—Preventive Treatment.

In my first perplexity as to choice of a subject when I earned that this Society had done me the high honour of electing me Lettsomian Lecturer for the present year, I thought that I ought to be guided by two considerations. The first, that it behoved me to give of my very best—in other words, that I should address you on a subject upon which I had the most personal experience. Yet I well knew that my best efforts would fall far short of my desire and your desert. The second, that considering the character and traditions of this Society, I should aim at something practically useful. I am very far from decrying the labours of those who pursue science for her own sake, and I well know that many who have so done have elicited results which have eclipsed, in numberless instances, in practical usefulness the results obtained by those who might, from their mode of procedure, be deemed more practical men. But I dared not take a narrow path in mere hope. So I thought it best to review a subject which presents itself frequently as a therapeutic problem to everyone who is daily occupied in the practice of medicine, and I chose the affections which my title indicates, because for many years my thoughts have turned towards them. It seemed to me that it might fulfil a useful purpose if I reviewed our extant knowledge as to the Treatment of Valvular Diseases of the Heart, compared these with the results of my own experi-

ence, and made, perhaps, a few suggestions as to progress towards precision in the future.

Then, as to the point of view whence I could review the subject, I felt some doubt. I could proceed from the therapeutic agent to the disease, or from the disease to the agent. Here, with all my difficulty as to how to perform my task, I could not hesitate as to how *not* to do it. I would by no means enunciate a therapeutic dogma, crystallize it into a phrase, and marshal the facts in such wise as they should support it, and if they refused, so much the worse for the facts. Apart from the consideration that such dicta as "similia similibus curantur," "contraria contrariis," &c., present to my mind some of the most pernicious of hasty generalisations of our day, is the one consideration that such therapeutic dogmas are based on the treatment of *symptoms*, and as I shall presently show that the diseases we are about to study are oftentimes accompanied by no symptoms at all, so the practical application of the dogma becomes an impossibility, and its universality an absurdity.

For many reasons I thought best to consider the phenomena of disease first, and our treatment of them subsequently. My plan then, will be to consider very briefly the basis on which I believe our therapeutics ought to rest. These are, in my opinion (1) the teachings of morbid anatomy; (2) clinical observation of disease-processes and their correlations, Then I propose to review (3) the lessons of the past as to treatment, and (4) to adduce towards the elucidation of the various problems the arguments from analogy afforded by experimental investigation—a mode of inquiry rendered difficult, alas, by the stumbling-blocks which a false sentimentalism has placed in our way.

First then, I will consider the teaching of morbid anatomy as to lesions of the valves of the heart. You will understand that I shall do this very briefly, for my object is merely to note them in so far as they may afford a guide to treatment, and when I speak apparently dogmatically I do not make an assertion "ex cathedra," but in the spirit of an inquirer after truth.

We will first consider the disease which most commonly affects the valvular apparatus of the heart and the adjacent endocardium in the disease known as *endocarditis*. In briefly reviewing its morbid anatomy much will remain unsaid, but I shall treat it first from the standpoint of mere observation, leaving all speculative questions. I would classify the first changes in the endocardium, which I shall notice as *exudative*. The curtains or cusps of the valves

(a) Delivered before the Medical Society of London, January 8th.

may be seen to be slightly swollen and the endocardium to contrast by its dulness with the healthy portions adjacent. But the changes are most noticeable at the free edges of the valves, where may be seen isolated or agglomerated bead-like processes. Upon such processes may be seen sometimes little caps of fibrine. A thin section of a valve thus affected is seen under the microscope to differ from healthy valve structure in that its cellular elements are more numerous, and especially towards the free edge are closely aggregated. I wish to insist on the fact that in a valve so affected, even the portions which seem to the naked eye unaffected are really infiltrated with cells. Only the aggregation is greater at the free edge. And here often the aggregated cells form little, very slight, concavities on which rest little caps of fibrine. The bead-like eminences observed by the naked eye are then, according to my view, indications of a more widely spread inflammatory change in the valve than might be at first suspected. My friend and colleague, Dr. Turner, will show some specimens illustrating this point. It is scarcely encroaching on speculation if we conclude that this is the recent, the early stage of endocarditis. In looking over the records of sixty-eight post-mortems of cases of valvular disease at the London Hospital, I find that this stage of recent inflammatory change with exudation was observed in nine, or about 13 per cent. The aortic cusps were affected in five, the mitral in three cases. In one case mitral aortic and tricuspid were affected. In another, mitral aortic, tricuspid, and pulmonic. In one case the tricuspid alone was thus diseased. In such early stages of endocarditis emboli were noted in two cases; in one in the kidney, in the other in a branch of the pulmonary artery.

The second form of endocarditis, or properly speaking valvulitis, to which I shall call attention is, that which I would term the sclerous or fibrotic form. Here the valve, and it is the mitral which is affected in by far the greatest frequency, is thickened; but the thickening is not due to swelling of the soft tissue. It is felt to be hard and firm. The endocardium of the auricle near to the valve is found to be dense and white. The valve-curtains, and often the cords and fleshy columns are more or less rigid. A patch of the endocardium lining the left ventricle and leading up towards the aortic cusps is sometimes also found white and thick, and the aortic valves themselves may be seen to have undergone similar changes. In this form microscopic investigation shows that there is a gradual fibrous transformation of the neoplasm resulting in the production of a quasi-cicatricial tissue. In some cases the thickening is such that the structure resembles cartilage. In fact, Dr. Wilks has found well-marked cartilage in such a thickened mitral, (a) or degeneration continuing, calcareous change may take place, and the valve, &c., become of bony hardness.

It is evident that this may be considered the chronic form of endocarditis. It was met with in one-fourth of the post-mortems in cases of heart disease which I have mentioned. The effects produced upon the mitral and aortic orifices will be treated of in future lectures. In this class of cases vegetations were observed in the proportion of 7 instances in 20 cases; on the mitral and adjacent auricle in 2 cases; the aortic in 2; the tricuspid, 3; the aortic, mitral, and tricuspid as well as in the auricle in one case. Infarcts were noticed in branches of the pulmonary artery (5 cases), spleen (5), kidneys (2), brain (1), retinal artery (1), intestine (1).

A third form of endocarditis, which I think of practical importance to distinguish, is that which is secondary to aortitis (atheroma). In this form it is the aortic valves which are affected in a large majority of instances. Patches of soft flabby swelling may be seen in the lining membrane of the aorta close to the aortic cusps, involving them in the change, and perhaps causing the inversion of one or more. Or yellowish patches may be observed, in some cases covered by a soft pulpy material, the blood, perhaps, forcing its way in some softened spot between or within the arterial coats. Or the coat of the aorta may be hard and thick, the thickening being of cartilaginous consistence; and in such thickening of the cusps of the valve may be involved. Or in like situation, and with like deformity of valves there may be a bony or stony hardness—a calcareous change. The evidence obtained by microscopical investigation is to the effect that, in the swollen soft patches are abundant exuda-

tive-cells with hyaline or slightly fibrillar matrix. These occur partly as swellings of the internal coat, but Dr. Wilks has observed them in all the coats of the vessel. The yellow patches show fat granules, and sometimes cholesterol crystals: there is evidently a fatty degeneration of the inflammatory neoplasm. In the fibrous or semi-cartilaginous variety there is more fibrillation and fewer cells, and in the hard and bony form there is a deposit of earthy salt in the interstices of the fibrous tissue. In this category came 27 of the 68 autopsies of heart disease which I have recorded. What I may term the soft stage was observed in 8 instances; fibrous thickening in 7; calcareous change in 5. The mitral valve was also thickened or atheromatous in 7 cases, the tricuspid in 2. In one case where there was calcareous transformation, ulceration of one cusp of the aortic valve was also observed. Infarcts were discovered in 3 cases—less commonly, it will be observed, than in the other forms of valvulitis—in the kidneys in one case, in spleen and kidneys in another, and in the middle cerebral artery in a third.

The fourth and last form of endocarditis, as demonstrated by post-mortem examination, to which I shall call attention is that termed ulcerative endocarditis. Swollen and flat portions of the endocardium of the valve may be seen to present here and there a yellowish or greyish discoloration, and to be covered by a finely granular debris. The superficial endocardium in such situations has become necrosed. Through such breach blood may find its way, and, extending between the layers constituting the valve, may form an aneurism thereof. Or the ulceration extending through both layers the valve may be perforated. More commonly, a considerable portion of the valve is eroded, and upon the eroded surface fibrine is deposited in the form of single or multiple vegetations. The finger readily detaches these vegetations, and the surface below them is found to be covered by a friable material. Such a specimen from a recent case under my care I now show you. Microscopic examination has demonstrated, in a very large number of cases, the presence on the ulcerated surface, and in the layers of the valve, of aggregated micrococci. Dr. Stephen Mackenzie exhibits here a specimen which shows these exceedingly well. In this form of valvulitis embolism is the rule, and such emboli are sometimes infective—that is, they may lead to suppuration, and the points whereat they lodge on may be causes of septicæmia. In the autopsies which I have taken as illustrative, ulceration was observed in 6, the ulceration affected the aortic valve in 3 cases, the mitral in 2, and both aortic and mitral in 1 case. Infarcts were observed in 5 out of the 6 cases, the exception being in a case included under the category of atheroma, where one of the aortic cusps was destroyed by ulceration, the others being thick and calcareous. The infarcts were found in the spleen in three cases, the spleen and middle cerebral artery in one case, the spleen, the middle cerebral artery and kidneys in one case.

II. *The Rise and Progress of Endocarditis as Evidenced by Clinical Observation.*—The fact which stands out pre-eminently in this connection is the association with rheumatism, acute and sub-acute. This association has been noticed ever since adequate means have existed for the detection of morbid changes in the valves of the heart; to Bouillau must be ascribed the merit of calling attention to it. It is now a matter of common experience with each of us who have to treat cases of rheumatic fever. We know that in any case of this disease there is a strong probability of endocarditis becoming manifest by a change in the valves of the heart. Discrepancies exist as to the proportion in which valvular complications are declared in acute rheumatism, but those are probably susceptible of some explanation. Amongst English observers (Fuller, Sibson, Budd, Latham, &c.), the figures approximate tolerably closely, and indicate that, in acute rheumatism endocarditis becomes manifest in one out of every two or three cases. (a) Continental observers have recorded a less proclivity, the figures of Bamberger, Lebert, Wunderlich, and Roth showing a proportion of one in five to eight cases. (b) The statistics collected for me by Dr. Gabbett from the records of the London Hospital show that in 1880, 113 cases of valvular complications were noted in 244 cases of rheumatic fever—a proportion of 46.3 per cent., and in 1881 170 in 295, or 60.6 per cent. The increasing proclivity to valvular com-

(a) "Pathological Anatomy," by Wilks and Moxon. Second edition, p. 184.

(a) Cf. Hayden, "Diseases of Heart and Aorta," p. 304, et seq. Dublin: Fannin. London: Churchill, 1875.

(b) Rosensten in Ziemssen's Cyclopædia, vol. vi., p. 85.

phlogions with repeated attacks of rheumatic fever is well shown by the table for 1880.

Thus, in cases of a first attack of rheumatic fever valvular changes were evidenced in 44 per cent. In cases admitted for a second attack of rheumatic fever the proportion was 48·5 per cent.

In those who had suffered from two or more previous attacks the proportion was 59·0 per cent. Or to modify the plan of operation the heart was noted as healthy in cases of a first attack of rheumatic fever in 50 per cent., in cases of a second attack 40 per cent., and after two or more attacks in 20 per cent. These statistics are somewhat modified by the experience of 1881, when the valvular morbidity was in the first attack slightly reduced (viz., 41·8 per cent.), whilst in the second attack it had greatly risen (viz., 70·8 per cent.), and after two or more attacks stood at about the same ratio (67·1 per cent.). The record of "healthy heart" was in the ratio of 37·1, 19, and 22·8 per cent. in the three classes respectively.

We may now inquire by what signs the advent of endocarditis in the course of acute rheumatism is declared? I exclude those cases which are complicated by pericarditis because those are out of the scope of my subject. First, as regards symptoms; these according to the experience of many, with which my own observations are entirely in accord, are by no means characteristic. Oftentimes there is absolutely no subjective sign which might give rise to the suspicion that the lining membrane of the heart is becoming involved in a serious disease. The course of the rheumatic fever appears to be modified in no appreciable degree. I am aware that some observers have laid greater stress on the prevalence of such subjective signs. The late Dr. Sibson, for instance, states that in nearly every one of his cases developing heart complications in acute rheumatism, the inflammation "pronounced itself by the immediate language of the heart itself, by pain in its region, by the anxious expression of the face, and its dusky or glazed hue, and by the disturbed breathing." (a) To this point I shall return hereafter.

Next as to the physical signs by which the endocardial implication is indicated or rendered probable. I believe the most frequent sign to be a prolongation of the first sound of the heart. Sir William Gull and Dr. Sutton have noted this sign. They say: "such a prolonged first sound not unfrequently in the course of a few days becomes a well-marked mitral bruit . . . it also occasionally happens that this first sound is prolonged at the apex and continues so until the patient is almost, if not actually, convalescent, and then this prolonged sound becomes a decided mitral murmur." (b) Dr. Sibson made a similar observation, prolongation of the first sound as stated by him in 18 out of 22 cases of threatened rheumatic endocarditis. (c) My own view as to the significance of this sign is, that it is due to an impairment of the valvular element of the first sound. The curtains of the valve being swollen the flap of their closure is rendered less manifest, the ear consequently perceives for the most part the muscular element of the systolic sound. The period of the disease at which the manifestation of the involvement of the endocardium occurs, is an important, though a debatable question. Hayden placed it from the sixth to the ninth day of the attack of acute rheumatism. (d) Fuller from the sixth to the twentieth day. Gull and Sutton say, however, "experience teaches that the heart becomes diseased at the very outset of the rheumatic fever, before the patients enter the hospital;" (e) and Sibson was in accord with this observation. "The prolongation of the first sound when present was generally audible on the first day." I consider that though the prolongation or murmurish character of the first sound may be heard at variable periods of the evolution of rheumatic fever it is very common to find it, as the observers last quoted have said, at the very earliest periods of evolution of the disease. I shall again ask attention to the importance of this observation. But even though a distinct mitral murmur be noted this must not be taken as decisive evidence of disease of the valves, for it may be due to regurgitation from passive yielding of the ventricular

muscle. This we shall consider in the lecture on Mitral Regurgitation.

A prolongation of the first sound or the production of a veritable systolic murmur does not, however, constitute the only sign of involvement of the endocardium in disease. To one sign I wish to call particular attention, chiefly because I want more evidence on this point. I have observed as an early sign re-duplication of the first or of the second sound of the heart; and, so far as my experience has gone, where I have observed this sign the resulting change upon this valve has induced not mitral regurgitation but mitral stenosis. I have formerly, before this Society, developed my views as to the manner by which such reduplication is effected. (a) And, again, the change may be noted exceptionally in the aorta and not in the mitral valve. I have now under my care a case in which, during the evolution of rheumatic fever, a musical diastolic murmur became manifest at the base of the heart. My view is that such murmur is caused by the vibration of a pedunculated vegetation depending from an aortic cusps.

The next inquiry I would make is whether there is any causal relation between the pyrexia of rheumatic fever and the occurrence of endocarditis? Wunderlich says: "Cardiac complications are by no means excluded by the absence of fever." (b) My own experience is entirely in accord with this statement. Again, cases of rheumatic fever which manifest hyperpyretic temperatures are not accompanied by an abnormal proportion of valvular implications. In fact, the Report of the Investigation Committee of the Clinical Society on Hyperpyrexia in Acute Rheumatism states that endocarditis was a little less frequent in the cases than in rheumatic fever generally. (c) The conclusion, therefore, is irresistible that there is no relation of causation between pyrexia and endocarditis.

Some authors have considered that there is a relation between the severity of an attack of rheumatism, the extent of the polyarthritis, and the development of valvular disease. I can only say that such is not my experience. This will engage our attention immediately.

Let us now inquire concerning those cases of endocarditis which are not associated with a history of acute or sub-acute rheumatism. These may conveniently, for purposes of investigation, be divided into two classes—(1) those which are observed in early life, (2) those which develop after maturity. In the latter class are those cases of gradual onset which involve the aortic orifice and sometimes the mitral, which are traceable to sub-inflammatory changes at the root of the aorta, and degeneration subsequently. In these cases the endocarditis and valvulitis are consecutive—they have no necessary connection with rheumatism, and their consideration may be conveniently deferred.

The study of endocarditis as it occurs in the early periods of life is, however, at the point at which our investigation has hitherto been advanced a matter of very great importance. Every practitioner is familiar with the fact that cases of disease of the valves present themselves which have shown evidence of such disease for many years, from very early periods of the life of the patient; and yet inquiry fails to elicit that the subject of such disease has ever suffered from rheumatism in any form. It is surely a matter of importance, therefore, that we should endeavour to learn how such disease originates in the period of childhood.

I have elsewhere discussed this question at some length (d) and I shall here only call your attention to a summary of such points as I think are absolutely necessary to bear in mind, when we are considering endocarditis with a view to treatment. I may, however, cite some evidence supplementary to my former lectures derived from a summary of more recent cases prepared for me by Mr. J. A. West our house-surgeon, and formerly our registrar at the North-Eastern Hospital for Children. In acute and subacute rheumatism in the child it has been considered by West, Rillet, and Barthez, and others, that the proneness to endocarditis is greater than in the adult. Rosenstein (e) has combated this view; he considers

(a) Address in Medicine, *British Medical Journal*, Aug. 18, 1870, p. 161.

(b) *Medical Chirurgical "Transactions,"* 1869, p. 82.

(c) *Loc. cit.*, p. 102.

(d) "Diseases of the Heart and Aorta," p. 799.

(e) *Medical Chirurgical "Transactions,"* *Loc. cit.*, p. 80, *British Medical Journal*, *Loc. cit.*, p. 162.

(a) "Proceedings of the Medical Society of London," vol. v.

(b) "Medical Thermometry." New Bydenham Society's *Tranactions*, p. 390.

(c) *British Medical Journal*, June 3rd, 1882, p. 807.

(d) *Clinical Lectures on Diseases of the Heart in Children.* *Medical Times and Gazette*, 1879.

(e) *Ziemssen's Cyclopædia*, vol. vi., p. 85.

"the disposition to endocardial affections on the whole smaller in children than after puberty." My experience entirely coincides with that of Dr. West, and is against Rosenstein, whose only recorded argument is that "he has repeatedly seen cases of rheumatism even in children, which were not followed by endocarditis. Typical rheumatic fever is much less common in the child than in the adult, the articular manifestations are slighter, but I consider the morbidity of the endocardium to be greater. Of thirty-two cases of acute and subacute rheumatism occurring in children under twelve years of age admitted into the North-Eastern Hospital during the past three years, twenty, or 62 per cent. presented signs of endocardial affection. The development of endocarditis, however, in the child has not so close a relation with the other phenomena of rheumatic fever as in the adult. It may precede, or may succeed, even after long periods, the attack. We meet with cases of endocarditis in children by no means infrequently where the manifestations of rheumatism are very slight. There may be no history such as one could interpret as of subacute rheumatism, but only very slight pains often designated "growing pain." Such has been noted by me in the following proportions in the three classes of cases: *a.* acute rheumatism, 47 cases; *b.* subacute rheumatism, 21 cases; *c.* rheumatoid pain, 8 cases.

Again the manifestation, or rather indication, of rheumatism may be even slighter still. I have noted endocarditis in cases where eruptions have been the only signs (if so they be admitted) of the rheumatic diathesis. Such eruptions are *eczema*, *erythema* (*e. circinatus* or *e. marginatum* and *purpura*. (*a*)

But there are other diseases besides rheumatism in the child with which endocarditis stands in close relation. These are chiefly scarlatina and measles. In relation with scarlatina endocarditis may occur either with or without the intervention of articular symptoms. Post-scarlatinal rheumatism is well known and bears a close similarity to ordinary rheumatic fever; associated endocarditis is, therefore, rendered probable. But I have shown from recorded cases that such endocarditis may become manifest after scarlatina, not only without the intervention of articular phenomena, but long after the period of fever has passed, and during a time when there is no elevation of the temperature of the body, no pyrexia whatever. (*b*)

Again there is evident proof that endocarditis can arise in close relation with measles. I have recorded a case in which both pericarditis and endocarditis occurred a fortnight after the commencement of convalescence from measles. At this time a perilous attack of chorea developed. There was here no obvious manifestation of rheumatism, nor hereditary tendency thereto. It appears to me that the influence of measles in predisposing to endocarditis has been much underrated. And *à fortiori*, the frequent sequence of these diseases as observed in children becomes an agency, and that, as I think very probable not only to the endocardial disease, but to acute rheumatism itself. To take examples:—

1. Scarlet fever, measles and subacute rheumatism in one year, mitral regurgitation.

2. Scarlet fever at age of two; second attack at eight, followed by measles and rheumatoid pains. Mitral regurgitation.

3. Measles at age of two, scarlet fever at three. Mitral regurgitation and aorta obstruction.

In nine other cases in which measles was noted in the previous history of cases manifesting endocardial murmurs, acute and sub-acute rheumatism were manifested in four.

After measles, just as after scarlatina, endocarditis, or pericarditis, or both combined, may develop with no signs of pyrexia.

Excluding all these probable causes, however, there yet remains a very considerable minority of cases of endocarditis in children in whom no traceable disease has led up to the valve deterioration. The condition is only betrayed by various morbid conditions, the results or concomitants of the valvular disease. I have noted twenty-seven of such cases. They have been marked by (*a*) disorders of the nervous system—hemiplegia, hemianæsthesia, epilepsy, chorea; (*b*) disorders of nutrition—wasting, anæmia, &c.; (*c*) disorders of respiration—circulation, cough, dyspnoea, or the usual phenomena of progressive cardiac failure.

Sufficient is this evidence to prove, I think, that in the child endocarditis can arise and progress without special symptoms, without pyrexia, without the disturbing influence of any acute disease. It may be asked, however, whether the form of endocarditis in such cases differs in any way from that which we know as the rheumatic form. The answer is given by the post-mortem evidence. There is no obvious difference from the essential features of rheumatic endocarditis, such as we find in the undoubtedly rheumatic subject.

(To be continued.)

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.,
Surgeon to the London Hospital.

PART II.—Reported Cases of Recovery—Treatment—Conclusion.

(Continued from page 29.)

EXACTLY the same defect helps to vitiate Dr. McDougall's second case. J. B., a temperate waggon driver, æt. 23, was knocked down by one of his horses and run over. One wheel ran over the lower part of his abdomen, the other over his right arm, causing a comminuted fracture of the humerus. "He was taken to a bone-setter, who reduced and treated the fracture, then placed in a cart, and driven a somewhat long distance to his home. Just before reaching it, and after an interval of fully three hours from the receipt of his accident, he was seized with pain in the belly. With this came urgent and intense desire to make water, but all attempts to do so failed. Many miles removed from medical assistance, and feeling sick and weary, he retired to rest, and *strangely enough he slept fairly well during the night.* With morning, however, came an aggravation of all his symptoms, and he sought the advice of Dr. Robertson, of Penrith. He, learning from him the total inability to pass urine, used a catheter, but only succeeded in removing four ounces. This was quite twenty hours after the last time he made water, and what he withdrew was deeply tinged with blood. The serious nature of the case was but too apparent, and he recommended his admission to the Infirmary. Bland entered the ward while I was making the morning visit, and so freely and apparently easily did he walk that I never suspected that his condition was so serious. What of his history I have now told he then related, and he was immediately sent to bed." In this preamble it will be noted that there is a striking absence of all the primary conditions but one which are associated with a rupture of the bladder into the peritoneal cavity. There had been a severe contusion in the hypogastric region, but nothing whatever is said concerning the state of the bladder. Although sober, the man did not experience, as he should have done, a feeling of something having given way within the abdomen, nor was there any pain for three hours after the injury. There was no shock or collapse, no inability to walk or stand upright, and the man passed a good night, apparently free from pain and restlessness. The next day he walked with freedom and ease, and exhibited little indication of so grave a lesion. The symptoms which pointed in the direction of injury to the bladder were the inability of the patient to micturate, and the removal of only four ounces of bloody urine after the lapse of twenty hours. The further points which, combined with the history, left little doubt in Dr. McDougall's mind that the bladder had been ruptured, were these: "The patient had a pinched, anxious expression of countenance, and marked nervous twitching of the muscles of the face. Examination of the abdomen showed percussion dullness absolute in the right iliac region, the hypogastric region, part of the umbilical region, and in a less marked degree in the left iliac region. The lightest touch gave him pain; pressure he could not bear. A full-sized catheter

(a) Vide Lectures on Diseases of the Heart in Childhood. *Medical Times and Gazette*, Dec. 27, 1879, p. 711.

(b) Lectures in *Medical Times and Gazette*, loc. cit., Oct. 26, 1879, p. 472.

with a short curve was carefully introduced, and about one ounce of bloody urine withdrawn." Here again the main prop to the diagnosis is the removal of only one ounce of bloody urine. Demonstration of the rupture succeeds. "That the matter might be rendered if possible more certain, the patient was put under chloroform, and passing my left hand into the rectum well beyond the prostate, with a short-beaked catheter in the bladder, the empty and contracted condition of the viscus was readily demonstrated. In order to remove the urine effused into the peritoneal cavity, a No. 2 aspirator needle was introduced in the centre line an inch above the pubes. Bloody urine escaped slowly through it, and when nearly five ounces had been withdrawn, the instrument, partly due to the consistence of the fluid, partly to some fault in the suction apparatus, struck work. A few hours later the largest sized trocar of the aspirator was introduced obliquely downwards and backwards close above the pubes; the aspirator fixed, and twenty-one ounces of fluid (urine?) were withdrawn. As it flowed the man expressed relief, and ere the operation was finished, his pulse, which had previously been depressed and irregular, became sharper and more steady. All abdominal dulness had now disappeared, and the acute tenderness was even less." Prior to the tapping, the patient showed "very evident signs of abdominal inflammation" and some "symptoms suspiciously indicative of uræmia." Vomiting, which had occurred for the first time shortly after the first use of the aspirator, had rendered the pain more severe and the vital depression greater. A catheter was retained, and the urine, still containing much blood, passed freely from it, except on the evening of the second day, when Mr. Spence, the house surgeon, "fearing that the urine was again finding its way into the peritoneum, used the aspirator, and withdrew several ounces of sanguineous fluid. The removal of this, which examination proved to be largely sero-purulent, was followed by benefit, for in a short time the urine again passed guttatim by the catheter." The main constitutional symptoms were jaundice and delirium, the jaundice appearing on the third day, and the delirium on the fourth. The abdomen was tympanitic. At the end of the seventh day the patient passed nearly a pint of clear urine during an effort of defecation. The case lasted altogether for a month, a fluctuating temperature, nocturnal delirium, a tympanitic condition of the abdomen, perceptible dulness on percussion, in the hypogastric region, and diarrhoea being the main symptoms recorded.

In this case all the abdominal symptoms, with the exception of the vesical, are readily accounted for by the injury sustained from the passage of a cart wheel over the belly, and the diagnosis of rupture of the bladder into the peritoneal cavity rests upon the inability to micturate, the presence of blood in the urine, the small amount of urine drawn off with the catheter, and upon the results of manual examination and the use of the aspirator. Are these circumstances conclusive? I think not by any means. An intra-peritoneal rupture is negatived by the whole history of the symptoms immediately following the accident, and the subsequent examination of the case. Accordingly, Dr. Max Bartels carefully excludes the case from the category of intra peritoneal ruptures, but seems willing to admit that it may have been an extra-peritoneal rupture, a view which is adopted also by Dr. Vincent. If so, the urine must have been freely extravasated into the connective tissue in front of the bladder, and it must be concluded that the aspirator sufficed to remove all of it, and to prevent the inflammation and suppuration which ordinarily supervene when urine has been effused. This difficulty appears to me to be greater than the difficulty of supposing that Dr. McDougall might possibly have been mistaken in his conclusion that the bladder was empty. Mr. Walsham (a) says that with

the whole hand in the rectum, "the bladder is easily recognised when moderately distended, as a soft, fluctuating tumour behind the prostate; when empty, it cannot be distinguished from the intestines, which then descend between the rectum and the pubes." Dr. McDougall says that he introduced his left hand into the rectum well beyond the prostate, with a short-beaked catheter in the bladder, and readily demonstrated the empty contracted condition of the viscus, but, in commenting on the case, he observes: "Even with great part of my hand in the rectum, it was with difficulty that I could reach the upper border of the contracted bladder, and I certainly quite failed to detect such evident fluctuation as would have warranted the plunging in of a trocar." This dubious account renders it probable that there was some unusual condition of parts produced by the accident, and I would suggest that the bladder sustained a contusion during the passage of the cart wheel; that possibly the pubo-vesical ligaments were ruptured, and the bladder pushed backwards, blood being extravasated between the viscus and the pubes; and that the amount of secretion was much diminished by the injury. The inability to micturate, the blood in the urine, and the fact that a short beaked catheter failed to remove the main bulk of the urine secreted after the accident, would be explained, and the conclusion would follow that the aspirator pushed deeply downwards and backwards above the os pubis, entered the organ and drew off the retained urine. It is particularly noteworthy that some hours elapsed between the first and second employment of the aspirator, time sufficient for the secretion of twenty-one ounces, and on the second occasion there is no record of an attempt at catheterism. Whether the fluid withdrawn was urine or not is not stated.

Dr. Erskine Mason's (a) case was this: M. B., 26, fell downstairs on Dec. 25th, 1871, and sustained some bruises about the face, arms, and legs. What part of the body he struck in his fall he was unable to state. The next day (Dec. 26) he was admitted into Roosevelt Hospital. He had urgent desire but inability to pass water. A No. 10 catheter, passed easily, drew off a few drops of urine streaked with blood. He complained of pains about the hips, and some tenderness over the hypogastrium. On Dec. 27th the catheter was again passed, and four ounces of urine, "with some blood," drawn off. Tenderness over the abdomen seemed to be increasing. In the afternoon an injection of ol. ric. ʒj. caused no movement of the bowels. About four o'clock he walked to the water closet, and voided a small quantity of urine. The expression of his countenance was anxious and very pale; his tongue was very much furred; he was very thirsty; his pulse was only 68 small, and his temperature was 98½. A catheter was introduced, and clear urine was drawn off. The finger in the rectum could not detect any injury to the urethra, but felt *doubtfully* a swelling posterior to and a little to the left of the prostate. The patient complained of great pain in the lumbar region. Dr. Mason could not decide whether the kidneys were injured or the bladder ruptured. Early on Dec. 28th patient was restless and thirsty, with pulse at 112, and temp. 102°. A small quantity of bloody urine was drawn off. The abdomen was hard and extremely painful. At 6.30 p.m. and 9 a.m. a little bloody urine was drawn, but some difficulty was experienced in passing the catheter. At 10 a.m., when seen by Dr. Mason, the patient was lying in bed with his knees drawn up, with great tympanitis, hicough and vomiting, excessive tenderness over the whole abdomen, small wiry pulse of 120, coated tongue, great restlessness, and cool extremities. The diagnosis now formed was rupture of the bladder and general peritonitis. Lateral lithotomy was performed. Digital examination of the rectum detected posteriorly to the prostate a decided tumour yielding a sense of fluctua-

(a) Holden's Landmarks, p. 70.

(a) New York Medical Journal, 1872.

tion. There was no laceration of the urethra or neck of the bladder around the prostate; no thickening or induration of the tissues anterior to the neck of the bladder. A large-sized staff was passed into the bladder with the greatest facility, and the bladder was laid open. *Bloody urine escaped in quantity.* Passing his finger into the bladder so as to enlarge the opening, Dr. Mason felt confident that he detected a rent in the posterior wall of the viscus, but he did not examine this opening thoroughly, as he feared he might do injury if he pursued his investigations farther in that direction. Two facts were observed—one that the interior of the bladder was sensibly cooler than the surface; the other the disappearance of the tumour felt through the rectum. The diagnosis now made was that the rupture had taken place through the posterior wall of the bladder, that the rent had extended through the peritoneal covering, and that the urine had extravasated into the pelvic cavity, but rested chiefly in the posterior *cul de sac*. Owing to venous hæmorrhage the wound was tamponed with lint for two days. On the second day it was noted, "a brown discolouration is now observed over the inguinal hypogastric and peritoneal regions and down the thighs." On the third day the parts presented a hard and indurated feeling, and the patient was bathed in profuse perspiration, having a urinous odour. On the fourth day the discolouration was fading, and there was considerable perspiration of the same strong urinous odour. The patient made a complete recovery, and was discharged cured on the thirty-seventh day after the operation.

Dr. Mason's diagnosis of intra-peritoneal rupture of the bladder has been challenged by Mr. Willett on the following grounds:—1. The absence of any evidence of direct injury to the supra-pubic region, and of distension of the viscus at the time of the injury. 2. The fact that the symptoms did not warrant a diagnosis for seventy hours when peritonitis supervened, whereas blood and urine effused into the peritoneal cavity would have excited that action at a much earlier period. 3. If Dr. Mason had felt quite sure that bloody urine had collected in the peritoneal cavity, he would not have been so fearful of exploring the rent he thought he detected in the bladder, but would have deemed it essential to make certain that he had established a vent for the effusion. 4. The improbability that in an intra-peritoneal rupture urine would find its way only into the pelvic *cul de sac*, and not invade the general cavity of the peritoneum. Mr. Willett adds, "That a laceration occurred immediately posterior to the prostate is, I think, almost certain, as also that when the effused urine encroached upon the peritoneum, local peritonitis was excited. Equally I regard it as quite clear that the patient owed his life to Dr. Mason's decisive operation, and the timely performance of it." With Mr. Willett's opinion that Dr. Mason's case was not one of rupture of the bladder into the peritoneal cavity I entirely concur; but, curiously enough, Mr. Willett does not see that the absence of evidence of a distended bladder, and of direct injury to the hypogastric region, as well as the other details, militates equally against a simple extra-peritoneal rupture immediately behind the prostate. A simple traumatic rupture in this situation is a form of lesion almost, if not quite, unparalleled and inexplicable, as occurring from a fall downstairs to an almost empty bladder. Moreover, if urine had issued from a rent in this situation, in seventy hours it would either have become widely diffused, or confined in an adventitious cyst behind the prostate. In the one case lateral cystotomy would have effected little, and in the other, unless extended deeply through the prostate and into the cyst, would have left the collection of urine untouched. Fortunately, the records of the case render it as clear as noonday that neither the one nor the other condition existed. Digital examination had established the fact that no urine was effused between the rectum and prostate, or anteriorly to the latter

organ, and that the fluctuating tumour was well behind the gland. The lateral cystotomy was performed *secundum artem*. The incision in the prostate was limited, and the finger was used to dilate the aperture, and yet the moment the knife had entered the bladder, with the apex of the prostate only notched, and even before the passage of the finger, bloody urine escaped in quantity, and the tumour disappeared. No demonstration could more convincingly have proved that the fluctuating tumour felt with the finger was the bladder itself. To the small quantity of urine drawn off by the house-surgeon, and subsequently by Dr. Mason, very little importance can be attached, for difficulty was experienced by the house-surgeon in passing the catheter, and the possibilities of false passages are infinite. As for the brown discolouration, on which Mr. Willett lays some stress, it is significant of bruising of subcutaneous tissues and blood extravasation, and the urinous odour, commonly noticeable after a lateral cystotomy, has a pervading influence readily transferable to the skin in the mind of the observer. Thus, by the process of exclusion supported by the clinical record of the case we may conclude that, if Dr. Mason felt a laceration on the posterior wall of the bladder, it was confined to the mucous, submucous, and muscular strata. A rent of this kind might readily be followed by peritoneal irritation through the close proximity of the urine to the vesical surface of the peritoneum, and Dr. Mason exercised a wise discretion when he left it unexplored.

(To be continued.)

THE ELECTRICAL TREATMENT OF ENLARGED GLANDS. (a)

By HERCULES H. MACDONNELL, M.D., M.Ch.,
B.A. Univ. Dub.

Surgeon to County Louth Infirmary and Surgeon to Her Majesty's Prison, &c.

GENTLEMEN,—I am desirous of bringing under your notice the treatment of an affection only too well known to all present, and which occasions considerable anxiety to the general practitioner when met with, not only on account of the great difficulty sometimes felt in removing it, but also the unpleasant cicatrices and other complications which result. I refer to enlarged glands, whether having an element of struma as a factor in their production or being essentially adenoid cell proliferation. The development of a gland consisting, as you are aware, of a local hyperplasia, or development of diverticula from the acinar tubules of the gland and secondary proliferation of the enclosed epithelium, any subsequent degeneration of this epithelium gives rise to caseous masses in the growth. There is frequently a fibroid capsule enveloping the entire structure, and I cannot help thinking that the rapidity of growth and infection of neighbouring glands is modified and retarded by its thickness and vitality.

There are three well-defined stages in this affection, the third of which is that of disintegration, suppuration, and its concomitant evils. My object to-day is to bring before your notice the details of a treatment which is most successful in anticipating this degeneration and guiding to a satisfactory termination this most unpleasant affection.

You are doubtless familiar with a treatment adopted by Mr. Golding Bird and termed the electrolytic caustic method. In this his object is to remove the gland by permeating it with chloride of zinc. This he effects by passing a zinc electrode into the substance of the gland, the silver electrode inlaid on the previously blistered surface. A battery with its circuit completed by a copper wire attached to both is thus formed, the exciting fluid for which is the serum of the blood, the chlorides of which are taken up and replaced by the chloride of zinc.

(a) Read before the Meath and Louth Medical Society, Dec. 22, 1882.

This treatment is most effectual, but can only be applied when caseous or other degeneration has actually occurred; therefore any well-conceived line of treatment which anticipates that stage must be welcome to all. I shall, therefore, briefly introduce to your notice the following suggestions, and gives notes of four or five cases out of many in which I have found them thoroughly satisfactory.

Having selected the gland or mass of glands you purpose treating, have the surface well cleaned and wiped over with a solution of salt. Apply the negative pole of a Leclanché battery, having two cells connected, over the most prominent part, and the positive about three inches apart; keep moving the positive reophore in a circle round the negative quite slowly, till the electrical stimulus has been sufficiently applied. Usually five to six minutes is long enough. On the first occasion two cells are enough, as it accustoms the tissues to the action. On the succeeding applications the effect of additional cells may be tried; but should there be the slightest appearance of inflammatory action, as evidenced by a bluish-white tint under the negative reophore, a couple of cells must be at once disconnected, or the application discontinued on that occasion. I have never used more than eighteen cells continued for three minutes, and have found that from eight to twelve cells give the most satisfactory and rapid results. The length of each application varies for different individuals. In some patients three or four minutes twice daily seemed to suffice; in others a longer application only once answered better. Even different glands, or masses of glands in the same individual, progressed more rapidly under varying conditions of length, strength, and frequency of application.

CASE 1.—Mr. Q. D., *æt.* 19, suffering from an enlarged sub-maxillary gland the size of a large walnut. Has resisted treatment by iodine, blistering, cod-liver oil, iron and phosphorus, &c. In Oct. 1879 began by applying once daily four cells of a Leclanché battery, gradually increasing at intervals of two days to ten cells. After the second application the gland began to diminish in size. The battery was applied twenty-five times in all, when the enlargement had totally disappeared.

CASE 2.—Mary G., *æt.* 20, had a mass of enlarged glands at angle of jaw on either side, extending up behind the ears. On Jan. 3, 1880, electricity was applied four times a week, gradually increasing the strength from two to ten cells. At the fifth application the glandular mass on the right side began to decrease, and at the seventh, that on the left. There were thirty applications in all, when only a faint enlargement could be detected on the right side. This subsequently disappeared.

CASE 3.—Catherine B., *æt.* 23, admitted to Co. Louth Infirmary on March 2, 1880. There was an enormous mass of enlarged glands on left side of neck, also a solitary one the size of half an orange on the right side. These had lasted for a year, and resisted treatment by iodine, blistering, and cod-liver oil. Four cells were applied twice daily for three days, each time for five minutes. At the sixth application diminution was perceptible, and at the end of three weeks the masses had almost disappeared. She returned home on April 1, and on the 21st there was no trace whatever of the glands.

CASE 4.—Mary McH., *æt.* 22, was admitted to Co. Louth Infirmary on April 29, 1881. The left sub-maxillary gland was enlarged to the size of a hen's egg. She had been previously treated with external applications of iodine, blistering, &c. Eight cells of a Leclanché battery were ordered to be applied three times daily for four minutes, five days subsequently increased to twelve cells. On May 8, 9, and 10, sixteen cells were applied; on the 11th, 12th, and 13th, only twelve cells; on the 14th she had two applications of twelve cells and one of eighteen cells; on the 15th and 16th, two applications of twelve cells. The tumour all this time was steadily decreasing, and she left on the 31st.

The foregoing cases are fair examples of what a steady application of the continuous current will effect in these

troublesome cases. It has struck me that fair-skinned patients bear a more heroic line of treatment better than dark ones, and re-act more quickly to the electrical stimulus. In conclusion, gentlemen, I have no doubt whatever that, if applied in the manner indicated, electricity cannot fail to give in your hands that complete satisfaction which I have experienced.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 31.)

IV.—THE MORBID ANATOMY.

THE changes in the structures of the joint produced by the disease are as follows:—

1. *The synovial membrane* may be simply congested, inflamed, torn into shreds, or entirely removed. In some cases the inflammatory process assumes the plastic form and lymph is thrown out into the cavity of the joint and bands formed across it. In other cases the inflammation becomes suppurative in its character, and pus is produced. It is probable that the synovial membrane is destroyed only in that kind of inflammation which becomes suppurative. An exception to this rule, however, is to be seen in a specimen in the museum of the Children's Hospital, (a) Ormond Street, in which ulceration is shown to have extended to the articular cartilages without the formation of pus.

2. *The articular cartilage* soon succumbs after the destruction of its investing and protecting synovial membrane. If the disease begins as a synovitis, the cartilage is gradually destroyed from its free surface, and its ulcers are concavities, with bevelled margins. If, however, the disease begins as an osteitis, pus may accumulate beneath the articular cartilage, and, being unable to pierce it, spreads under it until it escapes at a weak point. This is why we find the cartilage in some cases detached in plates. An ulcer in the cartilage is never properly repaired, but may become cicatrised by fibrous tissue, as is shown in one of Sir B. Brodie's cases. (b) The period when ulceration takes place is uncertain, and depends upon many circumstances, but I would suggest that it does so in most cases before the end of the second month.

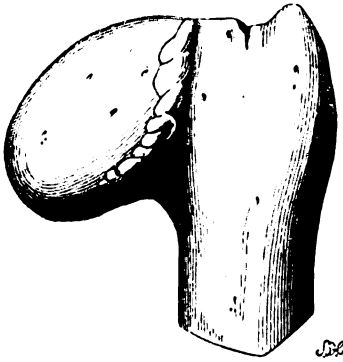
3. *The head and neck of the femur*.—In a few cases the disease commences in bone, but in the majority this tissue is involved only in the advanced stage, and subsequently to destruction of the investing cartilage. The head and neck of the femur may become altered in size, shape, position (dislocation), and in structure.

(a) *Alteration in Size*.—The head of the femur never enlarges. Whatever growth of bone takes place during ankylosis is found around the trochanter or neck, and not upon the head. The head is generally reduced in size to a greater or less extent, and in some cases altogether destroyed. The whole of the head having been removed, the ulcerative process may extend to the neck, and, reaching the trochanters, may excavate them, leaving them mere shells of bone, or may consume them. The trochanters having gone, the disease may attack the shaft of the bone, but rarely extends along it to any considerable extent. In young subjects the head of the femur may become detached at its epiphyseal junction, and, lying loose in the pus, may become partly absorbed. In one case it became reduced to a nodule of bone the size of a pea. (c)

(b) *Alteration in Shape*.—The head of the femur, as a rule, becomes more or less flattened. Flattening takes place from above downwards, and is the result of the upward pressure of the softened bone against the rim of the acetabulum. In some cases a groove is produced upon the head of the femur by the rim of acetabulum when pressure has existed for a long time. By long

(a) Children's Hospital Museum, Prep. No. 74.
(b) St. George's Hospital Museum, Prep. No. 24, Series III.
(c) St. Bartholomew's Hospital Museum, Prep. No. 624.

moulding in the acetabulum, the head of the femur may become expanded at its margin, umbel-like. When the entire head has been removed, a new one may be moulded from the neck. This process proceeds sometimes to the formation of a distinct neck, to which a fresh capsular ligament is attached, and a fresh articular surface, with distinct layer of cartilage. (See drawing below.)



This process is sometimes described erroneously in museum catalogues and elsewhere as "shortening of the neck."

(c) *Alteration in Position.*—Dislocation of the head of the femur may take place in any direction, and may be partial or complete. Partial dislocation occurs when the acetabulum is much enlarged by disease, so that the head of the femur, although thrown out of its normal position, is still in contact with some part of its socket. In every case of dislocation, complete or partial, three structural changes take place, to a greater or less extent—viz., loss of substance in the acetabulum, loss of substance in the head of the femur, and destruction or expansion of the capsular ligament.

The period at which dislocation takes place varies. In a case of Coulson's it occurred as soon as two months after the onset of the disease. It probably seldom takes place so soon. From the examination of a large number of cases and specimens, I am induced to think that it rarely takes place before the third or after the eighteenth month.

The causes of dislocation are both active and passive. The former being contraction of the muscles; the latter being alteration in joint structures described above. Mr. Hilton considers dislocation to occur generally at night, just after the patient has fallen asleep, when sensation is in abeyance, and contraction of the muscles by reflex nervous influence takes place unchecked.

Varieties of Dislocation.—Dislocation may take place in five directions, namely—(1) upwards and backwards; (2) upwards and forwards; (3) downwards and backwards; (4) downwards and forwards; (5) directly inwards through a perforation in the acetabulum. The relative frequency of these five varieties is shown in the following table of sixty-three cases:—

Upwards and backwards	in 49 cases, or 77·7 per cent.
Upwards and forwards	" 4 " 6·3 "
Downwards and backwards	" 4 " 6·3 "
Downwards and forwards	" 4 " 6·3 "
Through acetabulum	" 2 " 3·1 "

The above table merely illustrates what is well known—the frequency of dislocation in an upward and backward direction. The displacement corresponds to that which takes place when the bone is dislocated as a result of violence. Its frequency is due, probably, to the manner in which the patient lies in bed—namely, with his thigh flexed and adducted. In this position the head of the femur is kept in constant contact with the upper and back part of the acetabulum, and requires but little pressure to force it over its rim. Cases of dislocation, upwards and forwards, are mentioned by Mr. Timothy Holmes, Mr. Barwell, and others.

A case of dislocation downwards and backwards until the sciatic notch was reached, occurred in the practice of Sir James Earle; and an interesting case of the same nature is described by Coulson. In this case the patient was a lad, *æt.* 14, who had a habit of placing the affected leg over the sound one; and Mr. Coulson supposes that on one occasion in restoring his limb to its place, this form of dislocation was produced. In the St. Bartholomew's Hospital Museum is a specimen (*a*) showing dislocation into the sciatic notch, with the sciatic nerve pressed upon, so that sciatica must have been produced. There is no history of the case.

Dislocation downwards and forwards into the foramen ovale occurred in the practices of Sir C. Blicke, Mr. Hicks, of Emsworth, Baron Boyer, and Sir B. Brodie. All four cases are given in Coulson's work. A specimen from Sir C. Blicke's case is said to be in the museum of the Royal College of Surgeons, but I have been unable to find it.

Dislocation into the cavity of the pelvis through a hole in the floor of the acetabulum only occurs when the head of the femur remains in a largely diseased acetabulum—3 rare occurrence. In no case is the dislocation perfect; usually there is nothing more than a bulging of the extremity of the head through the orifice. Three specimens of this condition exist in the London museums, (*b*) and these have the following points in common: 1. The patient was a child. 2. The disease had lasted about two years. 3. The head of the femur, much reduced in size, had become conical in shape.

Natural Prevention of Dislocation.—Prevention of dislocation may occur naturally in two ways: 1. By what has just been referred to—passage of the head of the femur through a perforation; and 2. By the small trochanter catching in the perforation. (*c*)

(d) *Alteration of Head of Femur in Structure and Consistence.*—The natural bony tissue of the head may become softened by inflammation, or hardened by porcellanous deposit. It may contain deposits of miliary tubercle, caseous matter, or pus. It may have cavities, and these may be void of contents, or hold sequestra of bone. Deposit of porcellanous material is a rare occurrence. It resembles what is frequently met with in another affection of the articulation—chronic rheumatic arthritis, and is due, probably, to a continuation of friction after the removal of articular cartilage, and after cessation of all inflammatory action. In a case which occurred to Sir B. Brodie, the patient was 36 years of age.

Special.

CHOLERA AND DIRT.

CHOLERA—so we learn—and whatever other influences are unfavourable to human longevity, are being stamped out of India. But is longevity of itself so very much to be desired after all? "Reports" at our disposal give no information on this particular question. Among the measures adopted in view to ensure longevity to the present and all future generations of men and women in Britain's greatest dependency, a great and important work is in progress. Dirt is described as the most formidable enemy to be encountered by the "sanitary reformer," and accordingly against dirt our Indian officials wage an incessant war. One would think that a certain number of native scavengers, armed with brooms and shovels, might save "officials" much trouble in this respect. Great capital is made out of the circumstance that several British soldiers

(a) Prep. 626.

(b) Roy. Coll. Surg.; Prep. 933 and 940. And Children's Hospital Prep. F. 51.

(c) St. Bartholomew's Hospital, Prep. 687.

who had so far departed from the traditional habits of their class as to become water-drinkers, were seized with "enteric" fever. But in the first place the question has been asked, Were they really seized with enteric fever, or was it that the name was given to what was no more than ordinary "seasoning fever," such as young men are liable to in India? Another point that might arise on reading the account given, concerns the dangers which beset the British water-drinking soldier in India. But surely this is not the moral indicated in the Report referred to. We learn that cholera was much less severe in its ravages in almost every part of India in 1881 than in previous years. But then comes the statement that "this favourable state of things is attributed to the abundant rainfall, and to the generally low price of the necessaries of life; it is not believed that sanitary measures have had much effect upon cholera visitations. So that, after all, a favourable season, producing abundance of food, brought about also a decrease of cholera among the people; and the confession is made that really dirt, against which Indian officials wage so relentless a war, has had very little to do with the particular disease of which it is asserted that it is being stamped out by means alone of this very war against dirt. Surely, therefore, the ultimate grounds upon which the war has been declared are those upon which a late European monarch undertook one of his many campaigns—namely, an idea; only the monarch referred to was successful.

The general question, how far dirt and cholera are necessarily connected with each other, obtains replies of very different kinds from the results of observation of different epidemics. A few examples may be given:—

In 1818 the city of Seringapatam was described as being a very sink of nastiness, and in it cholera occurred with peculiar intensity. Prior to 1848 it had been remarked that certain moorings, in the river Hooghly, off Calcutta, were more obnoxious to the disease than others. The localities specially indicated were those in the vicinity of sewers, or close to the Armenian Ghât, where the bodies of dead Hindoos were burnt. It was observed, however, that none of those localities were at all times affected during the epidemic prevalence of cholera; that some of them were quite absolutely free from the disease for a year or more at a time, although sooner or later it returned to each; that the ships moored nearest to the sewers often escaped, while those in the second, or even third, tier beyond, were attacked. Neither was cholera confined to the vessels so situated, but often attacked the crews of ships moored off the Esplanade in positions considered healthy. In 1856 the ravages of the disease were very great at Meerut—that station noted as being well drained and generally healthy. On the same occasion, at Saharunpore—a peculiarly dirty city—few persons suffered from the disease. In 1861 the flooring of the barracks of the "King's Mews," at Lucknow, had been filled up with dung and litter, a coating of clay and plaster being spread over all. With the advent of the hot season, cholera of very virulent type attacked the men of the 52nd Regiment occupying those barracks, although the disease was nowhere else known to exist in that crowded and dirty city. Thus, then, it happened that, where all was dirty, cholera confined itself to one such locality to the exception of others equally dirty.

How are such occurrences to be explained upon the dirt theory alone of the causation of cholera?

THE ROYAL MEDICAL BENEVOLENT COLLEGE.

THE special general meeting of the Royal Medical Benevolent College, convened on Wednesday last for the purpose of effecting certain alterations in the bye-laws of the institution afforded a striking contrast to that of the 20th of December, which, as we have already stated, proved a failure from a want of a sufficient number of Governors required to constitute a legal meeting. Those of the subscribers present on that occasion, and who were compelled to submit to a loss of valuable time, must have experienced surprise to find assembled punctually at the hour appointed a somewhat unusually large gathering with an air of business about it; the reason for which was soon made manifest. The Chairman stated that during the past term the Council had been anxiously and carefully engaged in considering the whole existing arrangements of the College, with the view of effecting changes which, it was hoped, would lead to an improved tone in the discipline and management of the School and College, and prevent any chance of a recurrence of disorder. An Investigation Committee had also thoroughly gone into the domestic as well as the scholastic affairs, and having brought up a well-considered report, it had been determined to ask the Governors to strengthen the hands of the head master by giving him the direct control over every department, and by entrusting to him the power to remove from the College on his own responsibility any boys (except Foundation scholars) whose presence would, in his opinion, be injurious to the welfare of the school—a system, be it remembered, quite in accord with that which prevails in almost all the best public schools of the kingdom; and therefore much importance was attached to it by the Council.

From the opening speech of the Chairman no one could have supposed that the majority of the members of Council were not agreed upon so important a question, but, to the surprise of those outside this body, this proved to be the case. On the resolution for the alteration of the bye-laws in accordance with what we have stated being moved and seconded, a member of Council rose and proposed an amendment, to shelve the question and refer it back to the Council for further consideration. This led to a long and a warm discussion, for the most part carried on by members of Council, some of whom indulged in somewhat ungenerous attacks upon the head master, who, it was said, "was wanting in administrative ability," and therefore not the man to be entrusted with the additional powers the Governors were asked to confer upon him. The upshot of this want of agreement of Council was that the amendment was carried by a small majority, and the head master's authority must, in the meantime, and if things remain as they are, be considerably weakened for good in the management of the School and College.

It is not too much to expect that, should it be thought

necessary to bring the management and discipline of the College before a meeting of Governors again, that members of Council will, at any rate, have made up their minds as to what is the right thing to be done and the right horse to be saddled, in case of any recurrence of disorder and lack of discipline.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 13TH, 1882.

The President, Professor LISTER, F.R.S., in the chair.

Dr. COXWELL read notes of a case which he exhibited at the last meeting. It was that of a child, *æt.* 13, with symptoms resembling those of myxœdema. Until eight years of age, she differed in no way from other children, and could read a chapter out of the Bible or a story as well as her mother, could write, and learnt arithmetic. A great change then came over her; she would often fall asleep, even when eating her meals; her memory became defective, and if sent to do anything she would wander about in a aimless fashion. Later, her speech became thick and indistinct; she suffered from headache; her head drooped forward on to her chest; her hands and feet became very cold; her legs became weak and her gait unsteady. She was lately a patient in the National Hospital for the Paralyse and Epileptic, under the care of Dr. Hughlings-Jackson. The appearance of her face is very suggestive of myxœdema, her skin being translucent, with a circumscribed patch of redness in the centre of the cheeks; the lower eyelids swollen; the nose broad; the eyes prominent and well formed. The thyroid glands seem diminished, and there are no abnormal fatty tumours in the region of the neck or elsewhere. While under observation, her temperature was frequently as low as 95.6. She was often extremely restless at night, and had frequent attacks of screaming. Her power of speech became worse, till at last she could hardly utter a single sound, the lips being seen to move ineffectually while she attempted to do so. She could not kiss her mother or puff out her cheeks, and her food would often remain seven or eight minutes between her teeth and lips. There was a general overclouding of the intellect. Dr. Coxwell drew attention to the fact that very pronounced mental disease has been reported in myxœdema, and that Dr. Ord had a patient suffering from that disease with marked affection of the bulb, a point of similarity with the present case of some importance. If the case was one of myxœdema, it was of interest, as being the first recorded in a child. If it was one of simple imbecility, it was remarkable on account of the bulbar symptoms and the likeness it bore to myxœdema. The arguments in favour of sporadic cretinism were few, and outbalanced by the absence of most of the characteristics of that disease.

Mr. J. N. C. DAVIS-COLLEY on

A CASE OF ENORMOUS ENLARGEMENT OF THE LOWER LIP, CURED BY OPERATION.

Richard B. D., a clerk, *æt.* 36, was admitted into Guy's Hospital in August, 1881, with a remarkable swelling of the lower lip. Fourteen years before he had a chancre on the penis, followed by soreness of the tongue and swelling of both lips, especially the lower. There was never any rash on the skin. He was a very great smoker. The lower lip was of enormous size, everted, and pendent, so that its border was on a level with the tip of the chin, while the lower teeth were in front completely exposed to view. The mucous membrane was fissured in parts, but otherwise natural. The tissues were a little firmer than usual, but not at all indurated. There was a little tenderness on pressure. From side to side it measured three inches, from above downwards one inch and a quarter, and in thickness seven-eighths of an inch. The upper lip and tongue showed signs of chronic inflammation. There was no enlargement of the adjacent glands. He left off smoking, and was at first treated with anti-syphilitic remedies. The mucous membrane became more healthy, but the lip remained the same size. Some reduction was then effected by pressure

between thin slips of wood. The lip became smaller and flaccid, but was still coated and pendent. On November 8 a V-shaped piece was removed from the centre of the swollen lip, and a rapid recovery ensued. When last seen, he had no longer any eversion of the lip, which had assumed a perfectly healthy and normal aspect. Mr. Davis-Colley brought the case forward as a striking example of the enlargement of the lip, which occasionally results from chronic inflammation. There was nothing in the patient's family history to indicate a scrofulous tendency. The evidence of secondary syphilis was doubtful, and there was no record of mercurial salivation. On the whole, Mr. Davis-Colley was disposed to attribute the disease primarily to syphilis, and secondarily, to the constant irritation of the inflamed surface by excessive smoking. The case was also interesting on account of the success which followed excision of part of the lip after the more or less complete failure of other remedial measures.

Mr. C. LUCAS, who had seen the case in question, testified to the admirable result of the operation. He did not feel disposed to attribute such cases to struma so much as to inherited or acquired syphilis, which cause might, and probably most usually did, receive help from the influence of mercury administered to antagonise it. In Mr. Colley's patient irritation produced by smoking was also an important factor in producing the enlargement, and carious teeth might not improbably have tended in the same direction. Mr. Lucas related the history of a young lady who consulted the most eminent authorities on account of extensive thickening of her lip, lasting over twelve months. The condition was attributed variously to herpes, lupus, &c., but it was entirely remedied by the extraction of the two lateral incisors, which were decayed and filled with stopping, while from one a permanent sinus extended, to which the irritation causing the enlarged lip was due.

Dr. W. B. HADDEN suggested that the thickening might be consequent on lymphatic obstruction.

Prof. LISTER commented on the interesting nature of the case, shown in the readiness with which the portion of lip remaining, after ablation of a V-shaped piece, returned to the normal. This presented analogy to the restoration of enlarged tonsils following excision of portions only of their substance, and to those cases in which similar restoration of neighbouring structures sympathetically affected took place—*e.g.*, recovery of hearing after excision of part of enlarged tonsils, consequent on a return to the usual conditions of the Eustachian tube, which not rarely shares in the changes undergone by the tonsil. An instance of the kind had recently occurred in his own practice, the patient, a youth of fifteen, and completely deaf, being able to hear well as a result of partial removal of his enlarged tonsil. In another case of lipoma of the nose—*grog-blossom*—recently operated on, he had pared down the chronically-inflamed and hypertrophied dermis of the organ, but he did not interfere with the adjacent structures, though they were involved in the changes produced by overgrowth. These, as well as the nose itself, were completely restored to a normal state.

Dr. MEADOWS instanced a case occurring in his own practice in which part of the hypertrophied *mons veneris* was removed by means of the *écoraseur* from a lady, thirty-two years of age, with the result that menstruation soon after ceased, through reflex atrophy of the ovaries.

Mr. DAVIS-COLLEY considered that the result in his own case was influenced by diminution of thickening in the lip by tension of the part after operation, and also by reduction of the pendulous condition previously existing. He had observed nothing to indicate a lymphatic origin of the abnormality, and, respecting the teeth, could only say that those which were exposed were not carious. On the whole, he attributed the affection of the lip to the action of secondary syphilitic taint, combined with irritation from tobacco-smoking.

Mr. C. GOLDING BIRD on a

CASE OF TRANSPATELLAR EXCISION OF THE KNEE.

The operation was on the person of a lad, *æt.* 13, fairly healthy himself, but with a family history of phthisis. There was a year's history of articular arthritis of the right knee with pulpy disease. Excision was eventually performed on May 9th, 1882. It differed from an ordinary excision in that the transverse incision was made across the middle of the patella which was then sawn in two, the two fragments, with the soft parts, being turned up and down. The excision was then completed as usual, the articular surfaces of the tibia and femur being removed. Some pulpy

thickening was removed from the under side of the patella, and when the limb had been straightened two carbolised sutures were passed through its substance, and so its two fragments were united. Primary union was obtained, and nothing more was seen of the patella sutures. Until September 12th he walked about with a stiff bandage on the knee and with crutches, after that date he was ordered to discard all support. He now has a movable patella, and half an inch shortening. He has all the advantages of retaining the patella; but, besides that, there is a gain by this method of operating, since the surgeon can freely examine and manipulate the joint, more freely indeed than where, with the idea of retaining the knee-cap, the lateral incisions are employed. Two great advantages remain to the patient by keeping the normal attachments of the patella. The quadriceps opposes the ham-strings and so does away with the necessity of employing a stiff bandage for years, to prevent posterior displacement of the leg; and the rectus femoris, considered as arising below, has its full play upon the trunk in preserving equilibrium, whilst it also allows of the perfectly natural forward motion of the limb in walking, and this last is not the case where the ligamentum patellæ has been sacrificed.

Mr. HOWARD MARSH observed that all surgeons felt dissatisfied with the results of excision often seen, and he had often thought it a wasteful proceeding to sacrifice the patella in these operations, thereby depriving the limb of whatever advantage might be attained by its presence as an assistant to the quadriceps extensor.

Mr. GANT said he had rarely found the patella escaped being involved in the disease, and even when this was not the case he had never witnessed any special advantage obtained from preserving it. He had very recently had the opportunity of examining a patient on whom he operated six years ago, the patella being then removed. The result was a most useful and successful limb, and he could quote similar consequences in a great number of instances. In the average cases union occurred in three months, and then a back splint and moveable apparatus was adopted for not more than three months longer; but in some cases he had found no support to be necessary after two and a-half to three months from the date of operation.

Mr. C. HEATH bore witness to the admirable result obtained in Mr. Golding Bird's case, and agreed with Mr. Gant that the patella rarely fails to be involved in disease of the knee-joint. He thought, however, that when these cases came under treatment at an early date, when the mischief had not extended to the bony structure, the patella should be retained *in situ*, with a view to afford all possible assistance towards the wished for good result.

Mr. LISTER pointed out that Volkmann had advocated transpatellar operation for years. He agreed with Mr. Gant that in old-standing cases where sinuses extend from the joints removal of the patella and the affected ends of the other bones should be performed. But when the skin had not been broken, a much less amount of the tibia and femur would require removal, and thus a more extensive surface for ankylosis be left; and the imperfect nutrition consequent on disease in these cases would under such circumstances be much less likely to follow if the patella were left in place. Mr. Lister questioned the necessity for excision in Mr. Bird's case; he thought it would have been advisable to adopt full incision into the joint and removal of the affected parts by scraping and gouging.

Mr. BIRD had no doubt that Mr. Lister would have done as he had suggested if the case had come under him; and he could not explain why he himself had not adopted a similar course. He should say, however, that the patient had been getting progressively worse, and that there was grating in the joint, while the semi-lunar cartilages were quite unrecognisable. Had the patient been other than a hospital one, he would have recommended sea air and hygienic surroundings before operation. He quite agreed with Mr. Gant that the patella could not be saved in cases of advanced disease; and he also had secured good and useful legs after sacrificing the patella.

"BODY-SNATCHING" in Philadelphia, necessitated by the paucity of dissecting-room material, has led to the indictment of Professor Forbes, of Jefferson College, on eight counts of complicity with the resurrectionists.

OBSTETRICAL SOCIETY OF EDINBURGH.

WEDNESDAY, JANUARY 10.

Professor SIMPSON in the chair.

PATHOLOGICAL SPECIMENS.

PROFESSOR SIMPSON exhibited a case of a child born in the Maternity Hospital which died immediately after birth from ascites of the peritoneum. There was fluid in the scrotum, showing a direct connection with the peritoneum. Also a deformed foetus. Another of an acephalic foetus.

Dr. HALLIDAY CROOM read a paper entitled

SOME OBSERVATIONS ON THE BLADDER DURING THE EARLY PUERPERIUM.

After describing the relative positions and relations of the bladder and uterus in the early puerperium, he proceeded to point out the influence which filling of the bladder exerted on the uterus. Firstly, he drew attention to displacement of the uterus upwards and backwards, taking exception, however, to the term displacement, and showing that the word displacement did not exactly convey a correct impression of what actually took place. He admitted that a certain limited ascension of the whole organ occurred, but that the real heightening of the fundus was the result of the bladder as it filled straightening the uterus, and so throwing the fundus higher up, and that the backward displacement of the uterus resulted from the intestines falling down between the uterus and the anterior abdominal wall, rendering the organ thus less easily palpated. He drew attention to the experiments of Autfage and Depaul with the hysterometer, which supported the opinion that the alteration in the uterus was not a displacement of the entire organ, but a real heightening of the fundus. Reference was then made to the normal lie of the uterus, which the author showed was generally believed to be right lateral; but from the observations made by Börner, as well as his own, he was inclined to believe that the normal lie of the uterus was central, provided always the bladder and rectum were completely empty, and the patient flat upon her back. He then showed that the second effect of the bladder filling was to cause or increase this lateral deviation of the uterus, and he pointed out that the ordinarily accepted opinion as to the right deviation of the uterus with a full bladder was not borne out by his own observations. He showed that the frequency of left lateral displacement of the uterus was much more common than was generally believed, and he attributes this to the fact that the bladder distended naturally to the right side during the early puerperium, and that for two reasons:—First, because of the natural right asymmetry of the bladder of the parous woman, and second, because of *ante-partum* conditions, namely, that during pregnancy the bladder spreads out more to the right side than to the left, owing to the left occipito-anterior position of the head. The right deviation of the uterus he attributes to—first, the natural lie of that organ during pregnancy; and, second, to the rectum; and, third, to the accident of position. The third effect of the distended bladder was to affect the rotation of the uterus, increasing the rotation where it already existed, and, in cases where the uterus was transverse with an empty bladder, bringing it about. He drew attention to these displacements being more common in the early than in the late puerperium—firstly, because of the relatively greater diuresis; secondly, because of the greater frequency of retention of urine; and, thirdly, because of the greater mobility of the uterus. In conclusion, he alluded to some figures with regard to the amount of urine required to bring about these position changes, holding that while twenty to thirty ounces of urine caused these changes under certain circumstances most markedly, that these changes were not proportionately increased with double that quantity of urine.

Professor SIMPSON thought the paper well worthy of careful consideration, but was not very clear as to the rotation of the uterus mentioned by Dr. Croom. The uterus is twisted differently in the pregnant than in the non-pregnant state.

Dr. James Young, Dr. Hart, and Dr. Napier made some further remarks.

Dr. A. D. S. NAPIER (Dunbar), then read his paper on UMBILICAL CORD ROUND CHILD'S NECK AS A CAUSE OF DELAYED LABOUR, AND SOMETIMES A CAUSE OF INFANTILE DEATH, in which he maintained that coiling of the cord was the

cause of delayed labour, and was, indeed, a very common cause of delay.

Professor SIMPSON doubted if coiling of the cord was ever the cause of delay. Still, the paper was useful as directing attention to these cases.

Dr. JAMES YOUNG had had some experience, but he never knew of a case of delayed labour from shortness or coiling of the cord round the child.

Dr. GUNNING said that in Brazil the forceps are too frequently used, with much injury to the women.

Professor SIMPSON then read

THE HISTORY OF A CASE OF BASILYSIS.

This is a method for reducing the base of the skull with the basilyst, an instrument invented by himself, and which has been before described in this journal.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JANUARY 17, 1883.

TRANSFUSION.

THIS subject has lately been brought before the profession, both in England and abroad, with some prominence; and two instruments for transfusion—widely different in character—having been quite recently introduced, it will be profitable that we should criticise them freely, as well as the principal methods of performing the operation. At the outset, the question may be simplified by eliminating from it the transfusion of blood from the lower animals, for there is an irrefragable chain of evidence which proves this treatment to be unsound in theory and very dangerous in practice. Transfusion is indicated in two distinct groups of cases. The first comprises those cases in which the operation is performed with the view of replacing blood lost, either by small, repeated hæmorrhages, or by a solitary copious discharge, perhaps followed by

continuous, though slight, flow. To arrest the hæmorrhage simultaneously with replenishing the loss by transfusion the practitioner must regard as a *sine quâ non*. The second group includes those cases where the corpuscular richness of the blood is considerably below the normal; or where the corpuscles have become vitiated by certain toxic agents. Waiving the consideration of the practical difficulties which beset blood-transfusion, as well as the appreciable risk to the donor which the performance of the operation involves, we are bound to state that it must be regarded, as it at present stands, as most unsatisfactory; for though, doubtless, many lives have been saved by it, unquestionably it has often proved directly fatal. So far as the primary result of the direct operation is concerned, the safest and best plan is to transfuse from artery to artery by means of a simple, short tube, provided with a cannula at either extremity (the instrument being filled with a saline fluid at about 100° F.). By this means the blood passes from giver to recipient with rapidity, urged onwards by a normal *vis-a-tergo*; and, should any fibrination in the tube occur, the embolus so formed, if it pass the afferent cannula, is carried toward the systemic capillaries of the recipient. Unfortunately, these comparative advantages are outweighed by the consequences which the operations on the arteries might entail.

Again, should transfusion, by means of the simple tube, be attempted from vein to vein, the *vis-a-tergo* becomes so quickly expended that the blood will coagulate very speedily within the instrument. This difficulty is only partially overcome by Dr. Aveling's well-known apparatus, which is essentially a tube plus a small dilatation or expansion, that the blood may be forced onwards by the hand of the operator. Fibrination has not seldom occurred in this apparatus; and a coagulum, once formed, may most readily be propelled into the recipient's vein by this method. The operation for inserting the afferent cannula within the vein of a patient the subject of severe hæmorrhage is greatly facilitated by the anæsthesia necessarily present as the consequence of acute anæmia. Not so in the case of the donor. Here no such anæsthesia exists, and to adapt the afferent cannula involves an exquisitely painful and tedious procedure. This, clearly, is an important objection to Dr. Aveling's method, and to those similar in this respect.

Dr. Roussel's apparatus substitutes a greater for a lesser evil; for by this method the vein is opened with a lancet enclosed within a cylinder, and the risk that important structures adjacent to the vein operated on may be injured by the phlebotome is exceedingly great. The indirect method must, for obvious reasons, be recommended in preference to the direct, if skilled assistance be scanty. But let no one imagine that the risk of coagulation which obtains in the latter is removed by the so-called defibrination which characterises the former method; for not only are the meshes of the muslin commonly employed as a filtering medium of larger size than the sectional area of the individual capillaries, but coagulation may occur even in the filtered serum. The only advantage blood-transfusion possesses over the intra-venous injection of

salines, or of some other fluids, is its nutritive quality. Let us consider what really is transfused by the indirect method. The blood is whipped immediately after it has been drawn; the process of "defibrination" withdraws the bulk of the fibrin-forming elements and many of the red corpuscles. The crassamentum is separated from the serum by filtration; and the latter, not perfectly deprived of the fibrin-forming constituents, and containing corpuscles, some intact, and others broken up, with their hæmoglobin liberated, is injected into the recipient's vein. What nutritive value can such a fluid possess? Mr. Jennings' suggestion that, for the treatment of anæmia the result of severe hæmorrhage, the intra-venous injection of saline fluid is, on the whole, infinitely preferable to blood-transfusion (as the means for its performance now stand) seems a right one; for those dangers, already referred to, which are peculiar to the latter, cannot exist in the former method. Once more we would point out most unequivocally that in the treatment of this, the first group of cases, the primary benefit of transfusion lies in its dynamic action. Now the functions of circulation, absorption, and assimilation (which were impaired or arrested prior to the transfusion) are restored; and this result can be obtained with greater certainty, and far less danger, by the transfusion of a comparatively large quantity of a saline fluid than of a small quantity of blood. The patient rallies, and the stimulus imparted by the operation can usually be maintained by means appropriate to the exigencies of the individual case. A well-regulated dietary and the exhibition of ferruginous preparations, with good hygienic surroundings, will afford the pabulum for the reproduction of new red corpuscles. Mr. Le Page has devised an elaborate modification of Dr. Aveling's instrument, which exaggerates, in place of diminishing, the defects of Dr. Aveling's. Mr. Le Page claims that with his transfusor the blood in its passage can be accurately estimated as to quantity. We need scarcely remind the reader that to know how much blood, in drachms or ounces, has been transmitted in a given case can serve no useful purpose; and in this instrument the object is attained by a complex mechanism which must considerably increase, in comparison with Aveling's apparatus, the risk of fibrination. Mr. Le Page appears to disregard also the fact that the dilatation in the latter instrument having a known capacity, the quantity of blood transmitted can most readily be determined by it. The diverticulum, or air-receiver, in Le Page's transfusor would also serve as an additional focus for coagulation. These facts have already been pointed out, and Mr. Le Page has not yet replied to them. Nor has he answered the searching question as to whether this instrument has withstood the crucial test of clinical trial.

Mr. Jennings' "syphon" is an instrument specially intended for the intra-venous injection of saline fluid, or for defibrinated blood, if this method be desirable. Charged with fluid, the entrance of air to the syphon is impossible; the cannula is specially devised to promote ease of introduction of it into the vein operated on, to which air cannot gain access if the cannula when in situ be so maintained by a

ligature. This instrument seems well calculated to serve the purpose it professes—and which, indeed, it has fulfilled—an easy, safe, and expeditious means for an important operation. By a modification of this apparatus, referred to in our columns, Mr. Jennings states that it is applicable for immediate blood-transfusion, "abolishing" the risk of fibrination, and "minimising" the danger to the blood-giver. Should this modified instrument answer the expectations claimed for it, it will be doubly valuable as an adjunct to the practitioner's *armamentarium*.

PASTEUR AND KOCH.

At the late International Congress at Geneva, Pasteur delivered an address giving the results of his experiments on the etiology of infectious diseases in animals (fowl cholera, splenic fever, rabies, and glanders), and took occasion during the address to make an attack on his German rival. For the reason that he did not like to reply in what was to him a strange language, and for the further reason that he wished to make his ground as secure as possible by further inquiry, Koch postponed his rejoinder until a more convenient season. He has now given his reply in a pamphlet of thirty-seven pages, published by Fischer, of Kassel and Berlin. The standpoint he takes is that "it is not yet proved that all infectious diseases are parasitic in their nature, but that the parasitic character must be proved in each separately." He then goes on to show how an investigation ought to be carried out in order to arrive at an absolute proof, and cites his experiments on the tubercle bacillus as a series to which exception cannot be taken. He calls attention to Pasteur's experiment with the saliva of dogs dead of rabies, and with mucus of the nostrils of horses dead of glanders, without considering what these secretions are composed of, and without satisfying himself beforehand that microbes really existed in them. Further, that rabbits have been inoculated with the nasal secretion from cases of glanders, when in reality no man knows whether rabbits are susceptible of the poison of true glanders, although there can be no doubt that such inoculation does produce a new disease not unlike the septicæmia that can be produced in rabbits by inoculation with almost any kind of decomposing material. In regard to the discovery of the cause of splenic fever, Koch claims the priority for himself, inasmuch as he showed the development of anthrax spores and their relation to the disease in 1876, whilst Pasteur did not publish his discoveries until 1877. With regard to the alleged immunity of fowls from anthrax, on account of the high temperature of their blood, Koch has proved the incorrectness of the statement, whence it follows that he cannot place any value on the subsequent one—that they may be rendered susceptible by lowering their temperature. Pasteur's belief is that anthrax spores develop in the buried bodies of animals that have died of splenic fever, and that they are brought to the surface by earth worms, whence they are brought into contact with the food. This, according to Pasteur, must, in order to produce infection, be of a prickly kind, so that animals partaking of it are wounded in the mouth. The disease is

then produced by a kind of inoculation of the oral cavity, and Pasteur considered this proved by the fact that, in all animals attacked by spontaneous splenic fever, the submaxillary glands were invariably swollen. Koch, on the other hand, believes that anthrax bacilli can grow independent of the bodies of animals, the remains of dead plants, and form their spores. They live, therefore, most likely in marshy neighbourhoods, at the surface of the ground; and experience has shown that animals are frequently infected in localities in which anthrax cadavers never have been buried. Moreover, as militating against the earth-worm theory of Pasteur, may be mentioned the fact that, in lands in which anthrax causes the greatest devastations, the surface temperature is exceedingly low, as in Siberia. He has also experimented with earth-worms actually containing numerous anthrax spores, and the results reached were not favourable to the acceptance of Pasteur's hypothesis. His own experiments lead him to believe that the prickly nature of some kinds of fodder has no part in the production of the disease. With regard to preventive inoculation, Pasteur, after the first successes, held it to be "beyond a doubt that not only sheep, but that also all kinds of animals susceptible of splenic fever could be rendered immune against it; that it further seemed to him to be a settled thing that all other infectious diseases should behave like anthrax, and that their peculiar microbes could be weakened and changed into a protecting inoculation material." Löffler, however, arrived at the following results from his experiments at the Imperial Health Office:—"That there really are bacteria diseases, which, attacking an individual once, render him proof against a second attack; but there are, on the other hand, not a few similar diseases which may attack the same individual twice within a short space of time, and which thus afford no protection against subsequent infections." Erysipelas, gonorrhoea, and relapsing fever have been shown by Löffler to be infectious diseases, depending on the presence of bacteria, and may be mentioned as examples of the latter class of diseases, to which may now be added tuberculosis. Moreover, even in such diseases as fowl cholera and anthrax, Koch will not admit the high value of preventive inoculation that has been placed upon it by Pasteur. In his opinion, "Pasteur's preventive inoculation, on account of the insufficiency of the protection afforded by it, against the natural infection, on account of the evanescent character of such protection as it does afford, and on account of the dangers the practice of inoculation give rise to both amongst human beings and unprotected animals, cannot be characterised as practically of any value. It must not be understood by this, that preventive inoculation has no future before it, but that the method proposed by Pasteur is burdened by these drawbacks, and for this reason is impracticable. Other improved methods may, perhaps, in the course of time, do that which in too hasty a manner has been expected of this imperfect method of procedure." Thus far, Koch has had the last word. It is perfectly clear, however, that the controversy cannot stand where it is, and that it is one that can be decided only by facts brought to light by experiment and verified by the scientific world at large, or at least by a sufficient number of capable observers to place the result arrived at beyond the reach of cavil.

Notes on Current Topics.

Clinical Society of London.

THE annual meeting of the Clinical Society was held on Friday evening last, when, in addition to the usual business, the secretary's and treasurer's reports were read, and office-bearers for the ensuing year elected. The treasurer's statement was a most satisfactory one, the balance in hand amounting to £160 2s. 2d.; while during the past twelve months an addition of £50 has been made to the invested funds of the Society, these now standing at £550. A sum of more than £80 has been expended also in connection with the new diplomas of honorary membership recently issued by the Society; the principal item being an outlay of fifty guineas for a special seal die engraved by Messrs. Wyon, of Regent Street. The secretary reports that the numerical strength of the Society is likewise well maintained; and in all respects it is in the most flourishing condition possible.

Among the votes of thanks to the retiring officers the principal was that offered to Professor Lister, on completion of his two years' occupation of the presidential chair. The task of proposing this fell to Mr. Gant, who discharged it with feeling and eloquence. He referred to the early association he enjoyed at University College with Mr. Lister, and to the subsequent devotion of the latter to pursuits which culminated in the creation of antiseptic surgery. He described in well-chosen terms the later success of Mr. Lister's labours, and concluded by referring to the important papers contributed to the Society's Transactions by the retiring president during his term of office. Mr. Marsh seconded the motion, which was warmly and unanimously accepted. Mr. Lister's reply was a brief expression of gratification at the constant assistance rendered him by the secretaries and council and members of the Society. He could not but think, however, that the success was less attributable to the efforts of its president than to its own inherent vitality and the unwearied zeal of its honorary secretaries, a tribute which was echoed by the hearty way in which the thanks of the meeting were accorded to the secretaries.

Hospital Administration Charges.

THE annual balance sheets of several of the larger metropolitan hospitals afford unmistakable evidence of a fast impending monetary crisis in connection with them. Very serious increase of expenditure over income has taken place during the past year at most of the institutions dependent for support on voluntary contributions. The principal of these is King's College Hospital, where £9,000 has been spent in excess of the charity's income. St. George's and Westminster likewise figure, but to a less extent, and the question naturally arises, "To what is the deficiency due?" It has been suggested that in recent years, not only have the numbers who seek medical treatment at hospitals undergone very large increase, but also that the average cost of treatment is greater. These facts would both seem to be demonstrated, and if it be so, then it must be evident that unless a more generous support is given to hospitals in the future, the usefulness of these institutions must necessarily be cur-

tailed in correspondence with the limits of their respective resources. We cannot, however, avoid a suspicion that other causes also have assisted to bring about the net result; and at King's it is more than remotely probable that the nursing system has acted injuriously on the income of the charity as well as in other ways. It is no longer a secret that the eight years during which the St. John's Sisterhood have had control of the nursing department at King's have been years of disaster for the hospital, and quite recently the committee demanded either the institution of necessary reforms in nursing, or the restitution of their own power in the wards, a power that should never have been relegated to a foreign body. The dissatisfaction created in connection with the nursing arrangements at King's has naturally spread beyond the hospital, and influenced the direction of public charity, as seems only too clearly shown by the deficiencies referred to above. Whether, again, people give less freely to hospitals now than was the case prior to the institution of Hospital Sunday is another matter. It is, of course, possible that the person who formerly sent his guinea or £5 note to the secretary will now prefer to leave it in the church collecting-box, and that if by chance he do not attend church on the particular day his donation will be entirely lost; but, on the other hand, it may fairly be presumed the late trade depression has materially and directly influenced the amounts of charitable subscriptions everywhere. It is much to be hoped, however, that this period is now well past.

Last Year's Medical Publications.

MESSESS. SAMFSON LOW and Co. announce in their *Publisher's Circular* that during 1882 there were 119 new works and 58 new editions of books on medicine and surgery and associated subjects published. In the year preceding, the numbers were 108 and 56 respectively. These figures are, after all, not so considerable as might have been expected from the activity displayed by publishers and authors, judged by the announcements in weekly and—in spite of the College of Physicians' "resolution"—daily papers. It would, notwithstanding, be possible to enumerate the volumes of permanent value in the list in a far less space than would seem to be indicated by the fact of new editions of 58 works having appeared.

Royal Commission on Irish Prisons.

THE warrant nominating the Royal Commission to inquire into the administration, discipline, and condition of Irish prisons, both local and convict, was published in the *London Gazette* of Tuesday, January 2. The Commission will be presided over by Sir R. Cross, M.P., and will consist of the following:—The Hon. W. St. John Brodrick, M.P. (eldest son of Lord Midleton); E. R. Wodehouse, Esq., M.P. for Bath; Dr. Robert M'Donnell; Dr. George Sigerson; N. D. Murphy, Esq., late Member for the City of Cork; and T. A. Dickson, Esq., M.P. Major A. B. M'Hardy has been appointed secretary to the Commission. The specific matters into which the Commission is directed to inquire are (1) the recommendation contained in the report of 1879, presented by the Commissioners appointed to inquire into the working of the Penal Servitude Acts, and the desirability of adopting and

carrying out the same in the Irish prisons. (2) The working of the recent amalgamation of the administration of local and convict prisons in Ireland. (3) The independent inspection by visiting committees of local justices or otherwise. (4) Whether the safe custody of persons confined in local prisons is adequately and efficiently provided for. (5) The points of difference at present existing between the prison systems in England and in Ireland, and the desirability of rendering the two systems as nearly as may be uniform.

Glanders.

IN examining microscopically, in the Imperial Health Office, Berlin, sections from the cadaver of a horse killed on account of glanders, Dr. Löffler and Professor Schütz discovered a delicate rod about the size of a tubercle bacillus. This they cultivated, until the cultivation had been carried through four generations. From this fourth generation of purely cultivated bacilli, a small quantity was inoculated into the nasal mucous membrane and into the shoulder of a healthy old horse. The animal began to be very feverish forty-eight hours afterwards, and at the point of inoculation ulcers developed, from which knotted lymphatic cords could be felt running to the tracheal and withers glands, so that in about eight days the horse presented all the appearances of a typical case of glanders. After the horse had recovered it was killed and sections were taken from the enlarged glands. Similar bacilli were found in these, which were again subjected to "pure" cultivation for four generations, after which rabbits, guinea pigs, and white and field mice were inoculated. The evidence from some of these was merely negative in character. Afterwards two healthy horses were inoculated with the purely cultivated bacilli. These became infected and died of glanders, and post-mortem examination revealed the changes characteristic of the disease.

Massage as practised by Barbarians.

AN article in the *Popular Science Monthly*, by Dr. Graham, contains a quotation from Mr. Charles Nordhoff's book on the Sandwich Islands, describing a practice which he found prevalent among the natives under the name "lomi-lomi." Writing in 1873, he says: "Wherever you stop for lunch or for the night, if there are native people near, you will be greatly refreshed by the application of what they call 'lomi-lomi.' Almost everywhere you will find some one skilful in this peculiar, and, to tired muscles, delightful and refreshing treatment. To be lomi-lomied, you lie down on a mat, loosening your clothing, or, undressing for the night, if you prefer. The less clothing you have on the more perfectly the operation can be performed. To you thereupon comes a stout native, with soft fleshy hands, but a strong grip, and beginning with your head and working down slowly over the whole body, seizes and squeezes with a quite peculiar art every tired muscle, working and kneading with indefatigable patience, until, in half an hour, whereas you were sore, and weary, and worn out, you find yourself fresh, all soreness and weariness absolutely and entirely removed, and mind and body soothed to a healthful and

refreshing sleep. The old chiefs used to keep skilful lomi-lomi men and women in their retinues; and the late king, who was for some years too stout to take exercise, and was yet a gross feeder, had himself lomi-lomied after every meal as a means of helping his digestion."

Suicide of a Surgeon.

AN inquest was held last week on Mr. C. R. Johnstone, resident surgeon at the Cheltenham Dispensary. He had suffered from pain in the head, for which he had taken chloral for relief, occasionally as much as ninety grains. On Friday night he took two doses, and his wife afterwards discovered him shaking something else, which he said was ether. Afterwards the deceased asked her to pray for him, and he died in a few minutes. Medical testimony showed that the deceased had taken prussic acid. A verdict of "Suicide while in an unsound state of mind" was returned.

Medical Wills.

AMONG the wills proven last week were those of four members of the profession, i.e., Sir James Alderson, M.D., F.R.S., formerly President of the London College of Physicians, under a personalty of £15,000; Mr. Annerly Allcock, M.R.C.S., late of Smethwick, under £9,600; Dr. John Francis de Grave, late of Croydon, under £33,000; and Dr. Samuel Newington, late proprietor of the Titchhurst Private Lunatic Asylum, under £10,000. Of these, Dr. de Grave bequeaths £5,000 to the Court of the London Society of Apothecaries, to be applied to the maintenance of decayed members. No reference is made to medical charities in the other wills.

The Certificate Regulations of the Irish College of Surgeons.

OUR columns to-day contain an advertisement by which the Council of the College calls special attention to the regulations as to attendance on lectures and at hospital which were promulgated by them last June. These regulations have been already printed by us in full, and circulated by the College to every school and hospital in Ireland, but, from recent occurrences, it would seem that this method of bringing collegiate ordinances under the notice of students is insufficient, and the Council has, therefore, been obliged to resort to the public press to make its rules known. It is, in fact, more than suspected that ordinances which interfere with the interests of school and hospital teachers are carefully concealed from the students, as was done when the Council declared its disapproval of night lectures. We, therefore, take the occasion to direct the special attention of Irish students to these regulations, which they can have on application to the College Registrar. By them, the student is required to attend a given proportion of each course of lectures and of each hospital session, and will certainly be refused examination if his certificates are not up to the mark in this respect. Moreover, if untruthful statements be made in his certificates as to the number of attendances, the student is himself personally answerable for the mis-statement. He will be required to attest the

entries in his schedule, and, if it be found that such entries are incorrect, he will at any time be liable to have his diploma revoked and his name struck out of the list of College Licentiates. A very serious responsibility is thus imposed upon the student, and we think it our duty to call special attention to the matter in order that no disappointments may arise where certificates come to be produced prior to examination.

Royal College of Surgeons' Museum.

THE Museum of the Royal College of Surgeons of England, which has been closed for some months past, was re-opened for general use on Monday. On the preceding Saturday afternoon a large number of Fellows and Members of the College accepted the invitation of the President to a private view of the renovated collection, and a reception was held during the afternoon from three to five. The museum has been carefully re-arranged, and cleaned and painted, and the preparations remounted where necessary. We shall give a full account of the changes shortly.

The Royal Irish University.

THE standing committee during their meetings last week agreed to recommend to the Senate that certain changes shall be made in the literary portions of the arts courses for the examinations to be held next autumn. The committee also agreed upon the changes in the present courses for arts, which they will recommend to the Senate to be brought into operation in the year 1884-5. The committee resolved that examinations for the degrees of M.D. and M.Ch., and for the diploma in Obstetrics, and also for the Second University Examination in Medicine, shall be held next June. The committee had under consideration a memorial from the matriculated women students of the Royal University, praying that arrangements may be made to accord them facilities for receiving instruction from the Fellows of the University. The memorial was referred to a special committee for consideration and report.

Notice has been issued to all the members of the Convocation of the Royal University that a meeting is to be held on Thursday, the 1st of February, 1883, at 1 o'clock p.m., for the purpose of electing a clerk of Convocation, and of framing rules for conducting and registering the proceedings of Convocation, including the election of Senators, and for concurring in the table of fees fixed by the Senate as payable by members of Convocation.

THE recent serious outbreak of hydrophobia at Whitton has again drawn attention to this subject, and those numbers of the *Medical Press* which contained a series of special reports from the pen of Dr. Dolan, of Halifax, have again been sought for in vain. These numbers have for some time been out of print, and upon inquiry we learn that the book which was subsequently reprinted by the author from our columns is also out of print. But the leading points adduced and deduced therefrom will be fresh in the memory of many of our readers, and enable them to give an authoritative opinion from personal experience to the correspondent who asks for information in our present issue.

The Dublin Branch of the British Medical Association.

THE sixth annual general meeting of the Branch will be held on Thursday, 25th January, at four o'clock p.m., in the Hall of the King and Queen's College of Physicians. The officers and council for the ensuing year will be elected by ballot, and any other necessary business transacted. Dr. Banks, President-elect, will deliver the annual address, and Dr. Mahomed, Physician to Guy's Hospital, will attend the meeting, and explain the objects of the Committee of the Association (of which he is secretary) for the Collective Investigation of Disease, and the functions of the Local Sub-Committee of the Branch recently formed in connection therewith. The annual dinner of the Branch will be in the College Hall, at seven o'clock p.m., on the day of the meeting.

Hydrophobia.

A SERIES of important investigations have been made by M. Pasteur in the virus of rabies. Not content with having discovered it in the saliva, he has tracked it to its source—the centre of the nervous system. The brain appears to be excessively charged with virus, and to be peculiarly sensitive to inoculation. Such inoculation surely causes death, while it has been demonstrated that inoculation through the blood by a bite, or otherwise, is by no means invariably fatal. In the course of his experiments, M. Pasteur made the important discovery that a dog who recovers after such inoculation is incapable of "taking" the disease a second time—in other words, is proof against rabies. He has at present four dogs in this condition, and concludes that, as man never contracts rabies except from the bite of a mad dog or other inoculated animal, it may not be impossible to devise means for protecting him against such accidents. Such a discovery, if reducible to practice, may serve to protect not only mankind, but dogs themselves from the dreaded disease, the mere mention of which causes a panic among their masters. In many cities, notably New York, whole hecatombs of dogs are offered up at the first whisper of rabies; for of all diseases hydrophobia seems to be that most capable of inspiring such terror in the human breast as to steel it against every pleading of gratitude or mercy.

ACCORDING to the returns now made up, 3,340 students matriculated in Edinburgh University last year, being an increase of 103 on the preceding year. Of these 1,730 were medical students.

THE *Official Messenger* publishes a decision of the Medical Council of St. Petersburg, condemning the homœopathic remedy for diphtheria, which has lately been tried there in the hospitals of the Red Cross Society, as false and dangerous.

DR. BUNSEN, the German chemist, has been elected a Foreign Associate of the Paris Academy of Sciences. The dignity is one of the highest in the scientific world, and is limited to eight names. Dr. Bunsen succeeds the late Professor Wöhler, of Göttingen.

THE Army Medical and Transport Inquiry Committee sat again at the War Office on the 10th inst., the Earl of Morley presiding. The examination of medical officers who had had charge of field hospitals and sick transports occupied the whole sitting.

FOR the year 1883 the Academy of Medicine, Paris, offers seventeen prizes, the total amount of money being over 60,000 francs. The largest prize is one of 25,000 francs (£1,000), which will be given to any one who, in the judgment of the Academy, has found a remedy, against diphtheria.

HER MAJESTY has been graciously pleased to nominate the following gentlemen to be Companions of the Order of the Indian Empire:—Surgeon-Major James Edward Tierney Aitchison, M.D., Indian Medical Department, Bengal; and Surgeon-Major George Bidie, M.B., Indian Medical Department, Madras, Superintendent of the Central Museum at Madras.

NOTICE has been given that examinations of candidates for fifteen commissions in the Medical Department of the Army, and for twelve vacancies in the Medical Department of the Royal Navy, and five appointments in the Indian Medical Service, will be held at the London University, Burlington Gardens, on the 19th February next, and following days, at 10 o'clock a.m.

MR. CHRISTOPHER HEATH, F.R.C.S., has been elected a Member of the Court of Examiners of the Royal College of Surgeons of England, to fill the vacancy caused by the retirement of Mr. Luther Holden, late President of the College. At the same meeting of the Board, Mr. John Wood, F.R.C.S., was elected a Member of the Court of Examiners in Dental Surgery.

DR. WILLIAM J. SMYLY has been appointed to succeed Dr. A. V. Macan as Gynæcologist to the City of Dublin Hospital, Dr. Macan having been—as we recently announced—appointed Master of the Rotundo. Dr. W. Smyly was for some time Assistant-Physician to the Rotundo, and a Demonstrator in the School of the Irish College of Surgeons.

SOME time ago Miss Baxter, of Balgavies, and Dr. Baxter, Procurator-Fiscal, of Dundee, gave jointly £150,000 for the endowment and erection of a college in Dundee. The necessary buildings have now been acquired, and professors having been appointed, the work of the college will soon commence. Miss Baxter has within the last few days given £10,000 more to provide a laboratory, and the trustees of the late Dr. Baxter an additional £10,000 to endow a chair of law.

DR. S. D. CLIPPINGDALE, whose papers on Hip-joint Disease are at present appearing in the *Medical Press*, was last week presented with a testimonial, consisting of a gold keyless chronometer and a handsome card-tray. The subscribers, who numbered nearly 300, were chiefly patients, and accompanying the testimonial was a bound volume containing their names.

THE Secretary of State for War has approved the appointment of Deputy Surgeon-General J. A. Marston, M.D., C.B., lately employed as Sanitary Officer with the Egyptian Expedition, to be Head of the Sanitary and Statistical Branch of the Army Medical Department at Whitehall Yard, in succession to Deputy Surgeon-General J. Irvine, M.D., who has proceeded to Egypt to relieve Surgeon-General Sir James Hanbury, K.C.B., in medical charge of the army of occupation.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 37, Bombay 25, Madras 33, Geneva 25, Brussels 23, Amsterdam 24, Rotterdam 39, The Hague 19, Copenhagen 20, Stockholm 31, St. Petersburg 39, Berlin 22, Hamburg (State) 23, Dresden 21, Breslau 28, Munich 30, Vienna 24, Prague 33, Buda-Pesth 22, Trieste 22, Rome 24, Venice 30, New York 22, Brooklyn 23, and Baltimore 34. No returns were received from Paris, Christiania, Naples, or Turin.

In the large towns last week the highest annual death-rates per 1000 of the population from diseases of the zymotic class were—From whooping-cough 2·9 in Glasgow, 1·4 in Manchester, and 1·7 in Cardiff; from measles, 1·3 in Liverpool and 2·3 in Cardiff; from scarlet fever, 1·6 in Leeds and 1·8 in Sheffield; and from "fever," 1·0 in Bolton and 1·4 in Liverpool and in Blackburn. The 47 deaths from diphtheria included 21 in London, 13 in Glasgow, 4 in Edinburgh, 3 in Manchester, and 2 in Portsmouth. Small-pox caused 5 deaths in London, 4 in Newcastle-upon-Tyne, and 2 in Oldham.

WITH a rise of temperature and drier weather, the rates of mortality last week in the principal large towns of the United Kingdom showed a considerable reduction. Classified according to the healthiness of these towns, the deaths per 1,000 were:—Halifax, Birkenhead, 15, Bradford, Cardiff 16, Bristol, Nottingham, Derby 18, Newcastle-on-Tyne, Norwich, Portsmouth, Bolton, Birmingham 19, London, Salford, Leicester 20, Brighton, Plymouth 21, Sheffield, Preston, Huddersfield, 22, Edinburgh 23, Wolverhampton 24, Oldham, Leeds 25, Sunderland, Hull 26, Manchester 27, Blackburn 29, Liverpool 30, Glasgow, Dublin 31.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DUNDEE ROYAL LUNATIC ASYLUM.—At a quarterly court of the directors of this institution, held on the 10th inst., it was shown that a heavy debt is at present due to the Union Bank of £49,876 on the building account. The erection of the new asylum had been undertaken on the faith that about £60,000 would be got for the site and buildings of the old asylum. A revaluation of the property for the satisfaction of the Union Bank, which was to advance the necessary loan, was afterwards made of close upon £50,000. The loan had now been exhausted, and a considerable sum expended beyond that, and the interest payable on that account was so large that the directors were not likely to be able to meet it from their free surplus revenue.

A MONTH'S VITAL STATISTICS.—From the Registrar-General's returns for the past month we learn that there were registered in the eight principal towns of Scotland the births of 3,444 children, of whom 1,795 were males and 1,649 females. Of these 3,148 were legitimate, and 296 illegitimate, being in the proportion of 1 illegitimate in every 11·6 births, or the illegitimate births constituted 8·6 per cent. of the whole. In Perth 5·6 per cent. of the births were illegitimate; in Leith, 5·7; in Greenock, 6·1; in Paisley, 7·2; in Aberdeen, 8·5; in Glasgow, 8·8; in Edinburgh, 8·9; and in Dundee, 11·4 per cent. During the same period 3,001 deaths were registered, of whom 1,469 were males and 1,532 females. This number is 85 above the average for December during the last ten years, allowing for increase of population. From diseases of the zymotic class, whooping-cough was the most fatal, having caused 153 deaths, or 5·1 per cent. of the whole mortality; 7·7 per cent. of the deaths in Dundee were attributed to this cause. The deaths from inflammatory affections of the respiratory organs (not including consumption whooping-cough, or croup) amounted to 864, or 28·8 per cent. Those from consumption alone numbered 257, or 8·6 per cent. 74 deaths were attributed to violent causes, of which three were suicidal. One death resulted from delirium tremens, and 5 from the direct effects of intemperance. One male and ten females were aged 90 years and upwards, the oldest of whom were, a crofter aged 96, and a widow aged 96.

PROFESSOR GRAINGER STEWART.—We regret to have to announce that Professor Stewart is still confined to his bed at the Bridge of Allan, suffering from a severe attack of rheumatic fever. When we last made inquiries the Professor was reported to be somewhat better, but still unable to leave his bed.

MUNIFICENT BEQUEST TO THE EDINBURGH ROYAL INFIRMARY.—We understand that Mr. Thomas Laing, of Linhouse, West Calder, has left the residue of his estate, which it is estimated will amount to over £30,000, to the Edinburgh Royal Infirmary.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 6th inst., was 101, and the death-rate 23 per 1,000. Diseases of the chest accounted for 52 deaths, and zymotic causes for 10, of which 2 were due to fever, 2 to diphtheria, and 4 to scarlatina, the intima-tions of these diseases for the week being 10, 3, and 26 respectively.

THE DEATH-RATE OF GLASGOW.—The death-rate in Glasgow for the week ending with Saturday, the 6th inst., was 31 per 1,000 per annum, against 33 in the preceding week, and 27, 31, and 27 in the corresponding periods of 1882, 1881, and 1880.

FRESH OUTBREAK OF FEVER AT DUMFRIES.—For a few weeks Dumfries was free from fever, but again it has broken out. On the 8th inst. a woman was sent to the Infirmary, and on the following day four persons from one family, suffering from fever, were sent to the same institution.

BANFF.—TESTIMONIAL TO DR. MANSON.—On the 10th inst., Dr. A. G. Manson, of Banff, was entertained at a banquet in the Council Chambers of the Town Hall, and at the same time presented with 500 guineas and a magnificent silver tea tray. Provost Williamson presided, and there was a large company present. The principal toast was proposed by Sheriff Scott-Moncrieff, who also, in the name of the subscribers, made the presentation to Dr. Manson, who, he said, had begun in 1835 the practice of his profession in the parish of Forgue, Aberdeenshire, where he became known as a very skilful physician, and in many respects a most estimable man. He remained in the district for a

quarter of a century, after which he came to Banff. The amount subscribed for the testimonial was £500 10s., in subscriptions ranging from 1s. to £35, and the subscribers, of whom there were over three hundred, included representatives of all classes of the community. Dr. Manson, in returning thanks for the handsome gift, and also for the expressions of goodwill towards himself, spoke in terms of high gratification in regard to the kindness which he had experienced from all with whom he came in contact since he came to Banff.

EDINBURGH.—ANTI-VIVISECTION MEETING.—The annual meeting of the Scottish Society for the Total Suppression of Vivisection was held on the 10th inst., under the presidency of the Rev. Dr. Adamson. The secretary read the annual report, which stated that the movement was continuing to make satisfactory progress over the country, though a large amount of indifference still existed regarding the cruelty which the practice of vivisection caused to animals. During the year between 50 and 60 petitions had been presented to Parliament from Scotland calling for the total suppression of vivisection. These petitions contained over 30,000 names, one from Edinburgh containing nearly 20,000, and one from Leith with over 5,000 names, besides petitions from the Provost and Magistrates and Council of Dundee, and also from Glasgow and other places. The treasurer's statement showed that the income had been £173 13s. 2d., and the expenditure £184 4s. 3d. There was the customary mixture of "goodness" and "invective" in the speeches which followed, the chairman winding up with the very serious statement—if true—that "he had been authorized to state that at that moment £15,000 was being withdrawn from the University of Edinburgh in consequence of Professor Rutherford's practice of vivisection."

QUESTIONABLE ADVERTISEMENTS.

On the title-page of the last number of the *British Medical Journal* (January 13th) will be found the following advertisement:—"Bladder and Prostate in both Sexes. By David Jones, M.D., Founder of, and Physician to, the Home Hospital, Dean Street, Soho. The work contains illustrated diagrams of the cure of *stone without cutting*, pain, or danger, and numerous successfully-treated cases hitherto regarded incurable." Our attention having been drawn thereto by several correspondents, we sought in vain for name and qualifications of the said David Jones, M.D., both in the official Medical Register and the London Medical Directory. Would our contemporary inform us of the legal standing of "Dr." Jones, or whether the foregoing advertisement is considered of such a nature as to be entitled to receive the *imprimatur* of even the advertising columns of the official organ of the British Medical Association? Perhaps some of our readers can throw light on "Dr." Jones of the Home Hospital, Dean Street; if so, we shall feel obliged.

GAMBETTA'S DEATH.

PRINCIPAL official history, the *Union Medicale* gives the following particulars upon the best authority:—The wound of Gambetta, received on the 27th November, resulted from the bullet of a revolver, which entered by the palm of the hand and went out by the dorsal face of the forearm. It was almost completely healed by December 10th, but on the 18th, after a copious meal, he felt a severe pain in the right hip,

which lasted about half-an-hour, and disappeared gradually. For many years past this pain manifested itself frequently about an hour after eating, and Gambetta was in the habit of pressing the hand strongly over the region of the liver, when the pain gradually disappeared. The frequent repetition of the pain had accustomed him to carry the palm of his hand in this position. On this particular occasion the spot remained painful for a longer period. On the 16th he received several friends and felt fatigued; in the evening he experienced a rigor, temperature went up to forty centigrade, and the abdominal pain became more acute. During the following days the symptoms of perityphilitis showed themselves about the region of the ascending colon. The inflammation then extended to the abdominal wall and iliac fossa, gangrene supervened, and death ensued on December 31st. Diabetes was suspected, but not found to exist, but albuminuria was detected at each examination. At the autopsy made forty-eight hours after death, putrefaction of liver and kidneys prevented exact diagnosis. Recent inflammation of peritoneum was discovered in neighbourhood of ascending colon, with sub-peritoneal inflammation of the entire right hypochondrium, principally about the large intestine. Two large phlegmonous deposits were found in the costo-iliac space, with old adhesions between the thickened gall bladder and angle of colon, and between the vermiform appendix and cæcum. There were no deposits of pus—not more than two spoonfuls altogether; but the most important lesion found was an old stricture of the lower part of ileum and ileo-cæcal valve, so tight that the end of the little finger could barely get through. This stricture was evidently the cause of the pain which was felt in the left side after eating, when the food was passing from the small to the large intestine, and it became more violent during convalescence, because a careful dietary had been observed during the healing of the wound. He returned too quickly to his habitual régime. In short, the cause of death was, firstly, a wound of hand and forearm, cured; and secondly, intestinal obstruction causing phlegmonous inflammation in the locality of an old intestinal stricture in an obese subject, albuminuric, and perhaps diabetic, running into gangrene and death. The thoracic organs were healthy. The brain, of which the circumvolutions were perfectly normal, only weighed 1,160 grammes—somewhat under average. It was supposed that a syphilitic taint existed, but no trace of the diathesis was found, either during the illness or after death.

Correspondence.

THE PREVENTION OF HYDROPHOBIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The recent outbreak of hydrophobia at Whitton, in Radnorshire, directs attention to this terrible complaint, for which, at present, there is no certain remedy. A plan for the prevention, or, at least, mitigation of the disease, was introduced and put into practice some twenty years ago by M. Bourrel, of Paris, and this plan has since been reported favourably upon by Mr. Fleming, the eminent President of the Royal College of Veterinary Surgeons, in his work on "Rabies and Hydrophobia," p. 360-361. Bourrel's method, which has been successfully practised, consists of blunting the canine teeth and incisors of young dogs. This operation renders it impossible for a dog to inflict wounds on men or animals which might lead to inoculation with the virus of rabies. The treatment imposes no restraint upon the animal. "Bourrel's proposal," says Mr. Fleming, "has never been carried into general practice as far as I know, but it will be seen that it is by no means an unreasonable one; and in countries where dogs are particularly susceptible to rabies, or

during an epizooty of the disease, it might, and, indeed, must prove of the greatest utility. Even in ordinary circumstances, with vicious dogs it would be most injudicious not to resort to it to prevent their doing mischief."

Bourrel's experiments in this direction commenced in 1862, and were conducted upon thirty dogs. When the permanent teeth are well grown he states that the dog may be so disarmed. The operation occupies about eight minutes. There is no subsequent derangement of health, and the creature eats as well as before. The teeth are no more exposed to caries than they were previously; the lips conceal them except in aggression or defence, and the beauty of the dog is not impaired. "In general," says M. Bourrel, "it is a sharp pinching produced by the front teeth that causes inoculation; the skin is torn, or the bite draws blood. By blunting, or resection, sixteen obtuse surfaces are substituted for sixteen sharp points. Sporting dogs in the habit of tearing the game have been prevented from doing so by this measure, while the furious disposition of some dogs, such as watch-dogs, which render them dangerous to every one, was softened, and brutes which would have to be destroyed were consequently allowed to live. Terriers have not ceased to kill rats after this blunting; they have only lost their power to kill cats, which is a happy result. The same operation disarms those bull-dogs that certain individuals have the discreditable passion of exciting to fight; pet dogs have been operated upon without any inconvenience."

Granting that in rare cases sporting dogs would be deteriorated by this process of reducing their fangs, or even that exception should be made in their favour, there can be no doubt that, were the system applied to pet dogs, mongrels and other curs of low degree, who are, after all, the most fruitful causes of hydrophobia, the number of victims to that terrible disease would be reduced.

Apart from the absolute danger arising from a dog's bite, the sense of nervous apprehension and suffering to the victim is a serious evil. Bourrel's proposals excited a great amount of ridicule at the time they were brought forward, one journal suggesting that all dogs should be provided with false teeth; and no doubt, were the French physician's plan generally adopted, we should hear a great deal from certain emotional hobby-hunters about cruelty to animals. As a rule, however, this class of busybodies care more for pets and curs than they do for humanity.

With a view of eliciting information, I shall feel obliged if you will find space for this somewhat long letter.

Yours, &c.,
A MEMBER OF THE SANITARY INSTITUTE
OF GREAT BRITAIN.

Literature.

ESSENTIALS OF VACCINATION. (a)

DR. HARDAWAY'S work has come at a very opportune moment, as it gives very precise information on the practice of animal vaccination in the United States, and many important statistical tables to prove the importance of vaccinia as a preventive of small-pox. We strongly advise all who wish to know what can be said for and against vaccination to read it. Dr. Hardaway discusses at some length the question of the origin of vaccine, and decides in favour of its being mitigated variola. In Chapter V. he gives an excellent account of erysipelas, which rarely is caused by humanised lymph, and, it is said, never is caused by animal lymph. He also alludes to some other vaccinal eruptions, and among others to *vaccinia gangrenosa*, eczema, generalised vaccinia, and vaccinal syphilis. Chapter VI. treats of re-vaccination, and discusses the question, what constitutes a successful re-vaccination? He recommends it at puberty. In Chapter VII. our author speaks of humanised and animal vaccination, mentioning, by the way (p. 71), that animal vaccination has almost entirely superseded humanised in the United States, so that the relative merits of the two kinds of lymph are no longer spoken of. He asks whether the preventive power of vaccination has degenerated, and mentions that in 1802 a Committee of the House of Commons could only hear of two cases of small-pox after vaccination. "Even as late as thirteen years after the

practice was introduced no fatal case of small-pox after it had been heard of." So that Jenner thought small-pox might be stamped out by vaccinators. But he concurs with Dr. Cameron in thinking that vaccine is much less powerful now as a preventive, for the proportion in which vaccinated children are attacked and cut off by small-pox has greatly increased of late years as compared with the commencement of the century. On the other hand, Martin, of Boston, and Warlomont, of Brussels, say that animal vaccine is perfectly protective against small-pox, and that it does not deteriorate as humanised lymph does. It cannot convey syphilis, can be had in unlimited quantity in times of epidemics, and is free from erysipelatos infection. In Chapter X. our author quotes Macaulay, that the small-pox in the seventeenth century was comparable in its ravages with the plague. From 1783-99 one-tenth of the total mortality at Berlin was caused by it. In a single year it destroyed 100,000 Indians in Quito. In 1721 one-half of the population of Boston, U.S., were attacked, and one-thirtieth of them died. Even with humanised lymph, he says, Dr. Buchanan (*Med. T. and G.*, June, 1881) has shown that in 1880 there died in London from small-pox 1,532 persons of all ages, of whom 325 were certified to have been vaccinated, 637 as not vaccinated, and 570 belonged to the "not stated" class. Dr. Buchanan calculates that in London in 1880 there were 3,620,000 persons vaccinated, and only 190,000 unvaccinated, and he calculates from this that the death-rate from small-pox of all ages of the vaccinated was 90 per million, and 3,350 per million of the unvaccinated. Again, of those living under five years of age he finds the mortality to have been 40½ per million of the vaccinated, and 5,950 per million of the unvaccinated, so that even in its supposed degenerated state humanised lymph is a great preventive of small-pox. Lastly, our author speaks of the dangers of vaccination, and shows that small-pox was formerly a great cause of scrofula, which vaccination avoids. As to tuberculosis being communicated by animal vaccine, he alleges with truth that this can neither be affirmed or denied with our present knowledge. Compared with the millions of favourable cases, the one or two accidents arising from vaccination sink into insignificance, and we might as well give up railway travelling on account of accidents as abandon vaccination because it, like chloroform, sometimes causes a death.

A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE. (a)

TWELVE hundred and eighteen most excellent pages truly but why placed between a single pair of covers whence they are sure rapidly to extricate themselves if subjected to the not over-careful treatment too often accorded the volumes of the medical students' library? This and other works of similar proportions would be much more handy and durable if published in two volumes. The favourable impression produced by this admirable treatise is amply proved by the fact that, among so many competitors, it has run through three editions since its first appearance six years ago. The present edition is brought well up to date, containing corrections, new matter, and additional woodcuts.

The pages relating to the legal management of lunatics, which include a copy of the necessary certificate with full explanations and instructions thereon, will be found especially valuable, as containing information not always easily accessible to those who may be unexpectedly called on to deal for the first time with such cases.

In these days of pathological bacilliology we read with satisfaction the guarded language of the author on the subject of the "Tubercle Bacillus" in the "Addendum," p. 1,173, where he says: "It is scarcely justifiable perhaps to assert at the present time that the bacilli discovered in tubercle have been absolutely proved to be the cause of tubercle. But it must be admitted that the evidence in favour of that view is very strong. Nor, even if this relationship be established, does it necessarily follow that tubercle is an infectious disease any more than ague is infectious. Still, the probability of its direct or indirect infectiousness becomes much increased. The parasitic origin of malignant disease remains to be discovered."

(a) "Essentials of Vaccination." By W. A. Hardaway, M.D., Chicago. 1882. Pp. 146.

(a) "A Treatise on the Theory and Practice of Medicine." By John Eyer Bristowe, M.D., Lond. F.R.S. Fourth Edition. London: Smith Elder, and Co. Pp. 1,213. 1882.

FREQUENT HÆMORRHAGE FOLLOWING FRIGHT.

M. MERRER reports that a deaf and dumb child of 14 years of age, having been very much frightened by a fire, was affected some days after with violent bleeding of the nose, which lasted 24 hours, notwithstanding the application of iron to it, and the use of the perchloride of iron. The indocility of the patient at first prevented the use of Belloc's probe, but afterwards it was possible to use it, because of an approach to syncope. The epistaxis had scarcely ceased when it was followed by vomiting of fresh blood, proceeding, doubtless, from the stomach, which resisted the application of ice for 24 hours, and was in its turn succeeded by coughing, causing a bloody expectoration. This last accident was successfully overcome by ergot of rye, and the child soon recovered its usual health.

PILOCARPIN IN POLYURIA.

In a recent memoir (*Thèse de Paris*), M. Dugroux asserts that pilocarpin by hypodermic injection, in the dose of one-sixth to one-third of a grain, has proven successful in some forms of polyuria. It brought about complete cure in two cases of azoturic polyuria, the one essential and the other symptomatic of interstitial nephritis; in this last case it also caused the disappearance of very marked amblyopia. In two cases of simple polyuria it caused a notable amelioration of the general symptoms. It proved unsuccessful in a case of polyuria in chronic saturnine poisoning, in a chronic case of simple polyuria, and in a case occurring to a patient in an advanced state of scrofulous cachexia.

GOOD NEWS FOR TEETOTALLERS.

WITH regard to the home consumption of wines, spirits, and beer last year, the records show that the consumption of imported wine was nearly 8 per cent. less last year than the preceding year, and 9 per cent. less than in 1880; in imported spirits the decline was at the rate of 1½ per cent. on 1881; in home-made spirits, for which the returns are only made up for nine months, the decrease was 1 per cent. Allowing for increase of population, the rate of decrease in the home consumption of spirituous liquors is very marked. At the same time there has been a remarkable growth in the consumption of tea. So far, last year compared with the preceding, the growth has been at the rate of 3 per cent.; in cocoa it was 8 per cent.

The Council of the London Model Abattoir Society proposes to consider the electric with other painless methods of slaughtering animals. Meanwhile it is pointed out that the suggestion for rapid killing of animals by means of electricity has already been tried. Some years ago Dr. Richardson made use of the large induction coil at the Royal Polytechnic Institution for testing the question, and killed several sheep and other animals by the electric shock. The experiments led to results which were to a certain degree promising, and to a certain degree disappointing. The electric discharge always succeeded in striking the animals into instant insensibility, and in many instances killed them outright; but in other instances, after the temporary production of all signs of death, there were indications of recovery, so that death had to be completed by other means.

DR. CORVISART, who was physician to Napoleon III., and the Prince Imperial, died suddenly, on the 24th ult., at his residence in the Champs Elysées, aged 71. He was nephew of Baron Corvisart, physician to Napoleon I., who died of apoplexy when he heard of the defeat of Waterloo. The Baron just deceased attended Napoleon III. at Chislehurst on his death-bed.

Medical News.

Liverpool Medical Institution.—The following is a list of office-bearers for 1883 elected at the annual meeting of this Society on January 9th:—President: Mr. J. Shadford Walker. Vice-Presidents: Mr. E. A. Browne, Dr. W. Macfie Campbell, Mr. Rushton Parker, and Dr. H. G. Rawdon. Honorary Treasurer: Dr. J. Barr. Honorary General Secretary: Dr. Frederick Pollard. Honorary Secretary to ordinary meetings: Mr. F. J. Paul. Honorary Librarian: Dr. J. E. Burton. Council: Dr. W. Alexander, Dr. R. S. Archer, Dr. W. Carter, Dr. T. Clarke, Dr. A. Dunbar, Dr. T. R. Glynn, Dr. J. Lambert, Mr. W. McCheane, Mr. J. K. Smith, Dr. S. Spratly, Dr. J. H. Wilson, Dr. A. Wiglesworth.

Notices to Correspondents.

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

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

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

DR. FRY.—We regret that we cannot accept the article for publication in our columns. It is too conspicuously written in defence of private interests; and even though all the statements were capable of rigid proof, they would be fitted only for the advertisement pages of the journal.

PROPOSED VACCINATION CONFERENCE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I regret to have to differ with your correspondent in reference to the proposed Conference. I have received one of the circulars referred to in your last issue, and am of opinion that such a question cannot be settled in the way proposed, nor will truth be thereby elicited. It may suit the anti-vaccination party to have this opportunity of airing their views at a Conference, which I have no doubt will be largely patronised by that party.

Mr. Makuna seems to object to official intrusion into this Conference. This is a mistake. Who are so well qualified to speak on this subject as the officials at Whitehall, who have had to deal with the vaccination of this country?

I am in favour of another Royal Commission—similar to the one which sat in 1871.

Yours faithfully,
OBJECTOR.

Yorkshire, Jan. 11th, 1883.

DR. E.—We are obliged for the information, and beg you to accept our best thanks for the frank and friendly intimation afforded in your letter. It is, of course, sufficient to know of the existence of the intention. It is now clear what course should be followed, and the note shall be speedily forwarded.

GRATUITOUS ATTENDANCE ON SERVANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 3rd inst. you quote, in answer to "Senex," from Greenwood's "Laws affecting Medical Men" the following passage: "A master is not bound to provide medical assistance for his servant." Perhaps you would be kind enough to refer me to the heading under which the passage above quoted is to be found, as I possess a copy of Greenwood's, but cannot find your quotation.

Yours very truly,
FELIX.

Jan. 3rd, 1883.

[The passage we quoted was not from Greenwood's book, but from "Laws affecting Medical Men," by R. G. Glenn, LL.B., p. 195.—ED.]

DISPENSARY MEDICAL OFFICERS AND RAILWAY SOCIETY PATIENTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Is a dispensary doctor expected to visit railway society patients on dispensary or visiting tickets when the porters, watchmen, &c., &c., have a society amongst themselves, with their own medical officer appointed to attend to them and their families?

In case a ticket was issued to one of the above-mentioned, can the doctor refuse to attend?

I am, yours, &c., &c.,

Jan. 5th, 1883.

ONE EXTORTED ON.

[The case stated is a manifest imposition upon the Poor-law medical officer; but he is, nevertheless, bound to attend. It is a question whether the dispensary committee would cancel tickets issued under such circumstances. We think they ought.—ED.]

A GENERAL PRACTITIONER.—The first case we remember to have seen recorded was by Mr. Crispin Hutchinson; but the value of iodine in the treatment of erysipelas has been recognised for the last thirty years.

DR. COGHILL.—The case was commented upon in our columns in October last.

DR. C. B., DR. J. W., & MR. F. G.—The advertisement referred to is decidedly in bad taste, and should never have been allowed into the columns of our contemporary. We have our opinions of the author of it.

ACADEMICAL DISTINCTIONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Looking over "Whitaker's Almanack" of this year, I observed he gives the distinctive hoods of Divinity, Law, and medicine, also Music, Engineering, Philosophy, &c., granted by recognised British Universities. I should like to know what distinctive costume appertains to Members and Fellows of the Royal Colleges of Surgeons and Physicians of Great Britain and Ireland; also if Canadian professional diplomas, as M.D. and M.S. of any University or College of the country, can be legally registered here?

Yours truly,

INQUIRER.

London, Jan. 9th, 1883.

["* There is no distinctive hood or other costume for Fellows or Members of the various Colleges of Physicians or Surgeons except the official robes worn by Presidents, Censors, &c., when in office. University graduates only are entitled to wear the hood of the University whose degrees they hold. With reference to our correspondent's last question, on the subject of Canadian diplomas, those registrable in the United Kingdom are—the University of Toronto; Trinity Medical School, Toronto; McGill College, Montreal; Bishop's College, Montreal; Royal College of Physicians and Surgeons, Kingston; and the University of Laval, Quebec.—ED.]

DR. A. J.—Your opinion exactly coincides with that we have founded on experience; there is certainly neither cohesion nor organization among members of the Army Medical Service, and every fresh attempt to alter such an anomalous state of things is met by discouragement, if not utter indifference on the part of those most interested.

FEES FOR VACCINATION PROSECUTIONS.—"S. D." asks: When a dispensary medical officer is called upon to prove cases of vaccination defaulters at Petty Sessions—(1) To what fee is he entitled? (2) By whom is the fee payable? and (3) Does the fact of his having received no subpoena make any difference?

[Sec. 10 of Vaccination Amendment (Ireland) Act, 42 and 43 Vict., cap. 70 (page 619, "Irish Medical Directory"), says: "The guardians . . . may direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of the Acts. The medical officer of any dispensary who may be required by the guardians of the union to attend and who shall attend at any such proceedings shall, in addition to his actual expenses, be entitled to receive for his remuneration for such attendance such sum, not exceeding one guinea for each day upon which his attendance shall have been required and given, as the court before whom the proceedings are had shall certify. . . . If the court is of opinion that they should be allowed, the justice or one of the justices shall ascertain and certify the amount thereof to the guardians . . . and such amount shall be payable out of the poor rates of the union. . . ."—Note, 1. That the medical officer must be "required by the guardians." Subpena is not necessary. 2. That he must have attended. 3. That the fee must be certified by the magistrates. It is payable by the guardians.—ED.]

RUSTIOUS (Epping).—There are always two ways of doing things—a right way and a wrong. You have, unfortunately, selected the wrong method in the case you describe, and the result so inexplicable to yourself is the natural consequence of the treatment adopted. It will be necessary now to recreate a granulating surface, and proceed as in dressing an ordinary open wound.

MEDIOUS.—Smoking, if only moderately indulged in, and not abused, is not productive of consequences properly described as evil. In those exceptional cases where injurious effects are attributable to tobacco, it is probable that individual idiosyncrasy will suffice to explain their occurrence, assuming, that is, that there is no excessive consumption of the weed. Pipes kept properly cleaned are by far the healthiest vehicle for the enjoyment of tobacco.

MEETINGS OF THE SOCIETIES.

SOCIETY OF ARTS.—This (Wednesday) evening, at 8 p.m., Mr. W. K. Burton, "The Sanitary Inspection of Houses."

ROYAL INSTITUTION.—Thursday, Jan. 18th, at 3 p.m., Professor Dewar, "On the Spectroscope and its Applications."

HABYRIAN SOCIETY OF LONDON.—Thursday, Jan. 18th, at 8 p.m. Annual Meeting: Election of Officers; President's Address and Conversations.

ACADEMY OF MEDICINE IN IRELAND.—Friday, Jan. 19th, at 8 p.m., Living Specimens: Dr. J. Magee Finny, A Peculiar Case of Vesiculo-Tubercular Disease of the Skin.—Mr. Arthur Benson, A Case of Chancre on the Upper Eyelid.—Specimens exhibited by Card: 1. Dr. F. J. B. Quinlan, Bacillus of Tubercle in Sputum. 2. Ditto in Lung Tissue.—2 Dr. Henry Kennedy, Urinary Calculus.—3. Aneurism of Arch of Aorta obliterating Arteria Innominate.—4. Dr. H. C. Tweedy, Heart showing Vegetations on the Mitral and Aortic Valves.—5. Dr. A. W. Foot, Drawings of Facial Chromidrosis.—Papers: 1. Dr. E. A. Hayes, "Case of Empyema treated by the Radical Method, with Notes on some Antiseptic Fluids employed."—2. Dr. J. M. Purser, "Notes of a Case of Empyema."—3. Dr. W. J. Smyly, "Sudden Change in the Colour of the Hair and Skin in an Infant."

ROYAL INSTITUTION.—Friday, Jan. 19th, at 9 p.m., Mr. E. Bosworth Smith, "On Early Life of Lord Lawrence in India."

ROYAL INSTITUTION.—Saturday, January 20th, at 3 p.m., Mr. E. Bosworth Smith, "On John Lawrence at Delhi and its Neighbourhood."

ROYAL INSTITUTION.—Tuesday, Jan. 23rd, at 3 p.m., Professor W. C. Williamson, "Primaeva Ancestors of Existing Vegetation."

Vacancies.

Bromyard Union.—Workhouse Medical Officer. Applications to be sent to the Clerk on or before Jan. 22nd.

Bromyard Union.—District Medical Officer. Salary, £106, with fees extra. Applications to be sent to the Clerk on or before Jan. 22nd.

Children's Hospital, Birmingham.—Assistant Resident Medical Officer. Salary, £40, with board, &c. Applications to be sent to the Secretary not later than Feb. 1st.

London Lock Hospital.—House Surgeon. Salary, £50, with board and residence. Applications to be sent to the Secretary on or before Jan. 23rd.

Spike Island Convict Prison.—Temporary Resident Apothecary. Salary, £118, with apartments, &c. Applications to be addressed to Chairman General Prisons Board, Dublin Castle, before Jan. 20th. (See Advt.)

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board, &c. Applications to be sent to the Assistant Secretary on or before Feb. 6th.

Appointments.

CASEY, E., M.B., C.M. Aber., Medical Officer for the Sutton District of the Freetown Union.

COTTER, J., M.D., Physician to the Cork Fever Hospital.

HADDEN, W. B., M.B. Lond., M.R.C.P., Medical Registrar to St. Thomas's Hospital, London.

JONES, W. E. F., L.R.C.P.E., L.R.C.S.E., Medical Officer, Medical Officer of Health, and Public Vaccinator for the Llanfair District of the Llanfair Union.

LOWE, G., M.B., Medical Officer for the Fourth District and Workhouse of the Forehoe Union, Norfolk.

LYNAM, E. G., M.B. C.S., House Surgeon to King's College Hospital.

MADDYVER, J. O., M.D., M.S. Glas., Medical Officer for the Broughall District of the Cannock Union.

MOULLEN, Dr., Medical Officer to Gorey Infirmary.

O'BORKE, C. T. J., L.R.C.P.E., L.M., L.R.C.S.I., Medical Officer, Medical Officer of Health, and Public Vaccinator to the Crossakel Dispensary District, County Meath.

RYAN, J., L.R.C.P.E., L.R.C.S.I., Medical Officer for the First District of the Northsack Union.

RYAN, J. N., M.D. QUI., L.R.C.S. Ed., Medical Officer for the Weymouth District of the Weymouth Union.

TIZARD, H., M.D. St. And., M.R.C.S., Medical Officer for the Melcombe Regis District of the Weymouth Union.

Births.

CRIBB.—Jan. 6th, at Bishop's Stortford, the wife of Henry Cribb, L.R.C.P. Lond., of a daughter.

DOLAN.—Jan. 9th, at Horton House, Halifax, Yorks, the wife of T. M. Dolan, F.R.C.S.E., of a son.

Deaths.

CULLMORE.—Dec. 27th, at Yole Grove, co. Wexford, John B. Cullmore, L.R.C.P., L.R.C.S. Ed., Medical Officer, Fethard Dispensary District, aged 81.

FOX.—Jan. 7th, Francis Ker Fox, M.D., of Brialington House, near Bristol, aged 79.

FREEMAN.—Jan. 9th, at his residence, Stowmarket, Spencer Freeman, M.R.C.S., aged 79.

LYON.—Jan. 6th, at 276 Bath Reservoir, Glasgow, James George Lyon, M.A., M.D., aged 48.

PRIOR.—Jan. 4th, suddenly, at his residence, Donnington House, St. Albans, E. H. Prior, M.D., L.R.C.P., J.P., aged 87.

SPULL.—Jan. 6th, at Essex House, Hammermith Road, Barnard Spull, F.R.C.S., L.S.A. Lond., aged 80.

WYBRANTS.—Jan. 1st, at Shepton Mallet, Jonathan Wybrants, M.D., aged 66.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			NOTES ON CURRENT TOPICS.
The Lettsomian Lectures on the Treatment of Some of the Forms of Valvular Disease of the Heart. By A. Ernest Sansom, M.D., F.R.C.P. Lond., Physician to the London Hospital, Senior Physician to the North-Eastern Hospital for Children.—Lecture I.—Endocarditis	67	Cloacal Occlusion of the Vagina	Electricity v. Hangings
Rupture of the Urinary Bladder. By Walter Rivington, F.R.C.S. Eng., Surgeon to the London Hospital	60	Breaking Strain of the Umbilical Cord	Ophthalmology and Otolaryngology in the London University
An Essay upon Hip-joint Disease. By S. D. Clippingdale, M.D., F.R.C.S.	72	Mummification of one Fœtus in a Twin Pregnancy	Remarkable Monstrosity
CLINICAL RECORDS.			Porro's Operation
Saint Mary's Hospital—Caries of the Pleum with Abscess Cavity in the Right Loin. Under the care of Mr. A. T. Norton	73	PATHOLOGICAL SECTION—	
SPECIAL.		Specimens exhibited by Card	Surgery of the Intestines
Ophthalmic Notes—Achromatopsia in Hysterical Patients	73	Double Glioma Retinae	General Medical Council
TRANSACTIONS OF SOCIETIES.		Intra-Ocular Tumour	Irish Academy of Medicine
ACADEMY OF MEDICINE IN IRELAND—		EDINBURGH MEDICO-CHIRURGICAL—	
OBSTETRICAL SECTION—		Gelatinous Degeneration of Knee-Joint	An Aseptic Chamber
Opening Address—Exhibits	74	Motor and Sensory Paralysis	Unification
		Necrosis of the Nasal Bone	Cholera
		Peculiar Mental State as the Result of Cranial Injuries	The Lismore Union Case
		WEST LONDON MEDICO-CHIRURGICAL—	
		Colloid Cancer in the Peritoneum—Post Hemiplegic Hemichorea—Recurrent Fibroid—Calculus in the Ureter	Vegetable Rennet
		Post-Hemiplegic Hemichorea with Hemianæsthesia	Proposed Conjoint Examination for Ireland
		LEADING ARTICLES.	
		THE HOUNSLOW TRAGEDY	Questionable Advertisements
		THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE BY THE ATTENDING PHYSICIAN—No. VI.	The Risks of Medical Practice
			SCOTLAND.
			Small-pox at Cathcart
			Groenock Infirmary
			Edinburgh School of Medicine
			Glasgow Convalescent Home
			CORRESPONDENCE.
			The Prevention of Hydrophobia
			NOTICES TO CORRESPONDENTS

The Lettsomian Lectures

ON

THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART. (a)

By A. ERNEST SANSOM, M.D., F.R.C.P. Lond., Physician to the London Hospital; Senior Physician to the North-Eastern Hospital for Children, &c.

LECTURE I.—ENDOCARDITIS.

The Rational Bases of Treatment—Morbid Anatomy—Clinical Investigation—Origin and Progress of Endocarditis—Study of Endocarditis occurring in Children—Pathogenesis—Existing Methods of Treatment—Preventive Treatment.

(Continued from page 48.)

SUCH is the evidence—the important evidence, as I estimate it—to be obtained as to the rise and progress of endocarditis from the clinical observation of the cases occurring in children. It becomes us, however, to revert to the general subject, to the disease as it is seen in adults, and to inquire whether there are any other diseases with which we find endocarditis associated. In many acute fevers—typhoid, for example—it is so rare that I consider it most probable that some other factor must have been in existence in the cases in which it has been observed. In *diphtheria* it has been said to be frequent. M. Labadie Lagrave has described it as occurring in fifty cases out of 100. In this country, however, observers have, so far as I am able to ascertain, noticed no such association: certainly, I have not myself, and I cannot refrain from concluding that special features (might it have been a relation with scarlatina?) marked the epidemic cases of which M. Labadie Lagrave has so carefully recorded. (a) I cannot help thinking that the term *diphtheritic*, as applied to ulcerative or necrosing endocarditis, has been productive of confusion.

An association between septicæmia and endocarditis has been noted, and also, as my own experience has confirmed, with puerperal conditions. M. Lancereaux recorded five cases in which it was thus observed: "In all these cases,"

he says, "the valvular affection manifests itself with characters of striking similarity; localisation to one portion only of the diseased orifice, exuberant vegetation, termination by necrosis, and ultimate phenomena of infection. (b) In fact, this is a variety of the ulcerative endocarditis which we shall hereafter consider.

And now let us approach the question of the *pathogenesis* of endocarditis. Excluding the ulcerative form, which we can more conveniently discuss subsequently, and the form which is secondary to arterial degeneration (because I think it will scarcely be denied that the endocarditis is here due to the involvement of adjacent endocardium in the sub-inflammatory changes which are an essential feature in the aortic disease), there remains the large class, which includes the exudative and the sclerosing forms which I have described. These are, I consider, from their clinical and pathological characters, to be grouped together as the *rheumatic form* of endocarditis, the sclerosing being the chronic form of the exudative.

Now I think that our clinical evidence has taught us that such endocarditis may arise in an extremely insidious manner; that it may give no evidence of its rise and progress by signs nor symptoms, nor even by rise of temperature. It may probably be in existence at the very earliest period of an attack of rheumatism, fever, and even with great probability precede it unnoticed (for such may be the significance of the muffled or prolonged first sound heard at the earliest period of such disease). Moreover, it may progress *after* the attack of rheumatic fever, causing gradual retraction of the valve in a patient who may have been discharged from treatment as free from cardiac complication. Such is the disease, insidious in onset, course, and character, the causation of which we have to consider. However occult its origin and course, we must allow that the inflammation of the endocardium is an integral part of the rheumatic process, that it is produced by the same agency which in many cases, though not in all, produces inflammation of the fibrous textures of the joints. Such morbid agent is, without doubt, distributed by the blood. The question occurs, Is it introduced from without or developed within? The view of its extrinsic nature has been forcibly argued lately, especially by Dr. MacLagan. (c) The hypothesis

(a) Des Complications Cardiaques du Croup de la Diphthérie. Paris, 1873. Cf. Morrell Mackenzie, "Diphtheria," p. 64. London: J. and A. Churchill. 1879.

(b) "Anatomie Pathologique," p. 537. Paris: Victor Masson et fils. 1871.
 (c) "Rheumatism: its Nature, its Pathology, its Successful Treatment." London: Pickering and Co. 1861.

is that the *materies morbi* which produces it is a form of malarial, and as such, is of the nature of a living, probably a fungoid, organism. Against such a view is, I think, the point which I have brought forward as so strongly borne out by observation—that endocarditis is not a pyrexial disease. Our knowledge of the action of low organisms upon the living body tells that they give rise to fever. It is, to my mind, highly improbable that proliferating germs introduced into the blood should cause an inflammation of the endocardium and yet fail to increase the general temperature of the blood. Moreover, the hypothesis fails to explain, as I consider, many of the phenomena which are explained by the other, viz., that the origin of the *materies morbi* is from within.

Let us consider, therefore, the second proposition—viz., that the endocarditis as well as the other phenomena of rheumatism are due to a perverted retrograde metamorphosis of tissue. The evidence seems to me to point this theory as the true one. First, we have hereditary proclivity; this, I consider, obtains not only as regards rheumatism in general, but endocarditis in particular. Secondly, proximate causes—those which I consider proven are sudden exposure to cold, the influence of certain acute specific diseases. What characterises these acute specific diseases—scarlatina and measles? An implication of the skin in a morbid process in both; of skin and kidneys in one. All such causes have one character in common—the production of an impediment to elimination. In a large number of instances I agree, of course, that proximate causes are not in evidence. In the next place, the proved conditions of the disease. An extremely acid sweat is excreted; lactic acid has been demonstrated in it, but it is not proved that lactic is the only acid thus excreted. Certainly there must be some other agent to communicate the peculiar odour which the perspiration manifests. Again, the urine is abnormally acid, and the saliva, which is normally alkaline, is in rheumatic conditions decidedly acid. Furthermore, the blood is abnormal, in that it contains an undue proportion of an excrementitious product—viz., fibrin; it is highly coagulable. What is not proven, however, is that the blood is acid; on the contrary, in rheumatism the blood-serum is alkaline. (a) At this step of the inquiry, experimental evidence comes to aid us. Dr. B. W. Richardson, to test the old theory of Prout that lactic acid is the pathogenetic agent, injected a solution of lactic acid into the peritoneal cavities of animals, and found undoubted evidence of the production of recent endocarditis in the valves of the right side of the heart. These observations have been confirmed by Rauch; but the conclusion that the lactic acid is the *vera causa* of the inflammation has been contested by Réyer, on the ground that endocarditis is common in dogs as an idiopathic disease. I think we may readily dismiss such an observation, from the fact that Dr. Richardson's observations give convincing proof of a recent inflammation far exceeding in prevalence the normal morbidity of the canine endocardium. And Dr. Richardson's observations have been confirmed by evidence which, though clinical, is also experimental. Dr. Balthazar Foster has shown that after injection of lactic in the human subject, phenomena in all respects corresponding with those of acute articular rheumatism were produced. "They came on when the acid was taken, and ceased when it was discontinued." (b)

This evidence, I take it, valuable as it is, is illustrative and analogical rather than direct and dogmatic. For me, at least, it shows that lactic acid can be an agent in the production alike of rheumatism and of endocarditis. But it does not prove that it is the only agent. We have no proof that the free acid exists in the blood in the disease; but yet it seems to me that we have full and sufficient proof that the normal retrograde metamorphosis is greatly altered; that the blood is changed; that in the course of metabolism many products are formed, with the result that lactic acid and other acids are excreted in abundance. Sufficient this, I think, for our present purpose. Is it not probable that the pathogenetic agents are many? I mean that there are numerous products between fibrin on the one hand and the excreted morbid acid on the other, capable of giving the irritating impulse.

One step further in this inquiry. The rôle of the nervous system in this connection may be a very important one, and we may ask whether there may not be a portion of the central nervous system specially concerned in the control of the chemical processes of metabolism, just as there is probably a

centre which regulates the temperature of the body. Dr. P. W. Latham has advanced the theory that there is such a centre—that such centre may be disturbed by external cold or by the accumulation of lactic acid in the blood. So he considers that the phenomena of rheumatism may be induced by the intraspinal change, just as the arthropathies are induced in locomotor ataxy. And if the disturbance of such centre involve also the neighbourhood of origin of the vagus, cardiac, pulmonary or pleuritic complications may be developed. (a)

I must now approach another part of my subject, and inquire concerning the efficacy of extant methods of treatment in regard to rheumatic endocarditis. It has been claimed of almost all methods of treatment of rheumatism that have been advocated that they have been efficacious in controlling or preventing the cardiac complications of the disease. The individual experience of observers has been cited again and again to prove the efficacy of this or that remedy or method in mitigating the chief danger of rheumatic fever. Yet proof of such vaunted efficacy has soon been found to be unsatisfactory, and it may be confidently asserted that no antiodotal treatment is yet known—that we have, for instance, no drug which can influence endocarditis as quinine influences ague or as mercury and iodide of potassium influence syphilis. The discussion so ably sustained in this Society during the last session, which has been fully reported, has put the claims of various forms of treatment of rheumatic fever to a numerical test. The results of treatment by rest and mint-water, by alkalis, by blistering and by administration of salicin and its compounds, were compared, and it is fair to assume that if any agent other than these had been efficient in the treatment of rheumatic fever or of endocarditis evidence would have made this apparent. The result of the discussion, which it is unnecessary to epitomise, (b) was to show a strong concurrence of testimony to the effect that the administration of salicin and the salicylates very decidedly reduced the suffering and the fever of rheumatism, but in no marked degree influenced the development of endocarditis and other cardiac complications. *Prima facie* this seems to be a strange conclusion, for one might imagine that an agent which reduced in such marked degree the pain and fever which must contribute to disturb the heart, even if it had no decided effect upon the rheumatic process within the heart, would with great probability influence for good the inflammatory process in pericardium as well as endocardium. The conclusion is forced home, however, alike by individual experience—for we find that pericarditis and endocarditis are shown by physical signs to rise and progress in patients who are fully under the salicin treatment—and by statistical inquiry from large numbers of cases treated by the salicin compounds compared with those treated in the pre-salicylic era, such as has been carefully followed out by Dr. Gilbert Smith. (c) Dr. Mac-lagan, to whom the profession and the public are indebted for the introduction of agents which have at any rate been proved to contribute to the comfort of suffering patients, himself allows that the hopes that they would ward off cardiac complications have not been realised. (d) He considers the reasons for such failure to be (1) that endocarditis has often begun in an attack of rheumatism before the sufferings of the patient have been so pronounced as to call for treatment; (2) the inflamed endocardium can never be placed in the conditions of rest which are necessary for cure. I endorse both these propositions, and will add to them.

To put the matter clinically, or practically. We observe, let us assume, a patient in a first attack of rheumatic fever. He presents (a) a murmur indicating an endocardial complication. I think I must have convinced you that such endocarditis may have arisen, not during the attack from which he was at present suffering, but from the disease acquired insidiously at any time previously. It is obvious that any remedy would fail to divert the cardiac complication in such a class of cases. Or (b) a modification of sounds or actual systolic murmurs developing at the apex make us suspect the present rise and progress of endocardial inflammation. But such may have had its commencement long before the advent of the other symptoms, for no sign will betray the gradual swelling of a valve. A swollen valve is not necessarily incompetent. On the other hand, a veritable

(a) Cf. Charcot, "Lectures on Senile Diseases." Sydenham Society's Translation. P. 162.

(b) *British Medical Journal*, Dec. 23rd, 1871, p. 722; and "Clinical Medicine," p. 152. London: Churchill. 1874.

(a) "Some Points in the Pathology and Treatment of Acute Rheumatism and Diabetes." *Lancet*, Jan. 8th, 1881, and *British Medical Journal*, Jan. 14th, 1882.

(b) *Vide Lancet*, Dec. 17, 24, and 31, 1881; Jan. 7, 28, 1882.

(c) *Lancet*, Jan. 28, 1882, p. 135.

(d) "Rheumatism." Pekin. P. 266.

systolic murmur at the apex is no conclusive proof of endocarditis, for it may be due to adynamia of cardiac muscle. Here is a double source of fallacy in the statistics of the cardiac complications of rheumatism. Or (c) the patient manifesting no evidence of valvular impairment, is at the termination of his attack of rheumatic fever discharged as free from cardiac trouble. Sir W. Gull and Dr. Sutton have said that, "if the patients pass the first few days of the rheumatic fever without the heart becoming involved, then they do not contract heart disease during the latter part of the rheumatic attack." (a) Is such a conclusion justified? I think not. A valve may be inflamed and give no evidence of incompetence; the patient may be discharged and show no signs of cardiac trouble, but a slow process of shrinking or of sclerosis may be going on, and when the patient next presents himself there may be undoubted evidence of endocardial mischief. This is, I consider, by no means of infrequent occurrence, and is one reason why a second attack of rheumatic fever is attended with such notable numerical evidence of a highly increased ratio of cardiac complication.

For such reasons as these I think it impossible—the sources of error being so numerous—that we can get from statistical inquiry satisfactory evidence as to the efficacy of different plans of treatment in warding off endocardial disease, and I dissent from those who hold that a remedy which is efficacious in the treatment of acute rheumatism ought to show, on numerical inquiry, a favourable influence on the correlated heart disease. I consider the treatment by salicin and the salicylates, even though no good results are manifest as regards cardiac complications, to be the most favourable to the patient of all forms of treatment hitherto known.

In such case it may be legitimately asked whether I adopt an altogether pessimist view of the treatment of endocarditis. Can nothing be done? My answer is—much; but it must be in the direction of *preventive treatment*.

My own experience is strongly towards the conclusion that endocarditis is more prevalent, as well as more extensive and severe, among the poor than among the well-to-do. This question is one that might, with advantage, be put to the numerical test; we greatly want the evidence of the family practitioner to compare with that afforded by our hospital statistics. The predisposing causes to the advent of endocarditis, which, as I have shown, can arise without the intervention of obviously rheumatic phenomena, are most probably—1. Exposure to vicissitudes of temperature. 2. An irregular and improper dietary. These are the impulses to a perverted nutrition, resulting in the retention within the blood of those excrementitious products which we may call "the rheumatic poison." Attention to the clothing and proper feeding of infants and children constitutes, in my mind, therefore, the treatment of the first importance as regards endocarditis. There is no need nowadays to insist on the importance of preventive treatment as regards the zymotic diseases. This is well recognised. Is it not quite as important as regards the subtle disease we are considering? I would, whilst recognising the difficulties of such proceeding, strongly recommend the periodic medical examination of children, even though they present no obvious signs of disease.

Of no less importance is the treatment in regard to the zymotic diseases which are correlated with endocarditis—viz., scarlatina and measles. The subject of an attack of scarlatina should be watched with great care for long periods after convalescence. Moreover, the slightest sign of throat ailment, especially with children, should be looked upon with suspicion. I have no doubt whatever that in a large number of instances ulcerative tonsillitis of zymotic type occurs in children unnoticed and unknown, and that in many such a renal complication is instituted, which is also neglected. The rise of endocarditis in such case is, as I have said, not during the period of fever. I do not recognise the influence of morbid germs in *directly* occasioning the inflammatory change in the valve.

The teaching I would enforce, therefore, is that the subject of scarlatina, or of the allied forms of throat affection, should be watched, protected and dieted, and treated for periods much longer than is now usual. And as regards measles, there is, unfortunately, a widely-spread tendency to regard this as a very slight ailment that requires little or no treatment. Experience tells us, however, that it is often not only the immediate precursor of broncho-pneumonia frequently, and heart disease occasionally, but that it effects a deleterious

change upon the powers of nutrition which lasts, as in the case of scarlatina, for long periods. The subsequent treatment, therefore, of the subjects of measles should, in my opinion, be much more protracted than it is at present. Such is an outline of what I consider the common-sense treatment of the first causes of endocarditis. During its rise and progress in an attack of rheumatism I prefer the treatment by salicin or salicylate in sufficient doses (usual gr. xx. 4tis horis till subsidence of the pain and pyrexia, and afterwards the same dose thrice or twice a day). From the evidence of Dr. Isambard Owen there is a good case in favour of combining with this the administration of full doses of alkalies. (u) Vesication by application of liq. vesicatoris in the left axilla I think also of service.

It now only remains for me to allude to the clinical significance of *ulcerative endocarditis* with regard to indications for treatment. It happens sometimes that this affection arises and runs its course with little or no evidence that the endocardium is impaired. Such cases often present a strong resemblance to typhoid fever. Here treatment is of no avail, the disease is uniformly fatal. By far the most frequently the disease is engrafted, as it were, on chronic disease of the valves. It appears to me that such cases can be divided into two classes—the infective and the non-infective. In the infective cases there are extraordinary disturbances of temperature, multiple emboli, and septicæmic signs, or even abscesses. It is in such that micrococci are discovered. They are, I believe specific organisms—derived from some subtle zymotic influence or from a virus, as in the puerperal cases. It is not that the micrococci induce the endocarditis, but they complicate the already existent endocarditis by bringing about necrosis of the diseased tissue. In other cases, though nearly all are characterised by embolism, the proof of infection, and, as I think, the probabilities thereof, are wanting. In a case lately under my care in the London Hospital there was no marked pyrexia whatever, the temperature never exceeding 101° F., and for the most part keeping close to the normal. I consider it most probable that in some such cases the ulceration is induced by mechanical causes. Drs. Wilks and Moxon have pointed out that a great mass of vegetation may cause ulceration of the heart-wall by direct pressure, or a fibrinous clot swinging in the blood-current coming sharply into contact with the muscle, may by friction start an ulcer. (b) In like manner I think it very probable that a weighty vegetation, or mass of vegetations, upon a valve may by agitation in the blood-current so disturb the nutrition of the endocardium which constitutes its base as to start the process of necrosis.

The treatment of ulcerative endocarditis when once established is hopeless, but the lessons taught by a study of the cases are, I consider—(1) that more than ordinary care should be exercised to keep the subjects of valvular disease of the heart from possible sources of infection; (2) that any threatening of endocarditis should be treated by the most perfect physiological rest attainable; (3) that nutrition should be sustained to the highest degree practicable.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.,
Surgeon to the London Hospital.

PART II.—*Reported Cases of Recovery—Treatment—Conclusion.*

(Continued from page 60.)

THE case under Mr. Morris (c) presents the following history:—On June 4th, 1879, W. H., 39, an upholsterer, was drinking at a public-house when a difference arose between him and another man, which they thought they ought to settle by wrestling. He was thrown with much force, and forcibly knelt upon by his opponent with both knees applied to the lower part of the abdomen. He lost consciousness for a time, and on coming

(a) *Lancet*, January 28, 1872.

(b) "Pathological Anatomy." Second edition, p. 120.

(c) *Medical Times and Gazette*, November, 1879.

(a) "Medico-Chirurgical Transactions," vol. iii., p. 80.

to, walked home—a mile, taking over an hour to do the distance. Before the encounter he had not passed water for an hour or two, and he was drinking up to the moment of wrestling. When he reached home he tried several times to pass water, but could not. Within an hour or two of getting into bed he voided a small quantity of blood. He continued his efforts, and passed small quantities of urine less and less charged with blood till it became nearly natural. Altogether, in thirty-six hours he estimated the amount voided at not more than three-quarters of a pint. At first he experienced pain at the lower part of the stomach; but this, without altogether leaving the lower regions, gradually got higher and higher up his stomach. He vomited frequently a quantity of greenish fluid. On admission to the hospital his face looked pale, sunken, and anxious; his chin was covered with a cold perspiration; his abdomen was tympanitic, distended, and extremely tender, the slightest pressure causing him to wince and cry out. Nothing abnormal was discovered *per anum*. He had micturated voluntarily with great pain and difficulty. A No. 7 silver catheter was easily introduced, and three or four ounces of clear normal urine were withdrawn, and by pressure a few blood clots were expelled. *The catheter was moved about to detect a rent, and none was found.* An elastic catheter with india-rubber tubing was fixed in the bladder. Plenty of urine was daily drawn off, at first clear, but afterwards becoming cloudy and purulent. On the 12th day after the accident the catheter was removed; the patient passed water voluntarily, and from this time made uninterrupted progress towards recovery. It must be added that thickening and hardness of the tissues in front of the bladder was observed some days after the patient's admission to the hospital. Mr. Morris regarded his case as a rupture of the bladder anteriorly, partly intra-peritoneal and partly extra-peritoneal; and he was supported in his diagnosis by all the surgeons who saw the case. The grounds for the diagnosis were these:—The patient had been drinking, and his bladder was full or moderately distended. He was knelt upon with great force. There was collapse followed by great pain, and several fruitless efforts to micturate. Only three-quarters of a pint of urine and blood were discharged from the bladder in the first thirty-six hours after the injury. On the introduction of the catheter thickening in front of the bladder was detected, and afterwards there was discharge of pus with the urine, this pus being poured through the rent into the cavity of the bladder. With the greatest respect for the opinions of so distinguished a surgeon as Mr. Morris, I cannot see adequate justification for the diagnosis propounded. It entirely rests upon the supposition that the bladder was full at the time of the injury. That the man had been drinking is most true, but equally true it is that he had passed water "an hour or two" (a very loose estimate of time) before the injury; and in all probability he was merely sipping his liquor whilst engaged in the hot argument, not gulping down the large quantities of liquid necessary to ensure the required distension of his bladder in the time between urination and the conflict. Even the patient's own account is insufficient to render it clear that the bladder contained any considerable quantity of urine, and his statements are not precise enough to be accepted without qualification. Now read the case on the supposition that the bladder had not risen above the pubes. The violent kneading with the knees—which must have produced rupture of a full bladder—contused the tissues, fascia, bladder, and peritoneum, fully accounting for the blood in the bladder, the thickening and hardening of the tissues anteriorly, and the peritonitis. The shock and depression, and the constant vomiting of greenish fluid diminished the amount of secretion of urine in the first thirty-six hours; and the mere rough estimate of the patient is not as valid as the reception of the urine into a graduated measuring glass.

Moreover, the passage of three-quarters of a pint of urine or more within the first thirty-six hours by the voluntary efforts of the patient is an unusual circumstance; whilst he was under observation in the hospital the urine removed was abundant. Pus in the urine is sufficiently accounted for, as in Mr. Page's case, by the retention of the catheter. As soon as the catheter was removed the urine cleared. If the foregoing explanation suffices, a complete rupture of the bladder, intra-peritoneal or extra-peritoneal, would be out of court; and the accuracy of touch which Mr. Morris displayed when he used the catheter to search for a rent and found it not, would be amply vindicated.

Mr. Chaldecott's (a) celebrated case remains. Though last to be considered, in point of time it commenced the series of recoveries; and has, I fear, been the cause of claims to recovery in other instances, owing to the support which it has lent to the opinion that the peritoneum is capable of tolerating and absorbing urine effused into its cavity. The case has been incompletely recorded, and runs as follows:—At midnight on the 7th of April, 1846, J. Philps, 50, wine merchant, of Dorking, *healthy and temperate* (!), having passed two or three hours at a concert, hastily crossed the street to empty a full bladder, and, the night being dark, ran against a newly-erected post, with the top of which the lower part of his abdomen came into violent contact. He fell immediately, and afterwards with great difficulty reached his home—about a hundred yards distant. Half-an-hour afterwards he was seen by Mr. Chaldecott, who found him faint, suffering from severe pain in the abdomen, feeling the desire but deprived of the power to evacuate his urine. A catheter was introduced easily and completely into the bladder, and drew off neither urine nor blood. He was kept in bed, and had hot fomentations applied. Reaction set in, attended with an increase of pain. Twenty leeches were ordered and a gum catheter passed, but still there was no urine. The catheter was used every three or four hours, but up to 2 p.m. fruitlessly. Eighteen hours after the accident—*i.e.*, at 6 p.m.—he was seen by Mr. Aston Key. The symptoms of peritonitis had then increased; the belly was painful, swollen, tender; the pulse rapid and feeble; the countenance anxious. Mr. Key introduced a catheter, and drew off one ounce of bloody urine. At 10 p.m. "2 scruples" (40 minims, ?) of liquor opii sedativus were administered, and produced in a few hours a comfortable sleep. Four hours after Mr. Key's visit four ounces of clear urine were obtained; and from this time—that is, *twenty-two hours after the accident*—the pain, swelling, and heat in the stomach and abdomen gradually declined, and the bladder was found to hold urine. The catheter continued to bring away clear urine. On the 10th the patient had a smart attack of gout—a disease to which he had never been subject. All went on well till the 13th (sixth day), when from a strong desire to be independent of the catheter, he made straining efforts to pass his water; and scarcely had he passed a tablespoonful when he felt (to use his own expression) something give way, and a burning pain all over his stomach and bowels, as if boiling water had been poured over them, and the same symptoms of faintness and distress occurred as when the accident first happened. Mr. Chaldecott saw him within a few minutes of the second attack, and withdrew a teaspoonful of urine with the catheter. The peritonitis became again acute, with the addition of excessive sickness. He was treated with fomentations, leeches, calomel, and a full opiate; and *after the lapse of four hours* the bladder was found to retain urine. He had another attack of gout, and the peritonitis gradually subsided; and he recovered completely. Mr. Chaldecott diagnosed a rupture of the bladder into the peritoneal cavity, and Mr. Aston Key concurred and gave an unfavourable prognosis. The urine, according to

(a) *Provincial Medical and Surgical Journal*, 1846.

Mr. Chaldecott, was absorbed by the peritoneum, and this absorption was the cause of the attack of gout. The wound in the bladder was under repair when it was reopened by the straining to pass water, and all the symptoms recurred. The following letter, kindly addressed to me by Dr. Todd, of Bognor, helps to elucidate the case, and will be read with interest:—

Bognor, 7th November, 1882.

Dear Sir,—I have been interested by your papers in the *Lancet* on "Rupture of the Bladder," more especially as I was acquainted with the patient of Mr. Chaldecott. He was under my care for the last fifteen years of his life; I have frequently questioned him about his accident. In the main he agreed with the report as it appeared in the *Lancet*, 1846, vol. ii., p. 376 (he always kept a copy by him, which he amused his friends with). He states that before leaving the concert room he had an urgent desire to pass water, but could not at once get out. When he did so he ran towards the yard, striking himself against a post as described. He insisted that he then felt something give way, and then became faint, &c. He was careful to distinguish the first giving way from the second on the occasion of his attempting to relieve his bladder without the catheter. He said Mr. Key was quite convinced as to the nature of the injury, and "told him he must settle his worldly affairs, as he feared he had but a short time to live." His daughter tells me he never had the gout until after the accident. Since then he had seven attacks—chiefly in the feet. I should hardly call him a temperate man; he was the landlord of an hotel, and his daughter says he used to drink the best part of a bottle of port daily, and from hints he has dropped I should think very often a good deal more. He died in 1876, in his eightieth year, from hypertrophy of the heart, chronic Bright's disease, and uræmia. For many years he suffered from chronic bronchitis; most probably gouty. I have sent you these few particulars thinking they might interest you, but more especially to draw your attention to the first sense of giving way when the patient struck the post.

I am, dear Sir,

Yours faithfully,

J. M. TODD, M.D.

In my reply to Dr. Todd I endeavoured to ascertain when Mr. Philp had last made water, and whether he had drunk anything between that time and the hour of his leaving the concert-room; and, further, the exact nature of the sensation experienced when he ran against the post. I also regretted that a post-mortem examination had not been performed and the bladder preserved, as the presence of a cicatrix would have been conclusive evidence of rupture. Dr. Todd could not give me any further particulars, and did not remember that his patient mentioned any burning or smarting sensation at the time of the accident. Mr. Philp said on receiving the blow he immediately became sick and faint; he reached his house crawling on his hands and knees. It is certainly a serious omission in the record of the case that no evidence is adduced to prove the fulness of the bladder at the time of the accident beyond the fact that the patient went across the road to make water. It should have been stated when the patient last made water, and whether he had been drinking in the interval. To describe the bladder as *full* or *distended* on the mere impression of the patient is a *petitio principii*. The sensation experienced of something having given way—not mentioned in the original account—does not appear to have been of a very definite character, and is not conclusive. The absence of both blood and urine from the bladder in a traumatic case, notwithstanding frequent introductions of the catheter in the first fourteen hours, is unusual, and there was no confirmation of the rupture by local examination or manipulation with the catheter. Whether the catheter was freely movable, or incapable of being rotated or

depressed, is not mentioned. Clearly Mr. Aston Key did not demonstrate the existence of a rent in the bladder. That the peritoneum should be capable of absorbing so large a quantity of urine as the bladder would contain when full, that peritonitis should immediately set in, and then *begin to subside in twenty-two hours* after the accident on the administration of "two scruples" of liquor opii sedativus, is a hard saying, and, to my mind, almost incredible. Nevertheless, if the bladder was really full when the patient ran against the post, it could scarcely escape a rupture, and any other explanation of the absence of urine on catheterism, as enlargement of the third lobe of the prostate, or the existence of a supplementary bladder or diverticulum, seems inadequate and improbable for more reasons than one. On the supposition of a rupture the choice lies between the sub-peritoneal, the extra-peritoneal, and the intra-peritoneal varieties, and the objections to either of the two former kinds are, in my opinion, as strong as to the intra-peritoneal rupture. Absorption of urine from the cellular tissue is not more tenable than absorption from the peritoneal cavity. But are we forced to choose between conclusions alike contrary to all probability and experience? I do not think that we are. I do not dispute the good faith of the patient, that he had a desire to make water, that he believed his bladder to be full, and told Mr. Chaldecott so. I do not accede to a suggestion made years ago by Dr. Eben Watson, that the urine escaped from the patient's urethra, without his knowledge, after the accident; but I cannot help strongly suspecting that the bladder was empty. Temporary suppression of urine—determined possibly by a chill at the concert—with irritable kidney from latent or incubating gout, would account for the phenomena. At all events, the view of suppression of urine advanced by Dr. Eben Watson, (a) although supported by arguments which Dr. Gillespie combated with some success, has not, by any means, been disproved. It is a noteworthy circumstance that neither blood nor urine was found in the bladder—not even a streak of blood on the catheter—but the bladder was absolutely empty. Nothing came away for fourteen hours. After eighteen hours Mr. Aston Key drew off an ounce of bloody urine, and then four hours later, under the influence of warmth and two scruples of liq. opii sedativus, a *refreshing* sleep is obtained; the attack begins to pass off, and clear urine is secreted. Two days afterwards the gout plainly shows itself. If suppression of urine holds good for the first attack, it equally holds good for the second, notwithstanding the subjective sensations of the patient. The term "peritonitis" must not be taken literally, but as representing the group of symptoms resulting from the incompetent kidneys and the effects of the accident. If, in spite of the considerations here adduced, the case should be quoted by surgical authorities as an instance of recovery after intra-peritoneal rupture of the bladder, there is still a suggestion to be made which would diminish the difficulty of accepting this conclusion, and that is, that the uræa may have been almost completely absent, as in the case of Bright's disease which came under Mr. Harrison's care on account of extravasation of urine, the result of a co-existing stricture. This explanation is not so satisfactory to my mind as complete suppression, but it is more satisfactory than recovery after effusion of a large quantity of normal urine into the peritoneal cavity not removed by operation. The insuperable character of the obstacle to recovery presented by urine pent up in the peritoneal cavity to the surgical mind is strikingly exemplified by a remark of Mr. Reginald Harrison, who, whilst endeavouring to uphold

(a) For Eben Watson's views see the *Edinburgh Monthly Journal* for October, 1848 and for 1849, p. 561; and for the controversy between him and Dr. Gillespie concerning Mr. Chaldecott's case, see the *Edinburgh Medical Journal* for March, 1859, p. 84, and the *Glasgow Medical Journal* for 1859.

the genuineness of Mr. Chaldecott's and Dr. Thorp's cases, unwittingly overthrows their claims. "In these cases," he says (a) "there can be no doubt that large quantities of urine were drawn off from the peritoneal cavity which, if allowed to remain, it is reasonable to suppose would have induced fatal consequences." Now it so happens that in Mr. Chaldecott's case scarcely anything was drawn off by the catheter, and the urine believed to have been poured into the peritoneal cavity is supposed to have been absorbed by the peritoneum, though not without resentment, and after two or three days incubation, to have taken the form of gout; whilst in Dr. Thorp's case a prolonged research in the peritoneal cavity only resulted in the meagre amount of less than twelve ounces of urine with a reddish tinge. In both cases the results of catheterism constitute a strong argument against the correctness of the diagnosis of intra-peritoneal rupture, and inasmuch as "it is reasonable to suppose" that a quantity of urine retained in the peritoneum "would have induced fatal consequences," and inasmuch as in both instances, if the cases were genuine ruptures, this retention certainly occurred, and the patient nevertheless recovered with remarkable rapidity, I must claim Mr. Harrison as unconsciously a strong supporter of my view that a rupture of the urinary bladder into the peritoneal cavity did not exist in either instance.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 52.)

IV.—THE MORBID ANATOMY.—(Continued.)

Changes in the Acetabulum.—The acetabulum may be the seat of the same structural changes which affect the head of the femur. The ulcerative process, however, which reduces the head, enlarges the acetabulum. Ulceration of the acetabulum varies much, both in area and in depth. In area the whole of the cavity, or only a small part of it may be involved; its margin, or its central position. The part usually affected is its upper and posterior fourth. In depth, ulceration of the acetabulum may produce either a slight erosion, a transparent thinning of the floor or a perforation. Thinning of the floor of the acetabulum, without perforation, may take place to such an extent as to produce a bulging into the pelvic cavity. This generally takes place when the patient is young and the bone soft.

Perforation of the Acetabulum may be marginal or central. Marginal perforation occurs but rarely. It may take place in any portion of the rim, pubic, iliac or ischiatic. In a case recorded by Adams, of Dublin, (b) there was a perforation of the iliac portion of the rim through which matter passed into the substance of the psoas muscle, overlying it here, and travelled upwards to the spine. Central perforations are far more common, and vary in size and in number. In size a perforation may vary from the smallest conceivable aperture, to one the size of the forame ovale. As to number, as a rule, only one perforation exists; but two or three are frequently met with, and in a specimen in University College Museum (c) there are eight. In young subjects the ulcerative process attacks the Y-shaped cartilage in preference to the bone, so that a Y-shaped perforation is produced; and, if the ulceration proceeds, it sometimes separates the three bones of which the innominate is originally composed. It will be readily understood that the round ligament is not likely to remain after perforation has taken place, and the co-existence of these two conditions is so remarkable that reference may be made to the only two specimens I have met with. (d)

(a) *Op. cit.*, p. 317.

(b) "Tod's Cyclopædia of Anatomy." Art. "Hip."

(c) Prep. 807.

(d) London Hospital Museum Gcc 61, and St. Mary's Hospital Museum, A.C. 59.

Frequency of Perforation.—As to the frequency of perforation, of 223 post-mortem specimens examined, a perforation, healed, partly healed, or patent, existed in 49; so that from this, perforation would seem to occur in about 22 per cent. of the cases.

Causes of Perforation.—The two principal factors in the production of perforation are, firstly, the softening of the floor of the acetabulum by the inflammatory process, and secondly, the pressure with friction of the head of the femur. It is probable also that perforation may be produced by a mass of caseous matter in the acetabulum ulcerating on one side into the cavity of the pelvis, and on the other into the joint.

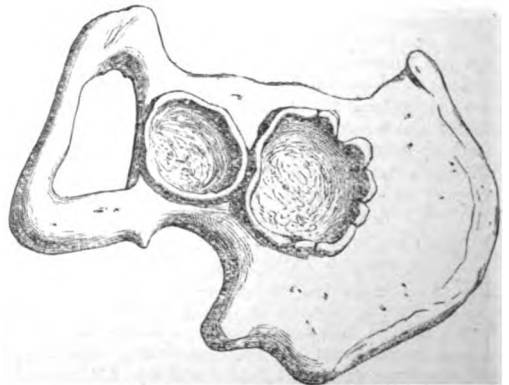
Occlusion of a Perforation.—A perforation may be closed by either membrane, lymph, or bone. Membranous occlusion is usually produced by an inflammatory thickening of the obturator fascia. A plug of lymph often occludes a perforation in the acute stage of inflammation. Bony occlusion, however, is that which is commonly met with, and this only takes place in an advanced stage of the disease.

Coexistence of Perforation with Dislocation.—As perforation is due in part to the pressure of the head of the femur, it would be expected that perforation is seldom found when the head of the femur is dislocated. In 56 cases of perforation, dislocation occurred in 4 only, and in these it probably took place after perforation had been effected.

Bi-lateral Perforation may, of course, take place when the disease is bilateral. The most remarkable case of this condition occurred in a patient under the care of Mr. John Scott at the London Hospital. In this case the abscesses from the opposite joints communicated with one another in the pelvic cavity. (a)

Diseases of the rest of the Innominate Bone.—Caries arising in the acetabulum may extend to any other part of the innominate bone. As a rule it only encroaches to some slight extent upon the dorsum of the ilium. The whole bone, however, may become involved, and in some cases the matter passes into the substance of the ala of the ileum, distending this until, as in a specimen at St. Thomas's Hospital Museum, (b) it attained the size of a cocoa nut.

Formation of a new Acetabulum generally takes place to a greater or less extent after dislocation. The new acetabulum is generally situated upon the dorsum of the ileum, above and behind the old one, but its seat of course varies with the direction of the dislocation. The old acetabulum becomes filled up; the new one is of less regular shape and larger than its predecessor, this being due apparently to movement of the bone during the formation of the new socket. The drawing below is from one of the most typical cases of formation of new acetabulum.



(a) Scott, "Surgical Observations on Chronic Inflammation." Lond. 1823.

(b) Prep. D. 36.

Clinical Records.

ST. MARY'S HOSPITAL.

Caries of the Ileum, with Abscess Cavity in the Right Loim.

Under the care of Mr. A. T. NORTON.

THE patient was admitted to the surgical wards on the 30th Oct., 1882. She complained of pain in the right lumbar region and of the hip-joint. She stated that about a month ago she felt well in the morning, but in the evening was taken with a very severe pain in the lower part of the back. On examination, she was lying upon the back, with the right leg drawn up, complaining of pain in the hip, which increased on attempting to extend the thigh, and she stated that she could not move the knee without greatly increasing the pain. This patient had been sent into the hospital for incipient disease of the hip-joint. She was very pale, thin skin, red hair, and had all the appearance of strumous diathesis. I held the thigh firmly, so that it could not move, and then flexed and extended the knee-joint without pain; then I raised the leg, flexing the thigh to a greater extent than the patient held it, and rotated the head of the femur on its socket, and forcibly pushed the head into the joint without pain. By this means I determined that the knee and hip were sound. The position in which the patient retained the thigh flexed and everted, directed me to examine the spine, suspecting psoas abscess, but I found that percussion of the spine with some violence caused no pain, and on pressing my fingers into the abdomen over the region of the psoas, I discovered an apparent tumour. The tumour occupied the posterior part of the iliac fossa, extending upwards about two inches above the level of the posterior spine of the ileum. It was painful on pressure, and by placing one hand over the right loin, and the other in front, I considered that I detected fluctuation. The temperature was now taken, and ran 103·6 in the evening, 99° on the following morning, 102·4 the next evening, and again in the morning 99°. This chart I consider diagnostic of the existence of matter, so that I could now decide that an abscess had formed in the region referred to, and it remained to decide where the pus was formed. I concluded that suppuration must be the result of either (1) caries of the spine; (2) caries of the ileum; (3) perityphlitis; or (4) perinephritis.

Caries of the Spine.—The symptoms referring the disease to caries of the spine were the interference with the action of the psoas and iliacus muscles, and the presence of suppuration; but if the spine were affected there ought to be pain on striking the region of the affected vertebræ. With so large a quantity of pus there must be active change in the bodies of one or more vertebræ, and consequent deformity of the spine, which did not exist. The sitting posture should be accompanied by pain, and the patient should have experienced for some time heaviness and difficulty in walking or sitting, but all these signs were absent. It could not, therefore, be caries of the spine.

Perinephritis.—This condition can rarely occur in an idiopathic form. It is generally consequent upon some forms of kidney disease or kidney injury. Some of you may have seen in the wards a short time ago a man who was run over, the wheel passing across the abdomen. In that case the kidney was injured, and blood flowed with the urine for two or three days in considerable quantity. After the hæmorrhage was arrested, pain continued in the left loin; then arose the symptoms of inflammation, and ultimately suppuration, the abscess opening over the crest of the ileum. In this case manipulation detected extensive enlargement in the region of the kidney, extending down the loin to near the ileum, but not projecting into the iliac fossa, like the tumour in the case under consideration.

Perityphlitis, like perinephritis, is not likely to occur as an idiopathic condition. There is usually some irritant in the cæcum—either it may be a foreign body, or chronic typhlitis from indurated fecal accumulation, with chronic constipation, or in some cases, on the contrary, diarrhoea. Then again, perityphlitis is rather a cellulitis along the cæcum, whilst this tumour was more easily detected from behind, and belonging more to the region of the loin. There was, to my thinking, an absence of the symptoms special to perityphlitis.

There remained only caries of the ileum. Such symptoms were present as would occur with caries of the ileum, an

abscess traced down into the iliac fossa interfering with the action of the iliacus muscle and taking over a month to develop itself; pain traced to and limited to the posterior fourth of the ileum by carefully indenting the finger over the crest into the iliac fossa; also, by continued pressure on the posterior fourth of the crest, œdema, or plastic exudation, with some thickening, was detected.

The only treatment that could be adopted was complete rest and the application of poultices to the region of the abscess. I did not like at this date to puncture the tumour, because I could not be sure of its relation to the peritoneum; ultimately, however, I was enabled to open it by passing the knife immediately above the crest. After the abscess was opened, the temperature chart—which had been 104° at night, and 101° in the morning—dropped about two degrees, but the discharge was profuse. In cases of caries of bone, when the cavity is not able to be exposed, and when indeed the treatment consists mainly in proper supporting nourishment and hygienic arrangements over an indefinite period of time, hospital atmosphere is decidedly injurious, and she was therefore advised to return to her home in the country.

Special.

OPHTHALMIC NOTES.

ACHROMATOPSIA IN HYSTERICAL PATIENTS.

FRENCH physicians and surgeons, as Charcot, (a) Landolt, and Galezowski, have paid particular attention to the subject of achromatopsia in hysterical patients. The following abstract of a communication by Dr. Paul Richer presents a fair view of the phenomena observed in this interesting class of cases. Dr. Richer tells us that Galezowski has shown that the amblyopia of hemianæsthetic hysterical patients is habitually accompanied by general or partial achromatopsia, and M. Landolt has laid down certain laws according to which in this sense perversion acts. Landolt believes that in a normal subject all parts of the field of vision are not equally apt to perceive various colours; in other words, the field of vision is physiologically more extended for some colours. Thus, blue has the greatest visual field, yellow coming next, then orange, red, green, whilst violet is only perceived by the most central parts of the visual field. Charcot recognises numerous exceptions to the rule laid down by M. Landolt. In the patients on whom he experimented red was found to have the greatest extent of field, then in invariable order, yellow, blue, green, and lastly, violet. In hysterical amblyopia these characters of the normal state were modified. In a patient in whom red is in the normal state, the following phenomena are observed: The violet circle disappears, and the patient, distinguishing all other colours, is incapable of distinguishing violet, then progressively, green, blue, yellow, and finally red disappear. In the highest degree of hysterical achromatopsia all the colours cease to be perceived, the notion of form and design being preserved. The phenomena of the disappearance of colours have been the subject of the experiments of Charcot, in its connection with the influence of artificial magnets on general and special sensibility. A magnetised bar is brought near the temple of a subject suffering from general and sensorial anæsthesia, on the side of the achromatopic eye, at a distance of one or two centimetres. In some seconds, or in fifteen or twenty minutes, we can follow step by step the successive reappearance of colours in this eye, precisely according to the order indicated in the degree of the extent of visual field. Thus the colour first appears in the field which offers the greatest extent of view, most frequently red, then in turn yellow, blue, green, and lastly violet. At the same time, the eye at first achromatopic recovers the notion of colour, but

(a) *Progrès Medical*, Nov. 22nd, 1879, page 914.

the other eye becomes affected in an inverse order. This is called the phenomena of transfer. But once transfer is obtained and vision of colour restored to the achromatopic eye, whilst it has disappeared in the sound eye, the experiment is not terminated; what are termed consecutive oscillations then occur. Whether the magnet be maintained or not in the first situation, the notion of various colours soon disappears according to the order indicated, commencing with violet and finishing with red in the eye primarily affected, and reappearing in the inverse order in the eye primarily sound. These phenomena oscillate from one eye to another for a variable length of time, the patient finally returning to her primitive condition. The following case more fully explains the nature of the phenomena:—

(Charcot and Richer.) Maria X., hystero-epileptic, hemianæsthetic on the left side and achromatopic on the same side, achromatopsia not complete. She has perception of red in both eyes, but the left eye cannot distinguish yellow, blue, green, or violet. Nov. 3, 1878.—One of the poles of an artificial magnet was placed near the left temple, about a centimetre from the skin. The right eye was closed with the hand and the left eye alone was observed. She distinguished only red with this eye; all other colours presented to her appear as white or grey. On passing successively before her variously coloured papers, about the end of the third minute of application she distinguished yellow; then vision of other colours appear in the following order:—

1. *Oscillation*.—In 3m. 30s. vision of blue; in 5n. vision of green; in 6m. 30s. vision of violet. At this time she possessed in the left eye vision of all colours, but in consequence of the phenomena of transfer she cannot distinguish any colour with the right eye except red. Observation continued with the left eye. Very soon, in spite of the application with the magnet, colours disappeared precisely in the inverse order. At 9m. 10s. violet disappeared, at 9m. 20s. green, at 9m. 30s. blue, at 9m. 40s. yellow, red persisting. The patient was now in the primary state, but oscillations commence as follows. These oscillations are noted only in the left eye:—

2. *Oscillation*.—Return of yellow, 11m. 40s.; return of blue, 12m. 0s.; return of green, 12m. 35s.; return of violet, 13m. 0s. Disappearance of violet, 14m. 40s.; disappearance of green, 14m. 45s.; disappearance of blue, 15m. 0s.; disappearance of yellow, 15m. 25s. Red persists.

3. *Oscillation*.—17m. 10s. return of yellow; 18m. return of blue; 18m. 40s. return of green; 19m. 25s. return of violet. 20m. 50s. disappearance of violet; 21m. disappearance of green; 21m. 20s. disappearance of blue; 24m. disappearance of yellow. Red persists.

4. *Oscillation*.—At 24m. 25s. return of yellow; at 24m. 50s. return of blue; at 25m. 30s. return of green; at 25m. 55s. return of violet. At 27m. 15s. disappearance of violet; at 27m. 21s. disappearance of green; 27m. 50s. disappearance of blue; at 28m. disappearance of yellow. Red persists.

5. *Oscillation*.—At 30m. 45s. return of yellow; 31m. 20s. return of blue; 31m. 30s. return of green; 32m. return of violet. At 33m. 15s. disappearance of violet; at 33m. 15s. disappearance of green; 33m. 35s. disappearance of blue; at 34m. disappearance of yellow. Red persisting.

6. *Oscillation*.—36m. 10s. return of yellow, 38m. disappearance of violet; 36m. 35s. return of blue, 38m. 10s. disappearance of green; 37m. 10s. return of green, 38m. 20s. disappearance of blue; 37m. 30s. return of violet, 38m. 40s. disappearance of violet. Red persists.

7. *Oscillation*.—40m. 10s. return of yellow, 43m. 15s. disappearance of violet; 40m. 40s. return of blue, 43m. 35s. dis-

appearance of green; 40m. 50s. return of green, 43m. 50s. disappearance of blue; 41m. 10s. return of violet, 41m. 0s. disappearance of yellow. Red persists.

8. *Oscillation*.—51m. 30s. return of yellow, 54m. 20s. disappearance of violet; 52m. 15s. return of blue, 54m. 30s. disappearance of green; 53m. 0s. return of green, 54m. 50s. disappearance of blue; 53m. 15s. return of violet, 55m. 0s. disappearance of yellow; 56m. 10s. disappearance of red.

At this time for three minutes the patient is totally anæsthetic and achromatopic in both eyes, but very soon the colours re-appear.

9. *Oscillation*.—60m. 25s. return of red, 65m. 10s. disappearance of violet; 61m. 35s. return of yellow, 65m. 30s. disappearance of green; 62m. 20s. return of blue, 66m. 0s. disappearance of blue; 62m. 50s. return of green, 66m. 25s. disappearance of yellow; 63m. 10s. return of violet. Red persists.

10. *Oscillation*.—The vision of all colours persists now in the right eye for nearly three minutes, transfer to the left eye; at 38m. 20s. all the colours disappeared.

11. *Oscillation*.—At 39m. 20s. all the colours appeared; at 44m. all disappeared. Experiment finished. The subject of these experiments was particularly susceptible to the æsthetic agent; it was sufficient to apply the magnet near the hand to modify the sensibility of all the side of the body, and at the same time to affect vision.

What is the value of these experiments? There is great difference of opinion as to the same, as Gamgee (a) assigns no importance to them, whilst the French savants swear by them.

This form of achromatopsia might be confounded with Daltonism, but it differs from it. The colour-blind mistakes one colour for another, as green for red, whilst the hysteric achromatopic loses completely the notion of colours. She sees objects coloured "white" or "grey," but never has an erroneous perception of colour.

To be continued.)

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

OBSTETRICAL SECTION.—FRIDAY, DECEMBER 22ND.

The PRESIDENT in the Chair.

OPENING ADDRESS.

DR. DENHAM, after some preliminary observations, took for the subject of his inaugural address "The Progress made in Obstetric Medicine during the last Fifty Years," selecting as the basis of his remarks a comparison of the Rotunda Hospital Reports of Drs. Collins and Shackleton with those recently published by Dr. George Johnston. Dr. Collins during his seven years Mastership had 16,414 deliveries, in which the crotchet was used 118 times, and the forceps or vectis 27 times. The number of deaths amounted to 164. Dr. Shackleton reported 13,748 deliveries, with the use of the perforator in 130 cases and of the forceps in 200 cases, and the loss of 163 patients. Dr. Johnston reported 8,908 deliveries; 28 craniotomy, 90 version, and 750 forceps cases. He lost altogether 169 patients. Commenting on these figures Dr. Denham observed that it was patent that by the more frequent use of the forceps in modern obstetrics much had been done for relief, without adding to the dangers of labour, and that great numbers of children were now delivered alive who under the old practice would have had to be destroyed. The beneficial results of the introduction of chloroform, the greater use of sea-tangle tents, the operation of ovariectomy, followed as it has been by so many new operative procedures, were briefly alluded

(a) "An Account of a Demonstration of the Phenomena of Hystero-Epilepsy." *British Medical Journal*, page 645, vol. II., 1878.

to as having done much to bring gynecologists into the front ranks of bold and successful operators, and to break down the barrier which at one time existed between this and other branches of the profession.

EXHIBITS.—RECENT SPONTANEOUS DETACHMENT WITH RENT IN THE SUBSTANCE OF THE RETINA.

Mr. ARTHUR BENSON exhibited a male patient showing a well-marked example of the above condition.

ACUTE PERICARDITIS FOLLOWING ON AN ATTACK OF ACUTE ARTICULAR RHEUMATISM.

Dr. G. F. DUFFEY showed the heart and pericardium of a male patient, aged fifty, exhibiting the recent pathological effects of an acute pericarditis which had lasted only for about eighteen hours.

FROZEN SECTIONS THROUGH A FULL-TIME STILLBORN FETUS.

Dr. ROE exhibited a series of these frozen sections which he had lately made—(1) Section through medial horizontal plane of foetal head; (2) section through the shoulder-joint and upper part of the chest; (3) section through the level of the third costal cartilage.

DOUBLE OVARIAN DERMOID CYSTS.

Dr. POOLE showed, for Dr. Kidd, two dermoid ovarian cysts removed from an unmarried patient, aged thirty-eight. Growth of tumour noticed for three years. The larger tumour involved the left ovary, and weighed on removal about six pounds. It is composed of numerous loculi of various sizes, some containing glairy mucoid fluid, and other masses of sebaceous matter mixed with hairs. Hard centres of ossification felt in portion of cyst walls; one of the larger cysts contained a matted mass of long dark hairs, on removing which a mass of bone was found jutting sharply into the cavity and bearing on its apex two closely-united teeth. The smaller tumour belonged to the right ovary, and is seen to consist of two cavities, one containing sebaceous matter with a few hairs, and in one part of its walls a mass of bone; the other containing a quantity of light-coloured hair and several teeth irregularly set in a bony wall.

Mr. P. S. ABRAHAM showed under the microscope preparations from above cysts, illustrating their contents and different portions of their walls.

PETO-AMNIOTIC ADHESIONS, ASSOCIATED WITH NUMEROUS DEFORMITIES OF A FULL-TIME FETUS, INCLUDING COMPLETE ECTOPIA OF THE ABDOMINAL VISCERA.

Dr. NEVILLE exhibited this specimen, and with it a four months foetus, around whose right forearm the funis had become looped and adherent, associated with deformities of both hands, &c.

CICATRICIAL OCCLUSION OF THE VAGINA.

Dr. MORE MADDEN said: At present our clinical experience of retained menstruation or impeded parturition, consequent on post-partum adhesions of the vaginal walls, is fortunately more limited than must have been the case in the practice of our predecessors, when the second stage of labour was frequently allowed to run on for twelve or even twenty-four hours, and when instrumental assistance was directed by the most eminent authorities to be withheld until the vital powers were all but exhausted. Still such cases are occasionally met with. Of somewhat greater frequency in the causation of this condition in modern practice is the opposite error of premature application of the forceps before the natural dilatation of the passage, or by the misdirected force or undue haste with which instrumental extraction may be effected. Another source of such occlusion is the abuse of escharotics for the treatment of uterine disease. Apart from these causes, the occurrence of vaginal occlusion after parturition is exceptional. The following are notes of a case of this kind which recently came under my care in the gynecological ward of the Mater Misericordiae Hospital:—The patient, aged thirty-eight, had been years married, and had given birth to four children. She never had any difficulty in parturition, and her recoveries were always rapid. Six months before admission she had a miscarriage on the fourth month. This was caused by over-exertion, and presented nothing peculiar. Up to this time her general and uterine health had been excellent. Two months after miscarrying she began to complain of obscure pelvic pain, with sense of local fullness and bearing down. Her menses did not return, and as she had previously been very regular in this respect, she naturally supposed herself to be again pregnant. The pelvic pain

increasing, however, and being now attended with dysuria, troublesome tenesmus, and obvious impairment of her general health, she sought medical advice. When admitted into hospital, her general symptoms and history suggested retroversion of the gravid uterus. On examination this was found not to be the case. The pelvic cavity was filled by a large globular tumour, which extended backwards so as to flatten the rectum against the sacrum, and upwards and forwards so as to displace the bladder. The entrance to the vagina was thus obstructed, so that the finger could only be passed in for an inch and a quarter. On bi-manual recti-abdominal exploration, the uterus was found enlarged to the size of the fourth month, but in its normal position. The patient was then placed in lithotomy position, the parts widely separated by retractors, and the seat of the obstruction, which was seen to consist of a tense, convex, fibrous-looking septum, thus fully exposed to view. This diaphragmatic-looking cicatricial structure was then punctured with a fine trocar, and a small quantity of retained menstrual fluid drawn off by the aspirator. As the fluid was too viscid to pass freely through the canula, the aperture was enlarged so as to admit the point of the finger, with which it was torn through so as to allow the gradual escape of about eighteen ounces of thick, treacle-like, catamenial matter. For two days afterwards this continued to drain away, and probably as much more escaped in this way. The membranous partition described formed the floor of a large hour-glass-shaped cavity, the lower part of which was bounded by the distended vaginal walls, communicating through the open os and expanded cervical canal with the dilated uterine cavity which formed its upper and smaller portion. On the day following the operation she had rigors, her pulse and temperature ran up, the abdomen became tympanitic, there was considerable uterine pain and tenderness, and for the ensuing week her life hung in the balance from severe metro-peritonitis. This, however, ultimately subsided under treatment. The opening was then cautiously and gradually expanded by dilators, and kept patulous by glycerine tampons until all trace of constriction had disappeared. She was retained under observation until the next monthly period, which was perfectly normal, had passed over, and being then well, was discharged from hospital. The foregoing instance of vaginal occlusion in a patient who had given birth to several children, and without any previous history of the usual causes of this condition, is interesting from the infrequency of such cases, and from the possibility of such an occurrence being an occasional cause of menstrual retention or an obstacle to impregnation or parturition. Moreover, it illustrates the danger attending the treatment of such cases, in proof of which the writer adduces the conclusion, from the observations of the principal authorities on the subject, that the treatment of cicatricial vaginal obstruction is by no means as safe as it is facile. And that the safest instrument in the removal of these adhesions is the surgeon's finger—the mortality following the use of any cutting instrument being nearly threefold that resulting from their digital separation.

Dr. ATTHILL said that the case was unique in his experience. He did not think that the occlusion could have resulted so completely from any abuse of caustics. It was probably due to the occurrence of adhesive inflammation, such as he had seen result in a like way in the case of women who had never been pregnant.

Dr. KIDD narrated the history of a case recorded by the late Dr. Sawyer, in which a cicatricial occlusion of the vagina was found as an impediment to labour at the end of her second and third pregnancies—the occlusion having on each occasion to be opened up by crucial incisions. He insisted on the impossibility of negating the co-existence of pregnancy with almost any amount of occlusion, illustrating this point by the details of many cases which had fallen under his own observation. It was often very difficult to say whether the occlusion had taken place before or after conception. Dr. M'Clintock had described a form of annular contraction due to atrophy of the vaginal walls in aged women. He (Dr. Kidd) had seen cases of a like kind in much younger women. Possibly, in Dr. Madden's case, an annular contraction of such a kind had formed, proceeding to such an extent as to form an "impermeable stricture," thus giving rise to the occlusion.

Dr. J. A. BYRNE did not think Dr. Kidd's explanation held in Dr. Madden's case. Atrophic contraction was limited to older women. Strong escharotics injudiciously

applied were, he thought, among the most frequent causes of vaginal or cervical occlusion. When retention of the menses resulted, they should be let out slowly and cautiously.

The PRESIDENT thought that coonception might occur in spite of very considerable occlusion. Occlusion did not seem to be so frequently met with now as when the forceps was less often and more tardily used.

Dr. MORE MADDEN briefly replied.

BREAKING STRAIN, OR TENSILE STRENGTH OF THE UMBILICAL CORD.

Dr. NEVILLE read a paper on this subject, founded upon 125 experiments made by him on the fresh cords of full-time children. Having explained the method of making these experiments, in which only the 12-14 inches of the cord nearest to the placenta were tested, he stated his conclusions as follows:—In 100 cords from which the blood had been allowed in great part to escape before subjecting them to strain, the average tensile strength amounted to 12.5 lbs.; one cord bore a strain of 27 lbs.; nine cords a strain varying from 20 to 25 lbs.; eighteen of from 15 to 20 lbs.; forty-eight of from 10 to 15 lbs.; twenty-three of from 5 to 10 lbs.; and one of less than 5 lbs. In the case of 25 cords tested without allowing any escape of the blood contained in them, the average breaking strain was found to be very little above 11 lbs., or nearly one and a half pounds less than in the other case. The cords belonging to male were found to have an average strength of 1.5 lbs. more than those of female children; multiparity made no appreciable difference in strength. The strain was always gradually increased until the cord broke; and rupture was most commonly found to be first marked on the outer aspect of the cord where an umbilical vein projected in a varicose manner. Thin, straight, and wiry cords, possessing a comparatively small amount of Whartonian jelly, and whose surfaces were least marked by varicose projections, habitually bore the greatest strains. The rather scanty literature on the subject was summarised; especially a paper by Pfaunkuch (A. f. G. Band. VII., Heft. 1), who studied the effects of a sudden strain caused by the falling of the child's body, if delivered when the woman was in the upright position. Dr. Neville considered the question of a gradual drag as affecting inversion of the uterus. Assuming as conditions a strong funis abutting at or near the centre of the fundus on a firmly adherent placenta, and a flaccid pliable uterus wanting in contraction and retraction, he thought improper tractions on the cord very likely to terminate in inversion. Inversion is a rare accident, because these conditions are rarely met with in combination, and because real fundal attachment of the placenta is particularly uncommon, notwithstanding text-book statements to the contrary.

Dr. MACAN considered that there could be no doubt that inversion might readily be effected by pulling on the cord under the circumstances laid down in the paper. He would lay special stress on the fact that traction, in order to result in this way, should be made at right angles to the uterine wall at the site of placental attachment. This only could happen when the placenta had a fundal attachment.

Dr. ATTHILL compared inversion as an accident of delivery, with that which resulted from an intra-uterine tumour. In the one case he believed that, as a matter of personal observation, the tumour, and in the other case the placenta would always be found attached to the fundus. The fundus was the part of the uterus most susceptible of irritation. Irritation would set up contractions, and these would expel either the tumour or placenta, and along with either might invert the uterus. Pulling on the cord might facilitate the inversion, but could not act as a sole cause of this accident.

Dr. FITZPATRICK also spoke, and Dr. NEVILLE did not reply.

MUMMIFICATION OF ONE FŒTUS IN A TWIN PREGNANCY; LABOUR AT TERM.

Dr. J. R. KIRKPATRICK exhibited a specimen of a mummified fœtus, with the placenta and membranes belonging to both children of a pregnancy which had gone to full time. There was a single placenta, and double membranous sac; that portion of the placenta which belonged to the mummified fœtus being shrunken and degenerated. The fœtus appeared to have died about the sixth month, and to have been since retained without occasioning any pathological symptoms. It was first born, after which the other child presenting by the

shoulder was turned and born alive and healthy. The living child, a female, weighed 8 lbs. The placenta was quickly afterwards naturally expelled. The mother was a healthy multipara, æt. 33; her six previous labours having terminated normally.

PATHOLOGICAL SECTION.—FRIDAY, JANUARY 6.

PROF. BENNETT (Sectional Secretary), and Mr. THOMSON (General Secretary), were in attendance.

SPECIMENS EXHIBITED BY CARD.

Dr. F. HEUSTON exhibited an oval, dermoid tumour of the right ovary, the circumference being ten inches, and the diameter nine. He had removed it from the body of a dissecting-room subject, æt. 65. The tumour was connected by adhesions with the surrounding viscera. Microscopic sections of the wall of cyst showed bony plates and nodules of cartilage. A fibroma existed in the upper and posterior portion of the vagina.

Mr. ARTHUR BENSON exhibited drawings of two cases of rupture of the choroid from external injury. Case 1.—From the left eye of a man, æt. 33, who received the injury three weeks before admission to the St. Mark's Ophthalmic Hospital by a fall from a horse. The rent in the choroid was seen to occupy a space midway between the disc and the yellow spot, and was crescentic in form, its concavity being directed towards the disc. The rent was marked by a considerable accumulation of pigment. The retinal vessels ran over it without any alteration in their curvature or direction. The pigment occurred six or seven weeks after the accident, and was not the remains of hæmorrhage. Case 2.—From a girl, æt. 19, who had, six months before admission, received a blow from a portion of an exploding coffee-pot. There were three separate rents in the choroid—one at the yellow spot; the second, a small crescent above the disc; and the third, a large irregular rent above the last, and near the periphery.

Mr. T. S. M'ARDLE exhibited tumours of the cerebellum, removed from a child, æt. 10, who, three days after a fall on his head, was admitted into St. Vincent's Hospital, with all the symptoms of cerebro-spinal meningitis. Sections of the tumour, prepared by Mr. P. S. Abraham, showed giant cells, with caseation of the central parts of the tubercular mass. Mr. M'Arde also exhibited a toe with fibroid tumour attached. The tumour was painless, and slow of growth, until within a month of its removal. A short time before admission into St. Vincent's Hospital, caustics had been applied, with the effect of increasing the size and altering the surface of the tumour, as well as rendering it painful. Mr. M'Arde likewise exhibited a specimen of thickening of nasal septum, removed from a patient who died of inflammation of the lungs, and in whom the nasal passages were almost occluded by thickening of the mucous membrane over the turbinated bones and septum.

Mr. ANTHONY H. CORLEY exhibited a specimen of extra-capsular fracture of the neck of the femur. The patient was over 80 years of age. It was not quite certain whether fracture was caused by a blow or a fall, as it was stated that she was struck with a poker, and fell in consequence. She lived three weeks after the accident, and had more power than usual in turning in bed. There were no signs of severe contusion. She suffered from bronchitis and emphysema, and died rather suddenly. The fracture was comminuted, the great trochanter being split vertically.

Dr. J. MAGEE FINNY exhibited a specimen of cirrhosis, or fibroid induration of the upper lobe of the right lung, in which the disease was strictly limited to that lobe, and had caused it to be converted into a series of cysts, varying in size from a pea to a small marble. There was a complete absence of the normal alveolar tissue, which was replaced by dense fibro-cellular tissue of a greyish red colour. The cysts, which, as a rule did not communicate with each other, contained a yellow muco-purulent secretion (free from special foetidity), and were lined with a mucous membrane, continuous with that of the bronchi. They permeated the entire lobe, giving it a very peculiar honeycomb appearance. The bronchi were slightly dilated in their tertiary division. It seemed as though the alveolar tissue alone, to the almost total exclusion of the pleura, and to the partial exclusion of the bronchi, was the seat of the fibroid change. No other

exactly similar case has been observed, and while the lines of demarcation between bronchiectasis and the cirrhosis of Corrigan are by no means so marked as some recent writers (including Tuergiersen in Vol. ix. "Ziemssen's Cyclop.") would imply, it was plain that in the specimen the bronchial dilatation had little, if anything, to say to the condition of the lobe. The pleura of the right lung was thickened, and adherent to a very slight degree, and sent no fibroid prolongations into the substance of the lung. The patient, a boy, *et.* 17, was under observation for but a week, having been admitted to Sir Patrick Dun's Hospital on Dec. 21st, 1882, for a supposed attack of pneumonia of the upper lobe. On the 26th Dec. physical examination showed the presence of what was thought to be a multiple abscess of that lobe, and pleural effusion of a latent type of the left side to the left of the sixth rib. In the course of the case, two days before death, the pleuritic friction was heard as high as the fourth rib. Over a limited extent, occupying the third and fourth costo-sternal articulations, a double friction sound, synchronous with the impulse of the heart, and increased by pressure, was readily made out, and heard by several observers. It was thought to be of pericardial origin, the inflammation being secondary to extension from the pleura. The post-mortem examination showed that there was no pericarditis, and that its real cause was the impact of the heart against the pleura, which was roughened and granular in its narrow prolongation under the sternum. Dr. Finny noticed the rarity and commented on the clinical significance of this physical sign. The cause of death was syncope, due to the sudden outpouring of fluid into the left pleura, and the incautious sitting up of the patient. On the evening before his death, the respiration was 28, pulse 120, temperature 102, and there were no signs of any asphyxia; the patient was resting easily on the *right* side, and expressed himself easier and better than he had been since admission, and during the day the fluid had not reached above the fifth rib in the semi-recumbent posture, and there were no symptoms suggesting, not to say demanding, mechanical relief. At three o'clock a.m. on the 29th he sat up to cough, as he was in the habit of doing on waking out of sleep, and whilst taking nourishment and conversing with the night nurse, he was noticed suddenly to become very pale and to be bathed in perspiration. He died in an hour. Effusion of a very rapid nature, and to a very considerable extent, must have occurred during that night, as the pleural cavity was found full of fibrino serum, and the lung compressed, without enlargement of the side or bulging of the intercostals. Trousseau and Bartel's notice of the possibility of sudden death in pleurisy, and their explanations of it as being by syncope, were detailed, Dr. Finny laying more stress upon the rapidity with which the effusion is poured out than on the amount.

Mr. SWANZY read a paper on

DOUBLE GLIOMA RETINÆ,
(Illustrated by a Living Specimen).

The patient was aged 2½ years. His mother first noticed a peculiar appearance in the interior of the right eye twelve months ago, and four months later in the left eye. At the first visit to the National Eye and Ear Infirmary six weeks ago, a growth was found in each eye of a pale yellow colour. In the right eye it lay deep on the posterior surface of the globe; in the left eye it came most to the front, occupying two-thirds of the vitreous humour, and presented a lobulated surface. The vitreous humour in each eye was clear. There had been no iritis or other inflammatory process, and there was no injection of the anterior parts of the eyeballs. There were not and had not been any head symptoms, and in all respects the patient's general health was perfect. He had never had any illness. The only changes since the case has been under observation are a slight increase in the size of the growths, and that the right eye has become glaucomatous. However, the child, who spoke remarkably well for his age, has lately spoken sometimes very indistinctly, and with much rapidity, and a forced repetition of the final letter of some words—thus: "bread-d-d-d-d."

Mr. SWANZY also read a paper on a

CASE OF INTRA-OCULAR TUMOUR.

(Illustrated by Microscopical Sections, prepared by Mr. P. S. Abraham.)

The growth had commenced six years ago, and when removed was, with the eyeball, the size of a hen's egg. It was still covered in front by conjunctiva and atrophied sclerotin, but had grown through the sclerotin above, and

displaced the eyeball downwards. The greater portion of the tumour was found to consist of a melanotic sarcoma, with round and spindle cells in the usual arrangement. Around the optic nerve, behind the globe, there was a considerable mass of tumour, containing less pigment, and in it there was an alveolar arrangement corresponding to Billroth's alveolar sarcoma. At one part of the highly pigmented portion, where it came in proximity to the conjunctiva, there were well-marked alveoli, containing epithelial cells, thus so far placing the tumour in the category of carcinomatous sarcomata described by Virchow.

The Section then adjourned.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

TUESDAY, JAN. 16.

Dr. GEO. BALFOUR, President, in the Chair.

Dr. ALEXANDER MILLER exhibited a little girl and boy with

GELATINOUS DEGENERATION OF THE KNEE-JOINT,

treated by Soot's dressing. It was first proposed to resect the joint of the girl, and amputate the leg of the boy; but Dr. Miller thought that he would give the above dressing a fair trial. Rest was, therefore, at first enjoined, and blue ointment applied next the joint; but this was soon discarded for vaseline, the strapping being then applied. The girl also suffered from strumous disease of the foot; but in both cases a useful joint had been secured.

Dr. BELL exhibited a man who, after a severe injury to his back, suffered from both

MOTOR AND SENSORY PARALYSIS.

He now possesses considerable motor power, but his gait is peculiar. He is able, however, to work for his living. He also retains the marks of considerable bed-sores. Sensation is almost entirely absent, except in certain areas of the legs; and he was unconscious when a horse stood on his foot, resulting in necrosis of the bones of the limb, the absence of sensation enabling him to pick out the portions of diseased bone without pain. The penis and scrotum can be pricked without causing pain. He is, however, married, and has several children.

Dr. P. H. MACLAREN exhibited a woman suffering from extensive

NECROSIS OF THE NASAL BONES.

Nearly all the bones of the nose had been removed. There was no history of contracted syphilis, as the woman was a virgin. She had been treated for scrofula; but Dr. MacLaren, suspecting hereditary syphilis, made inquiries, which confirmed his suspicion, and he, therefore, gave the iodide of potassium with most successful results, although the usual remedies for scrofula had failed to do any good. The case illustrates the late appearance of hereditary syphilis, no sign of the disease having shown itself for 17 years.

Dr. CADELL exhibited an infant with

A LARGE HAIRY MOLE ON THE RIGHT SIDE OF ITS FACE, due, the mother, as usual, thinks, to a fright from a dog during her pregnancy.

Mr. SYMINGTON exhibited a specimen which had come under his notice in his dissecting-room (at Minto House School of Medicine). It consisted in the presence of

A CERVICAL RIB SPRINGING FROM THE SEVENTH CERVICAL VERTEBRA,

over which the subclavian artery passed, and might have given rise to the idea of an aneurism. He also exhibited a student who, according to Dr. Bell, possessed a like abnormality.

Dr. JOSEPH BELL then read a most interesting paper on A PECULIAR MENTAL STATE AS THE RESULT OF CRANIAL INJURIES.

Dr. Bell drew attention to the case of a patient under his care who had received severe injuries to his head in falling down a well. The man could recollect nothing connected with the well, or the cause of his fall, nor could he, for some time, recognise his wife or friends. He has since recovered, but the incident of the well has entirely vanished from his mind. Dr. Bell instanced several cases where entire absence of all recollection of the immediate occurrences of an accident had been lost. In this case, the man recognised

persons he had known twelve years ago, but could not recognise his wife, to whom he had been married for that period. To explain these phenomena, Dr. Bell, after referring to some remarks lately made by Mr. Savory on brain injuries, suggested that time was required for the registration of ideas, and that in these cases so rapid was the sequence of events that the brain failed to register them.

This suggestion brought forth some valuable remarks from Dr. Clouston, of Morningside Asylum, who agreed with Dr. Bell; and from Dr. Calderwood, Professor of Moral Philosophy in the University, who propounded some metaphysical doctrines in explanation, but who admitted that he could only explain Dr. Bell's cases on the physical basis of mind. Dr. Gunning also made some remarks, and

Dr. BELL, in reply, stated that he never knew of a case of concussion where there was not considerable damage found in the brain after death, and he was sure that many of the cases of contradictory statements made in the witness-box after railway accidents were to be attributed to no registration of the occurrence by the brain, and that the sufferers in all good faith drew on their imaginations to supply the want.

Dr. P. H. MACLAREN then read a paper on

A CASE OF STRANGULATED HERNIA.

The Society then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.
MONTHLY MEETING, JANUARY 5TH, 1883.

Mr. FREDERICK LAWBRANCE in the Chair.

COLLOID CANCER IN THE PERITONEUM—POST-HEMIPLEGIC
HEMICHOREA—RECURRENT FIBROID—CALCULUS IN THE
URETER.

Dr. THOROWOOD exhibited a patient admitted under his care into the West London Hospital on December 13, 1882, whom he believed yet to be suffering from malignant disease of the abdomen. On examination the abdomen was much distended. Slight evidence of localised fluctuation could be detected in the flanks, and the patient said that when in St. Mary's Hospital last August he was tapped by order of Dr. Handfield Jones in the left flank, from which serous fluid was drawn. He is now losing flesh, has a quiet pulse, clean tongue, does not vomit, heart and lungs act normally. On feeling the abdomen a hard, very tender mass is found below ensiform cartilage, about 2 in. by 2 in. in size; doubtful, if this mass moves much in respiration. Below this comes a zone of resonance, then across abdomen can be traced, at level of umbilicus, a chain of hard, tender, irregular masses. Liver dulness somewhat increased upwards.

History of the patient, and mode of the development of the disease.—Twenty years ago he came home from India invalided for dysentery, and ten years ago he had slight coughing up of blood. With these exceptions his health has been good, and he has been able to walk four or five miles easily until quite recently. Present illness commenced with enlargement of abdomen five weeks before his admission into St. Mary's Hospital on August 21st, 1882. The liver did not then extend below margin of the ribs. *Paracentesis abdominalis* was performed, and after that liver dulness extended eight fingers' breadth upwards in right chest. No lumps were felt in the abdomen at this time, but a hard mass was felt and recorded below the xiphoid cartilage, which was believed to be the left lobe of the liver. The urine contained lithates, but no albumen. The case was set down as cirrhosis with ascites, and on November 2nd the patient left St. Mary's. He says that, while in that hospital he had a dose given him which brought away three yards of tapeworm, but not the head of the parasite. Before tapping, his abdomen measured 38½ inches at level of umbilicus. Present measurement 34 inches. The question of interest is—What is the nature of the disease? When he left St. Mary's, Dr. Handfield Jones wrote the exhibitor that he considered absence of pain and presence of ascites was against cancer and in favour of cirrhosis. But he added "he may have both maladies." My own belief, added Dr. Thorowood, from the first, has been that the disease is colloid cancer. The age of the patient favours such a belief. In a case of colloid cancer reported by Dr. Ord (*Path. Trans. xxxii.*), the patient had been ailing seventeen years, and at the age of 35 his abdomen measured 44

inches, while two "bun"-like prominences were felt on each side of umbilicus. Tapping in various parts of abdomen brought away quantities of fluid varying from a-half to three pints. Post-mortem showed the parietal peritoneum covered with colloid growth to the extent of from two to four inches, the omentum a dense honeycomb-like mass of colloid cancer; liver and stomach encased, but not infiltrated by colloid. Curling reports a case where colloidal cancer caused a stricture of the colon; so that colotomy had to be performed (*Path. Trans. xvii.*). I cannot venture to say whether enlargement of the mesenteric glands, set going by the Indian dysentery contracted twenty years ago, and from which the patient seemed to recover during his residence in England, can have much to do with the development of the abdominal tumours; neither do I agree with the patient in attributing these appearances to the retained head of the tapeworm. We are informed on the best authority that no lumps were found in the man's abdomen when he was in St. Mary's three months ago. Of the existence of the masses now, anyone present can easily convince himself; so that they have grown and are growing rapidly after the manner of colloid cancer. The part invaded, apparently the peritoneum and omentum, is a part especially affected by colloidal cancers. We have seen from Dr. Ord's case, how collections of fluid may form in various parts of the abdomen in common with colloid, and thus it appears to be with the patient, for his flanks are to some extent resonant, and yet, by a little manipulation, we get sense of fluctuation at certain points. At present, the functions of the stomach and intestines are not much affected, but he loses flesh rapidly, and the prognosis is, in my opinion, anything but favourable. In treatment we have endeavoured, by means of saline purgatives, to relieve congestion and oppression, and at night we give him extract of conium to relieve pain.

Dr. SCHACHT said that they had lately, in the obstetric department of that hospital, a case where a mass could be felt on deep palpation in the epigastric region, which was diagnosed as malignant, and proved, at post-mortem, a mass of encephaloid cancer.

Dr. ALDERSON remarked that cirrhosis of the liver was excluded from the diagnosis by the absence of contraction.

Mr. LLOYD said that he had made a post-mortem in the case of a young woman who had cancer of the ovaries, and where the omentum was much diseased.

Dr. THUDICHUM asked for a definition of "colloid cancer." He knew what "colloid" meant, and he knew what "cancer" meant, but he did not understand the combination of terms. As the case under notice was of long standing, it was very interesting and important, but he was not clear as to the possibility of diagnosing abdominal cancer in the living human being. Then, as to treatment, he could not understand why extract of conium was administered, as so little was known of its influence. He questioned whether it contained any alkaloid; and, indeed, whether it had any medical effect whatever. It was not chemically definable. He felt curious as to its effect in the remarkable case under notice.

Dr. POPE said that he knew a case of an old man who had large masses in the abdomen, swelling in both sides, and much obstruction in breathing. There was also localised fluid easily felt in the flank. It turned out to be sarcoma, originating in stone and chronic kidney disorders.

Dr. DANIEL, referring to the disputed use of extract of conium, said that he preferred morphia as a sedative, because it was more certain in its operation.

Dr. ALLDEN OWLES did not regard the comparative absence of pain as weighing much against the symptoms of cancer in the case, as, in his experience, severe pain was far from being an invariable concomitant of abdominal cancer.

Dr. THOROWOOD, in reply, said that it was, of course, possible to have abdominal cancer without pain. This might be a case of sarcoma, but the locality indicated that it was a colloidal form of cancer. He regarded extract of conium as a useful sedative, and absorbent, although it was not clear what was its effective principle, and although its mode of action was obscure.

Mr. PERCY POTTER showed a case of

POST-HEMIPLEGIC HEMICHOREA WITH HEMIANÆSTHESIA, in which there were some peculiar clinical features. The patient, æt. 32, has been a soldier, has always enjoyed good health previously to the present affection. He never had

rheumatic fever nor syphilis, nor was there history of injury to the head. The family history was good, except that mother had temporary chorea. Eighteen months ago, whilst playing a wind instrument under the tropical sun of India, he became suddenly unconscious. The patient cannot say how long this lasted, but when he came round there was right hemiplegia without aphasia. This improved to some extent, but the muscles of the legs became atrophied, and the flexors of the foot tonically contracted, assuming, as in paralytic club-foot, the form of talipes equina. Having returned to England, he was operated upon for this contraction, tenotomy of the tendo-achilles being performed at Netley Hospital, three months after the outset of hemiplegia. This does not influence the deformity. Three weeks ago the patient was frightened by a mastiff dog which knocked him down. Two days after there appeared chorea of the affected side. There was now well-marked right hemiplegia, including the face, without aphasia; the vision of the right eye was defective; the senses of smell, hearing, taste (as tested by aloe and colocynth), were blunted. There was complete anaesthesia of the right side of face and leg; less complete of arm, trunk, and thigh. The symptoms of chorea consisted of sudden and unexpected jerks of the right arm and thigh, and right side of face. The muscular movements were quite uncontrollable. Tendo-reflex and ankle clonus increased. No cardiac bruit; urine normal. Prof. Charcot describes three cases of this disease, all occurring in the female sex. He found that the lesions in the encephalon were in similar situations, viz.:—(a) Posterior part of optic thalamus, (b) posterior portion of the nucleus caudatus, (c) back portion of the corona radiata, these lesions consisting of cicatrices, probably hæmorrhagic. Apoplexy was very rare in many so young, but there was very little doubt as to the apoplectic nature of these phenomena.

Dr. Schacht made some remarks on the disease, and Dr. Thudichum thanked Mr. Potter for exhibiting this interesting case. In reply to these, and inquiries by Drs. James Thompson, J. Frankish, Ralph Richardson, B. Daniel, Pope, and Bennett, Mr. POTTER said there was no doubt that apoplexy was caused by exposure to a hot sun. The chorea was unquestionably due to fright. It was difficult to ascertain if there was reflex action as the moment he attempted to touch the limb the man winced. On one occasion, however, when the man's attention was diverted he observed that the tendon reflex was exaggerated. He had not been able to observe the patient during sleep.

Dr. JAMES THOMPSON showed a tumour removed from a woman, æt. 36, after its fifth recurrence. Its situation was in the median line at the border of the hair in the forehead. The size was that of a goose's egg, springing from a base only three-quarters of an inch in diameter. The original tumour was removed in 1869. At least four surgeons had operated. Both caustics and the knife had been used. Dr. Thompson operated with Richardson's scissors, and applied an actual cautery to the root. A committee was appointed to report upon the character of the tumour. Dr. Thompson also exhibited a calculus believed to have been formed in the ureter, and read the following notes:—W. D., æt. 45, market dealer, plethoric, free liver, suffered for years from lithiasis, and passed several small stones, applied, while suffering from severe pain in left loin and down thigh; the diagnosis was a stone passing through ureter. After some time he obtained sudden relief. A few hours after two stones were passed with the urine, one with a face on one end, the other with a face on each end, about one-sixteenth of an inch long, and cylindrical. Two days after a third was passed about three-quarters of an inch long, of the same shape, and with a face at each end which fitted that already passed. Two months after the patient had a similar attack which terminated fatally in two days with symptoms of acute peritonitis, possibly caused by a similar condition of the other ureter. No post-mortem was obtained.

Our "advertisement columns" contain the list of subscribers to the Appeal in Dublin on behalf of the widow of the late Dr. Spencer, F.R.C.S.I., and Mrs. Spencer's acknowledgment of the receipt of the amount collected.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 6d. Post free, 5d

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1883.

THE HOUNSLOW TRAGEDY.

THE circumstances under which Dr. William Whitfield Edwardes committed suicide at Hounslow having been for more than three weeks under investigation before Dr. Diplock, Coroner for West Middlesex, the jury have at length decided, "That on December 27th the said William Whitfield Edwardes came to his death by prussic acid administered by his own hand during temporary insanity; and they desire to express their opinion emphatically that he was driven to his death by the pressure brought to bear by his partner, Dr. William Michael Whitmarsh, using the false charge of Mrs. Rose Bignell as a means to drive him to a dishonourable dissolution of partnership."

The facts of the case are probably familiar by this time to every member of the profession, none of whom can help but feel deep sympathy for the friends of the unhappy suicide, or fail to experience a sense of keen regret that so damning a verdict as that quoted above should have been necessary to express the opinion of a British jury respecting the conduct of a practitioner of medicine. This, after all, is now the most unfortunate feature of the whole affair, and much as we must naturally regret the existence of reasons that force so unpalatable a conclusion, it is impossible to regard the verdict as in any degree undeserved or hypercritical. Throughout the transactions which followed the first delivery of the charge brought against the late Dr. Edwardes by the woman Bignell, the attitude of Dr.

Whitmarsh towards his partner was, judging from the evidence of himself and his assistant, the man Garrett, entirely deficient in such cordial sympathy and helpful encouragement as it was his imperative duty to offer until, at least, some substantiation of the patient's accusation was forthcoming. Instead of this we find that Dr. Whitmarsh apparently seized the opportunity afforded him by the difficulties of his *confrère* to insist on a dissolution of the partnership existing between them on terms which a jury of Englishmen have deservedly stigmatised as "dishonourable." Had the offence alleged against Dr. Edwardes been already proved, Dr. Whitmarsh could hardly have shown more eagerness in hurrying forward measures for effecting a severance in his connection with him; and, looking back upon the picture of the relations between the partners, as drawn out in the evidence before the coroner, we cannot refrain from an emphatic endorsement of the verdict to which that evidence contributed, or from a further expression of opinion that, had the deceased practitioner received such assistance as may be claimed by even the most guilty prior to conviction, he would never have contemplated the dread alternative to ruin forced on his acceptance by despair.

The whole history of the case excites our deep compassion, the more so because it is in many things so typical of the many dangers surrounding medical men under certain conditions. There are few practitioners of experience who have not been momentarily exposed to the risks of some such charge as that levelled at Dr. Edwardes; and every physician starting on his daily round of visits is conscious of the fact that he may return to his home with a charge of indecency brought by a hysterical patient hanging over him and calling for immediate action from himself. Nor can we ever expect that dangers such as this will be less frequently encountered so long as the hysterical temperament is recognised as a feature calling for medical aid to women. These latter, when influenced by hysteria, unconsciously exaggerate the meaning and importance of the most trivial actions and attentions; they attribute the most impossible motives to their attendants; and with a morbid acuteness of appreciation of self, they associate even ordinary acts of courtesy and of professional necessity with a force of meaning towards themselves which is characteristically egotistical in the extreme. Fortunately it is but rarely that the extreme length to which Mrs. Bignell's higher sensitiveness impelled her to proceed commends itself to the hysterical; but when false charges of the kind are framed, it is easy to see the successive steps of their formation. We need not now point these out at length, for they are sufficiently familiar to be at once recalled by every reader of these pages; but in judging for himself of the merits of the case just recently closed, each should remember how all but impossible it is for a woman of hysterical temperament to forego any idea once aroused in connection with herself, and by nursing which she can consistently exalt her individual importance.

Ungrateful though the task has been, we have not been able to avoid condemnatory utterances in dealing with Dr. Whitmarsh's relations to Dr. Edwardes. It is

at all times painful to us to reflect unkindly on the speech or conduct of members of the profession; but, nevertheless, the highest duty we owe to medicine as a conservator of its interests is to speak out at all times fearlessly in its behalf. And this demands that we should declare the regret with which we have witnessed Dr. Whitmarsh's readiness to turn an accusation against his partner into an occasion for his own advantage. Strong terms might well be excused in dwelling on a transaction so utterly divorced from the glorious traditions of fraternity which rule most of the relations existing among medical men; but in the social ruin which has overwhelmed Dr. Whitmarsh as the direct consequence of his own performances we may fittingly bury the indignation aroused by his unbrotherly and—we say it in the strictest sense—unprofessional conduct.

Against the woman who was the miserable cause of Dr. Edwardes' untimely death it would be purposeless to declaim. She, too, loses immeasurably more than she could possibly have gained as the consequence of her trumped-up charge; but she will be an unintentional agent for good if one result of the calamity she has initiated shall be to arouse in the minds of medical men the necessity for increased caution in dealing with women who may possibly be hysterically inclined.

To the family of the unfortunate victim of circumstances, to those who are left to lament the loss of husband, father, son, we would tender our deep-felt, earnest sympathy. Though in a moment of weakness his hand, now still for ever, was raised against himself, yet in the act of self-destruction can we not discern the evidence of a sacred feeling of despair engendered less for himself than on behalf of near and dearly-loved ones? With the whole history of the case before us, it is easy to imagine that this dread way out of the difficulties surrounding him seemed to offer better chances of honourable exposure in the interests of his family than would be secured in the event of public notice being attracted to himself as the accused medical attendant of a young woman. Fortunately, however, there is far from any need to urge *de mortuis nil nisi bonum* as far as Dr. Edwardes is concerned; while alive he was esteemed for the honour and integrity of his disposition; and now, though dead, his character is without a stain—his memory is held in affectionate regard.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY THE ATTENDING PHYSICIAN.—No. VI.

OUR criticism upon the proposal to compel the physician to notify all cases of infectious disease to the sanitary authority has been hitherto devoted to proving that the proposed law is without precedent, unconstitutional, dangerous to the public health, partial in its application, and unworkable. The advocates of the proposed law have at no time attempted to meet these indictments by denial or explanation; they have admitted that the proposed Act has no analogue amongst the laws of England, but they consider that the sooner a precedent is made for coercion

of the medical profession, the better ; they agree that it is unconstitutional to make a guiltless practitioner responsible for the fault, mistake, or misfortune of his patient ; but they say that it is convenient to do so, and therefore justifiable ; they admit that, where the law they advocate is in operation, it is one-sided in its application and incapable of being uniformly enforced, but they assert that, with all these faults, the law is useful, and that—whether it is bad or good in principle, or even oppressive on individuals—it ought to be enacted.

It is indeed the sole argument of the compulsionists that compulsory notification by the physician, whatever its faults may be in principle and theory, has been found, in practice, to be effective and convenient, and ought, therefore, to be the universal law ; they appeal to experience against every objection which is raised. Let us see what answer experience affords, and let us satisfy ourselves whether there is, indeed, any conclusive proof that compulsory notification by the physician has produced, in the communities in which it has had a full trial, any benefits commensurate with the personal annoyance and public expenditure which it has involved. It is emphatically our contention that, speaking generally, no such benefits have resulted ; that the data upon which medical officers of health argue out the case for compulsion are altogether unreliable, and prove nothing ; that the true tests for an improvement in the public health of notification towns have been ignored, or purposely kept out of sight. We boldly assert that, as a matter of fact, zymotic mortality has been rather increased than diminished, and the danger of infection rather been aggravated than mitigated by the introduction of the law of compulsory notification by the physician, and that it is so aggravated because of the habitual exclusion of the physician from the early treatment of the disease, and the consequent wholesale concealment and secret dissemination of the infection.

We are justified in asking the advocates of compulsion why it is that there should be any doubt on this point, and why it is that they are unable to prove the efficacy of their great sanitary panacea by incontrovertible statistics ? They have had the uncontrolled use of notification compulsion for six years in Bolton and Greenock ; for five years in Burton, Jarrow, and Nottingham ; for four years in Blackburn, Blackpool, Derby, Leicester, Llandudno, Norwich, Rotherham, Warrington, and Edinburgh ; and for shorter periods in eleven other English towns ; and they surely ought to be able to point to the vital statistics of these towns as unquestionable evidence of the benefits of physician-notification, if such benefits be demonstrable. We assert that the compulsionist party, speaking through the mouths of the Medical Officers of Health of these towns, have utterly failed to adduce any such proof.

The history of the notification agitation is as follows :—Many years ago a number of earnest sanitarians, seeing the danger to the public health from the uncontrolled dissemination of disease, set on foot an agitation having for its object to cause early intimation of infective cases to be recorded, in order that immediate steps might be taken to prevent the spread of infection from the individual to the public. It does not appear that in the inception of this praiseworthy movement any one thought of making the attending physician the culprit ;

but after a time the sanitarian party—whose zeal exceeded their discretion, and who did not take time to consider the effect of forcing the physician into the service—conceived the idea that the doctor would be the handiest agent for their purpose, and they hastily proposed that he should be compelled to act. Straightway the Medical Officers of Health of certain towns, seeing clearly that this arrangement would save them and their departments much of the trouble and expense of ferreting out infective disease and punishing the disseminators thereof, grasped eagerly at the suggestion to make the physician liable ; but they did not venture to ask honestly and openly for Parliamentary authority to put the medical profession under the yoke, on the contrary, they watched their opportunity, and when the first occasion arose of a private gas, or water, or police, or improvement Bill for the township, they smuggled into it the needful clauses to compel the physician to notify infective disease. We shall not now dwell upon this method of evading the vigilance of the House of Commons and of the medical profession. Suffice it to say that so many medical officers of health, finding the trick easily done, and the new system a considerable saving of labour for themselves, began to introduce compulsory notification clauses into their private local Bills that the Home Secretary took alarm in the last session of Parliament, and stopped the whole of the Bills, no less than eight in number, until inquiry could be made by a Special Committee, which he appointed for the purpose of "reporting on any provisions in private Bills promoted by municipal and other local authorities by which it is proposed to create powers relating to public or sanitary regulations which deviate from, or are in extension of, or repugnant to, the general law." We shall refer to the constitution of this committee, and the conclusions at which it arrived, on another occasion.

At the suggestion of that committee, the English Local Government Board obtained from the Medical Officers of Health of all notification towns—a series of reports which were subsequently printed as a Parliamentary paper (N^o. 164, House of Commons, April 27, 1882). These reports are the only available source of information to us. On them the whole case of the advocates of physician-notification is based, and we assert that they omit carefully the proofs which, in favour of compulsory notification, might carry conviction to the public mind, and contain nothing whatever to satisfy us that it is desirable to make general the law which has heretofore been local. The questions put by the Local Government Board were addressed to the Town Clerks of notification towns, and to no one else ; the medical practitioners in those towns, who know more probably of the actual working of the Acts than the corporate officials, were not asked a question ; nor was it known to them that the Committee was about to sit, or that inquiries were being made in which they were, both professionally and personally, deeply interested. With sanitarian and corporate opinions and interests the Committee was glutted, but of the actual working of the notification system in detail, of the experience obtained by the medical profession in its daily intercourse with the public, and of the sentiments of the public itself, the Committee was absolutely uninformed. Its decisions were, therefore, absolutely valueless as a judicial pro-

nouncement, being founded upon evidence given *ex parte*, without an opportunity being afforded to any one to controvert the statements made.

The questions put to the Town Clerks by the Local Government Board would also seem to have been carefully worded, for the purpose of leading the Medical Officer of Health to give a reply favourable to compulsory notification, and to conceal all facts which might throw doubt on the efficacy of that system.

They were as follows:—

a. Are the local authorities satisfied with the working of compulsory notification?

b. Have they any suggestions to make on the subject?

c. Was public attention specially directed to the intention of the local authority to apply for the (notification) powers?

It will be observed that if the Local Government had desired to put a false issue before the committee, it could not have done so more effectually than by these inquiries. If it were seeking to ascertain whether compulsory notification had been found to work beneficially for the public health, it might have put interrogatories which would have elicited something much more valuable in the way of evidence than the "satisfaction" of the local authorities.

Of course the local authorities are satisfied. Why should they not be, considering that compulsory notification by the physician supplies them with an unpaid corps of sanitary detectives, who, if they do not work to their satisfaction, may be fined and imprisoned? Of course the Medical Officer of Health is well "satisfied," considering that almost all the trouble of detecting infection; of following it up to its sources and punishing its disseminators is taken off his hand by the forced labour of the local medical practitioners, and he is thus relieved of a most onerous duty.

(To be continued.)

Notes on Current Topics.

Electricity v. Hangings.

A MEDICAL contemporary has paid us the unusual compliment of reproducing, under the above heading, the article on "Sudden Death" which appeared in our columns a fortnight ago, interspersed with a few critical remarks, to avoid, we presume, the necessity for inverted commas. Our contemporary is afraid that our prediction that murder will one of these days be committed by means of electricity may catch the eye of some would-be murderer and induce him to invest in a battery forthwith, and it chides us for making public so dangerous a suggestion. But the true way to meet a danger is not to cover it up and make a mystery of it, but to expose it as much as possible, and our hint as to murder by electricity will certainly do more to prevent than to promote that new development of homicidal ingenuity. Our contemporary is much exercised because we have used the expression "death by the visitation of God," which it thinks should have been "death from natural causes." It ought to be aware that that expression is constantly employed by coroners' juries in cases where sudden death has taken

place, but where no natural causes of death are clearly established, while at the same time there is no reason to suspect the intervention of man; just in those circumstances, in fact, which would exist in a case of murder by electricity. Where natural causes are alleged, natural causes have been proved to have been in operation to the satisfaction of a jury, but our point was that in death by electricity, the body when found would afford no evidence as to the manner in which death had occurred. Our contemporary doubts whether death by electricity is painless, but Dr. B. W. Richardson's experiments have shown that there is a time element in pain, and the instantaneous manner in which animals killed by Mr. Lane Fox's apparatus drop dead, without a subsequent movement or quiver, precludes the idea of pain in the ordinary acceptance of the term. A letter in the *Daily News* on the 18th inst. again advanced many of the arguments adduced in our article on "Sudden Death."

Ophthalmology and Otology in the University of London.

AT the last meeting of Convocation, the following resolution was brought before the house, being moved by Dr. J. Meek, and seconded by Dr. Horrocks: "That, in the opinion of Convocation, it is desirable that a clinical examination in diseases of the eye and ear (to be conducted in each case by special examiners) should be added to the subjects of the M.B. examination." The further discussion was opened by Dr. Hilton Fagge, but for want of a legal quorum was adjourned.

Remarkable Monstrosity.

DR. M'DONNELL, of Sheffield, was called last week to a case—a birth—reported in the local papers in the following terms:—The infant was without arms or legs; but hands protruded from each shoulder, though there were only three fingers to each hand, and no thumbs. The feet were perfect, but they were simply attached to the lower portion of the body. The right eye was a little above where the eyebrow should be, and the left eye was at the side of the head, situated on what medical gentlemen call the parietal bone. The mother is sixteen years old, and the reputed father not quite eighteen. Both are apprentices in the Sheffield trades. Dr. M'Donnell says that the mother would not admit she was pregnant, and probably laced very tightly to conceal her condition.

THE death-rate last week from diseases of the zymotic class was again exceptionally low throughout the United Kingdom, not one being referred to these causes in Brighton, Norwich, Wolverhampton, Derby, or Blackburn. The highest annual death-rates per 1,000 in the large towns were—From whooping-cough 2.3 in Leeds and in Cardiff, and 3.7 in Preston; from scarlet fever 1.6 in Leeds and 1.7 in Sunderland; from measles, 1.2 in Cardiff; and from "fever," 1.0 in Newcastle-upon-Tyne, and 1.2 in Liverpool. The 26 deaths from diphtheria included 14 in London and 8 in Glasgow. Small-pox caused 7 deaths in London, but not one in any of the large provincial towns.

Porro's Operation.

SINCE Dr. Clement Godson performed Porro's operation successfully in November last the proceeding has been resorted to on two occasions by other operators, but in neither of these cases has it resulted favourably. Dr. Godson's case consequently remains the only one in Great Britain in which the life of the mother as well as that of the child has been preserved by a resort to Porro's operation. It is most satisfactory to learn that the former continues to progress in every way favourably, and that she has just recently left for a month's residence in a convalescent home, being able to walk without ache or pain, and feeling, as she expresses it, "better than she has ever done in her life." It is right to add that Dr. Godson attributes a very considerable part of his patient's recovery to the good feeding and careful nursing provided for her, and, indeed, since the date of the operation she has steadily advanced towards complete convalescence. This good result, though it may not be held to justify resort to the operation in cases formerly regarded as not admitting its adoption, must, notwithstanding, encourage the anticipation of hopeful issues under circumstances which absolutely call for it or an equivalent attempt to save two threatened lives; and in this direction the influence exercised by Dr. Godson's successful case will be most helpful and grateful.

Surgery of the Intestines.

IN an address in surgery, by Dr. W. A. Byrd, and reprinted from the Transactions of the American Medical Association, the author enters on an interesting review of the progress in surgical procedures in connection with excisions of portions of the alimentary canal covered by peritoneum. From a study of the results obtained in this branch of practice by others and by himself, Dr. Byrd is led to formulate the following conclusions:—

1. Any portion of the alimentary canal may be safely excised, and stricture, cancer, perforating ulcer, gangrene, and some gunshot wounds demand that it should be done.
2. The method heretofore adopted of suturing the divided ends of the bowel is dangerous, because tympanites, by pressing upon the heart and lungs, interfere with the vital processes in a patient already worn down by disease and shock, and, by distension, causes traction upon the sutures in such degree as, in many instances, to cause their giving way, which is followed by fecal extravasation, peritonitis, and death.
3. These dangers are to a great extent obviated by making an artificial anus, thus permitting the escape of gases as they form.
4. Artificial anus is easily cured by a plastic operation specially devised by the author.
5. If that portion of the bowel which constitutes the epéron be cut away (being careful not to cut away the mesenteric attachments) at the time of the first operation no future operation will be found necessary, as the artificial anus will close spontaneously by cicatricial contraction.

At the recent preliminary examination of the Irish College of Surgeons, 52 candidates presented themselves: 16, or 30 per cent., were rejected; of the remaining 36, 12 obtained first class certificates, 14 second class, and 10 third class.

General Medical Council.

THE Executive Committee of the General Medical Council assembled on Friday, January 12th last, when official notification was received of the re-appointment of Dr. Fergus as Crown nominee for Ireland from November 30, 1882, and of Dr. Pyle as representative of Durham University from December 12, 1882, the term in each case being for five years. The Committee had before it also the pleasing duty of endorsing the additional income derived from the operation of that ingenious arrangement which mulcts a practitioner of five shillings each time he omits to inform the Registrar of the Council that he has lived twelve months since last communicating with that official. Numerous names, it appears, have been erased from the Register under the 14th section of the Medical Act, and a fee of five shillings was received in each case for restoration. In reply to a request from the Medical Faculty of the University of Malta, requesting recognition of its degree as admitting its holders to the Register, it was resolved "That the General Medical Council has not power, as the law at present stands, to do as requested, or, indeed, to recognise the degrees of any foreign or colonial University as a qualification for registration in the General Medical Register of the United Kingdom constituted by the Medical Act of 1858; but that possibly the law on this subject may before long be altered, when the claims of the University of Malta will doubtless receive due consideration at the hands of the General Medical Council." We may be permitted earnestly to hope that the University of Malta will not be unduly excited at the prospects thus offered up before it, and that the possibility of being "duly considered" by that august assembly, the General Medical Council, will compensate for the temporary discouragement it has just now to submit to. In addition to formal work, the Committee munificently returned the extravagant sum of £4 19s. 6d. to the Liverpool Medical Defence Association, being the amount of a fine inflicted on an unqualified quack at the suit of the Association. This act of charity, however, should not lead to the belief that the Council is in any way awaking to the duties it should perform. It is rather a sign of increasing weakness, since it has generally shown greater readiness at receiving money than at giving it away in furtherance of medical reform.

The Irish Academy of Medicine.

ON Friday evening there was a very largely attended meeting of the Medical Section at the King and Queen's College of Physicians. Dr. R. Hayes read an interesting paper on empyema, and was followed by Professor Purser, who described two cases of the same disease, in one of which the purulent effusion had displaced the liver downwards, and the heart was against the left axilla, leaving almost no lung-room, and with but little distress. In this position there was a remarkable bruit owing to the twist of the aorta, and during tapping the heart could be heard returning to its place, and the bruit disappeared. He mentioned that in drainage he employed a long syphon tube of india-rubber dipping into a bottle, and that germs did not enter by that tube. He also read some interesting points upon aseptic fever. Dr. A. H. Benson

exhibited a living specimen of hard chancre on the inside of the upper eyelid; and Dr. Finny a curious case of skin disease. Several specimens were exhibited by card. Dr. A. W. Foot showed several coloured drawings of facial chromidrosis, a department to which he has devoted great attention, and has written several papers. Dr. H. Kennedy presented a urinary calculus. It is evident that the Colleges are not too intolerant with regard to surgery. Dr. C. Nixon showed a very interesting case of aneurism of arch of aorta obliterating the arteria innominata. Dr. F. J. B. Quinlan exhibited, under the microscope, two specimens of tubercular bacillus. One of them was the sputum of a phthisical patient, and in it the bacilli were stained with magenta aniline, and the elements of the sputum with methyl blue. The other was the section of a phthisical lung, and in it the bacilli were coloured with fuchsine and the lung tissue with brown chrysoidine. This meeting was altogether a very successful and interesting one.

An Aseptic Chamber.

HERR A. SCHÜCKING, of Pyrmont, has constructed an aseptic chamber, for employment during treatment of grave surgical cases, and for perfect isolation in cases of infectious disease. It is in reality a double chamber, each compartment of which is air-tight. It is rendered aseptic by filtration of all air entering through layers of cotton. The current is created by an exhaust pump driven by a half horse-power hot-air engine, capable of extracting 30 cubic metres of air per minute. The walls of the chamber can be kept clean by washing with solution of carbolic acid. The patient's clothing is to be of linen, and over this a waterproof covering, both to be disinfected before employment. In the second, or antechamber, is a bath for disinfecting purposes. The arrangement seems ingenious and complete as far as it goes; all that is now wanting is to disinfect *the intestinal canal and its contents*, as, as is well known, microbes easily find their way from the digestive tube into almost any part of the body.

"Unification."

THE Army Medical and Transport Inquiry Committee at the War Office is now believed to be approaching the end of its labours. The medical branch of that inquiry is about concluded, and the report of the Committee will be drawn up without delay, so that such changes as may be adopted on its recommendation in regard to the Medical Department shall appear in the forthcoming estimates. Men interested in those changes naturally enough ask what are they likely to be? Probably, up to the present time, the Committee itself has not arrived at a decision on this matter; at all events, nothing very precise has oozed out regarding it, but men who think they can put this and that together believe that the recent order issued, calling for volunteers for the Army Hospital Corps, is to be taken as a forecast of what the recommendation is to be on that particular point. It appears that some at least of the medical officers who served in Egypt have undergone a very strict and exhaustive examination by that Committee; and this being so, they have doubtless spoken out their minds on the several points with which they were personally cognisant. Whether medical, and still more especially

military, officers from large camps and garrisons at home have been examined as to their experience of the working of the "unification" so-called "system," does not yet appear. It is to be hoped that if they have not yet been so, this omission may be corrected before the Committee closes its inquiries. Perhaps those officers, or rather such of them as are married, could give some unexpected information as to the actual money loss this "system" causes them yearly, through fees paid to private practitioners, rather than have as professional advisers to the several members of their families the medical officers officially appointed for this very purpose. Medical officers might also be examined as to how far, under the present "system," they have lost touch of their military brethren as compared with former days, when all alike were members of the same regiment, and equally tied by the sentiment of *camaraderie*.

Cholera.

RECENT accounts from India state that cholera mortality in Calcutta is increasing; the disease is mostly confined to the northern part of that city, and prevailing with greatest severity in the suburbs. Thus it appears that the seasonal outbreak of this disease occurs earlier on the present occasion than has usually been the case in past years, and it will be interesting to learn by-and-by whether the appearance of the epidemic was or was not attended or preceded by any unusual meteorological conditions, and if so, of what nature. In the midst of a chaos of uncertainty with regard to the ultimate causes upon which cholera depends, continuous experience in India is teaching us that, at any rate, the theory of filth in air, water, or earth is of itself insufficient to account for the disease. In Calcutta, for example, what between works of conservancy and works of water supply, the place has been sanitated to a degree bordering on the unbearable—financially—and yet cholera has actually the face, as if in derision, to make its appearance two months earlier than in "the good old times" of dirt.

The Lismore Union Case.

It will be recollected that the Irish Local Government Board recently suggested to the Lismore guardians to dismiss a medical officer whom the Local Government Board had itself declared merited no such treatment. The officer who was thus the victim of the spite of his guardians and the feebleness and tergiversation of the Local Government Board was got rid of really because he was not popular with the Duke of Devonshire's agent at Lismore—ostensibly because he could not get on harmoniously with a fever hospital nurse and master of the workhouse, who were *protégés* of the said agent. Whether the medical officer had or had not cause for reporting these officers in the discharge of his duty may be judged from the following excerpt, which we cut from the local paper:—

At the usual weekly meeting of the guardians, F. E. Currey, J.P. (agent to the Duke of Devonshire), presiding, a letter was read from the fever hospital nurse stating that she wished to make a statement to the board.

The nurse was admitted to the board-room, and stated to the guardians that the porter used expressions im-

putting that parcels containing union property had been conveyed out of the workhouse by members of her (the nurse's) family.

The porter was called before the board, and admitted that he made use of the expressions, and that he heard from some of the inmates that such a practice did exist.

One of the inmates, named Fitzgerald, stated that at one time he saw two parcels containing some union property, and that he informed the master of it at the time, but that he did not bring it before the board.

The master stated that he did not believe one word the man spoke to him about the parcel, and that was the reason why he did not bring the matter before the board.

The guardians came to the conclusion that they saw no reason to attach blame to the porter, but were unable to arrive at any conclusion on the matter on account of the long time that had elapsed since the alleged transactions took place.

The porter got orders to search all parcels coming in or going out of the workhouse in future.

We trust the Irish Local Government Board are well pleased with the part they have taken in causing a medical officer to be removed from his appointment because he "could not get on" with these subordinates. We shall see whether the Local Government Board will have the courage to deal out to these officers—who appear, from the foregoing report, to be charged with misappropriating the workhouse property—as they did with the medical officer, whose guilt was that he would not connive at such transactions even to please the local magnate.

Vegetable Rennet.

In his report on the Royal Gardens at Kew, Sir J. D. Hooker states that his attention had been called to the want of a vegetable rennet for use in India by the report of a Government Commissioner, who stated that "Cheese to be saleable amongst the natives of this country should be made with some vegetable rennet. Natives would not touch cheese made with ordinary rennet, and I am convinced that good cheese cannot be made without the use of some rennet. If a good vegetable rennet could be procured the curd cheeses could be made; they would be cheap, and ryots would soon find a ready sale for them." Failing, after a long course of experiments, to make a good chemical curdling material, Sir J. Hooker hit upon a North-West Indian plant (*Puneeria coagulans*), as possessing the desired qualities. The plant in question is one of the best-known plants in Scinde, Beluchistan and Afghanistan. It bears the name of Puneer-bund (cheese-maker), from its being used by the Beloochies and Afghans in making cheese (puneer) as a substitute for rennet. It has been ascertained that an ounce of the pounded capsules in a quart of water is a very suitable strength for use; a tablespoonful of this decoction coagulates a gallon of warm milk in about half an hour. Seeds of the plant sown have germinated freely, and their further progress will be specially reported upon.

In a communication dated 18th January, to the Hon. Sec., Dr. Norman Kerr, the Archbishop (designate) of Canterbury, in accepting the Vice-Presidency of the Dalrymple Home for Inebriates, expresses his "sympathy and earnest goodwill in the anxious and needful work which you represent."

Proposed Conjoint Examination for Ireland.

We learn that the Council of the Irish College of Surgeons, at its last meeting, resolved, on the motion of Mr. MacNamara:—"That a letter be addressed to the President of the College of Physicians, requesting that his College should appoint a committee of three (3) to take into consideration, in connection with a committee of this Council, the propriety of establishing a conjoint examining board, for the purpose of examining candidates for a double qualification in medicine and surgery; the committee, on the part of this College, to consist of the President, Mr. Wharton, and Dr. Kidd." On Friday last a letter from Mr. Hughes, the Secretary of the Council, on this matter, was under the consideration of the King and Queen's College of Physicians. The College of Physicians have, we understand, appointed three Presidents (Dr. William Moore, Dr. Grimshaw, Registrar-General, and Dr. J. Magee Finny, as a committee; and no better choice could be made. We congratulate the two Colleges upon the enlightened spirit in which they are about to anticipate medical legislation. There cannot be the least objection to the course proposed by Mr. MacNamara, which, at least, will bring about a useful interchange of ideas with reference to the conjoint examination which will be brought into existence by the coming Reform Bill. It may be recollected that about ten years ago the entire subject was worked out by a similar committee, with this difference—that all the licensing bodies in Ireland, save the Queen's University, were conjoined in the effort to effect a combination for examination purposes. The scheme was then actually completed, and finally approved by the Council of the College of Surgeons, and thereupon the extent of the curriculum for the conjoint diploma came to be debated. It was proposed to cut out a course of redundant lectures; and at once the teachers became alarmed for their fees, flew to arms, called the Fellows of the College together, and effectually quashed the whole scheme. We trust that no difficulty about the division of the conjoint fee will arise, and, above all, that the greed of the schoolman or the apprentice farmer will not be permitted to add another to the many useful schemes which they have killed.

Questionable Advertisements.

We called attention last week to an advertisement on the title-page of a contemporary, "Bladder and Prostate in both Sexes. By David Jones, M.D., Founder of, and Physician to, the Home Hospital, Dean Street, Soho. The work contains illustrated diagrams of the cure of stone without cutting, pain, or danger, and numerous successfully-treated cases hitherto regarded incurable." Our attention having been drawn thereto by several correspondents, we sought in vain for name and qualifications of the said David Jones, M.D., both in the official Medical Register and the London Medical Directory. But further inquiry has elicited the following information:—Dr. David Jones is M.D. (Scotland), M.R.C.S., and L.S.A. He was struck off the Medical Register some years since for some serious offence, but is now in large practice, and is proprietor of Bolton House, Clapham Road, and another house in Welbeck Street, W., thus showing of what little consequence registration is as a help to make a practice.

The Risks of Medical Practice.

THE serious danger sustained by a physician of being made the victim of a conspiracy has been fully demonstrated in the notable Hounslow case, and has had a further illustration last week in the case of the dispensary medical officer of Kells, in the co. Meath.

The circumstances of this false and malicious charge were, we believe, as follows:—The prosecutrix, a young girl, came to Dr. Sparrow complaining of morning sickness, headache, and total suppression of menses for the past five months. Suspecting from her general appearance that the patient was pregnant, Dr. Sparrow refused to give any emmenagogue medicine (which she urged him to do) until satisfied that she was not *enceinte*. To ascertain this he, with her full consent, made an examination which fully confirmed his previous suspicions. The patient then left, and the next thing the doctor heard of the matter was a summons for assault. Fortunately, he was able to produce the evidence of three visitors and three servants, who were all within ear-shot at the time, yet heard no outcry.

The magistrates, convinced that the whole affair was "a plot," at once dismissed the charge, and no doubt the lapse of a few months will confirm Dr. Sparrow's diagnosis, and his perfect innocence. We are well pleased to observe that Dr. Sparrow's medical brethren, having satisfied themselves of his freedom from guilt, stood by him in his adversity. In provincial practice it is obviously impossible for a practitioner to have at all times the safeguard of witnesses when it becomes necessary to make gynecological examinations, and it is daily becoming more manifest that charges of immorality against medical men ought to be regarded with the utmost suspicion.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 40, Bombay 26, Madras 34, Paris 26, Geneva 16, Brussels 22, Amsterdam 24, Rotterdam 23, The Hague 25, Copenhagen 31, Stockholm 32, Christiania 28, St. Petersburg 39, Berlin 21, Hamburg 25, Dresden 23, Breslau 26, Munich 28, Vienna 26, Prague 30, Buda-Pesth 22, Trieste 29, Rome 21, Turin 28, Venice 48, New York 26, Brooklyn 21, Philadelphia 23, and Baltimore 28.

THE Hunterian oration will be delivered on Wednesday, the 14th proximo, at three o'clock, by the President of the College of Surgeons, Mr. Spencer Wells, in the theatre of that institution.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 13th inst., fell from 111 to 76, and the death-rate was 17 per 1,000. Diseases of the chest accounted for 45 deaths, and zymotic causes for 5, of which 1 was due to fever and 2 to scarlatina, the intimations of these diseases being for the week 7 and 35.

SMALL-POX AT CATHCART.—Small-pox seems to have broken out at Cathcart, and another worker in the paper-

mills is said to be suffering from the disease. There is every reason to believe that the prompt remedial measures which have been adopted by the sanitary authorities will have the effect of checking the further spread of the epidemic. There is no hospital accommodation in the parish.

ANNUAL MEETING OF THE GREENOCK INFIRMARY.—The annual general meeting of the trustees of the Greenock Infirmary was held on the 18th inst., in the chapel of the Infirmary. Provost Wilson presided, and there was a good attendance. The following is a brief abstract of the 74th annual report:—The total admissions were 1,306, against 1,275 in 1881, being an increase of 31 cases. In the fever house the admissions numbered 365, or 133 fewer than in 1881, the great increase being in the medical and surgical house. The total cases treated to a termination were 1,325, being 86 more than in 1881. The total mortality was 123, against 106 in 1881, or 9.3 per cent., against 8.5 per cent. in the previous year. The visits made by out-door patients to the dispensary numbered 7,040. In the fever house there were 157 cases of scarlatina treated, 86 of enteric fever, and 38 of typhus fever. The ordinary income was £4,638 14s. 5d., against £4,224 19s. 10d. in the preceding year. The ordinary expenditure was £6,092 12s., against £5,823 0s. 2d. in 1881. The excess of ordinary expenditure over ordinary income was thus £1,458 17s. 7d. The extraordinary income consisted of legacies to the amount of £2,281 0s. 8d., of which £1,350 was invested, and there was £411 14s. 2d. of extraordinary expenditure. The sum of £519 6s. 6d. was thus added to the income, and a deficiency of £934 11s. 1d. remained.

EDINBURGH SCHOOL OF MEDICINE.—At a meeting of the lecturers of the Surgeons' Hall division of the school, held last week, a letter of resignation was read from Dr. Keiller, lecturer on midwifery and diseases of women and children. The lecturers accepted the resignation with great regret, in consideration of the long, faithful, and successful service of Dr. Keiller as lecturer on midwifery, and resolved to hold a meeting at an early date to fill up the vacancy in the lectureship. Dr. Keiller was the oldest teacher of midwifery in the medical school. His teaching was sound and lucid, and many far away from Edinburgh will regret that their old teacher has deemed it advisable to retire. The loss to the school will not easily be repaired.

THE GLASGOW CONVALESCENT HOME.—The annual general meeting of the subscribers to this institution, situated at Lenzie, was held on the 16th inst., in Glasgow, Mr. John Pirrie in the chair. From the directors' report it appears that during the year 1,453 patients had been admitted to the Home, being 72 in excess of the previous year. The average stay of the patients was 18 days. The total expenditure for the year was £2,085 2s. 3d., as compared with £2,067 6s. 6d. in 1881. Some exceptional outlay was incurred during the year for renewal of furnishings and repairs. The cost per patient averaged £1 8s. 8½d. or 1s. 7d. per day. There was a falling off in the annual subscriptions—there being £1,061 8s. as against £1,197 4s. in 1881. The contributions, however, from *employés* in public works and collections from churches and schools amounted to £243 10s. 2d., as compared with £229 19s. 6d. for the preceding year. The total revenue from all sources for 1882 was £2,000 18s. 7d., while in 1881 it was £2,110 0s. 9d. The report acknowledged a number of legacies and donations, and conveyed the thanks of the directors to all who had taken an interest in the institution. Dr. Whitelaw afterwards read the medical report, which gave some interesting details as to the patients treated during the year, and said the Home, in the opinion of the medical staff, was worthily fulfilling the purposes for which it had been established.

Correspondence.

HYDROPHOBIA AND ITS PREVENTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The method of Bourrel, referred to by a correspondent in your last issue, is well worthy of trial, though it would be difficult to apply it, owing to the large number of dogs there are in this country. If it were made compulsory by law, then there would be some chance of its universal adoption; until then I am afraid the public, who are so indifferent on the question of hydrophobia and rabies, will not accept it.

But why should the public be expected to be alive to the importance of hydrophobia-prevention, when even the leaders of our own profession seem to be indifferent to supplying the public with useful information on the subject of hydrophobia?

In 1878, Mr. Bennett Stanford, late M.P. for Shrewsbury, offered a prize, of £100 for the best essay on hydrophobia and its prevention, open to the world. The College of Physicians of London were appointed to adjudicate on the essays sent.

The adjudicators, Drs. Brunton, Ferrier, and Dickinson had the tiresome, difficult, and thankless work of reading the essays. Their report was as follows:—

“Royal College of Physicians,
“July 28th, 1880.

“The adjudicators of the Bennett Stanford Essays on Hydrophobia have the honour to report that they have received nineteen essays and communications, of which seventeen were in MS. form and two printed versions. Of the seventeen, eight were considered disqualified, the regulations not having been complied with as to name and motto. Notwithstanding this informality the intrinsic merits of these essays have been weighed in comparison with the others. Of the whole only two essays have appeared to the adjudicators of sufficient merit to be worthy of the prize offered by Mr. Bennett Stanford.

“The one of these, No. 4, with the motto “*Multorum sanorum opus*” (*the work of T. M. Dolan, Halifax*) is the most complete as regards the consideration of all the points suggested by the College. It is an exhaustive *resumé* of all the more important contributions to the literature of rabies and hydrophobia. The most original feature of the essay is an elaborate inquiry—illustrated by maps, diagrams, and police returns—into the prevalence and spread of hydrophobia in the United Kingdom. Considerable space is devoted to the discussion of therapeutic measures, and the author expresses himself hopefully on the subject of treatment. The other, No. 13 (*the work of M. Bourrel*) with the motto “*La science a un caractère universel*” is an excellent account of rabies in the dog, based upon extensive personal observations, over 1,200 dogs thus affected having been under the writer's care. The symptoms and natural history of the disease are well described, and many instructive cases are adduced from the writer's experience bearing on the question of the origin of rabies and the time of its incubation. The writer does not believe in the successful treatment of the malady, but offers many practical suggestions as to its prevention. He attaches most importance to filing the teeth of dogs, the method of effecting which he describes and figures. He also relates practical experiments in proof of the efficacy of the plan he advocates. The essay does not completely follow the suggestions of the College, as it deals only cursorily with hydrophobia in man; but the adjudicators consider that its merits as an original contribution to our knowledge of rabies outweigh this defect, and they would, therefore, recommend that the prize offered by Mr. Bennett Stanford be awarded to the author of this essay. At the same time, they desire to express their high commendation of the learning and research displayed in Essay No. 4, and much regret they cannot award a prize to it also.

(Signed) “H. HOWSHIP DICKINSON,
“T. LAUDER BRUNTON,
“DAVID FERRIER.”

In a supplementary report they say “they are of opinion that both essays, as contributing importantly [underlined] to the knowledge of the subjects in question, are well worthy of publication.”

I send their report, not to find fault with the adjudication—for considering the character of those who were adjudicators, nothing but a just decision could have been given—but to enable your readers to understand the end of the affair. Mr. Bennett Stanford gave the money for the public good. No good

has come of it, except that M. Bourrel personally gained £100, and France had the honour of one of her son's winning the prize. The essays have never been published; they are sealed letters to the public and profession. I have a copy of Bourrel's MS.; I thought it would be worth while to have it published. For that purpose I obtained the consent of the editors of the *Medical Press and Circular* to publish it in their columns, as their paper has been so well known for its communications from all sources on hydrophobia. The consent of the College was necessary. I wrote a respectful letter to Sir W. Jenner, the President of the College, asking, in the interests of humanity, to publish the MS. of M. Bourrel. I received a letter from one of the officials refusing consent, with some elaborate phrases that, if the College thought well, they would publish Bourrel's essays. If I had asked the College to publish my own essay at its expense, I should have expected and deserved a refusal; but as I wished to publish a rival competitor's essay, *free of cost to the College*, and as the interests at stake were so great, I cannot understand the grounds of refusal. Is it not somewhat after the old story of the dog in the manger? Both essays are unpublished, and are, from appearances, likely to remain so.

In 1878, when I was writing my report for the *Medical Press and Circular*, the British Medical Association formed a committee to consider and examine the question. Men of the highest position in the profession were on the committee. They offered to give their services and visit any case of hydrophobia free of charge. I am afraid they were not encouraged. The committee, I presume, is still sitting; if so, in due time, I have no doubt, incubation will be completed, and from their sitting something will be hatched. I have not had the fortune to see, up to the present, any result. With the exception of some enthusiasts, few take any interest in hydrophobia, save when there is an outbreak of rabies imminent. Thus it has ever been in the history of hydrophobia. Times and feelings may change.

Faithfully yours,
T. M. DOLAN.

Horton House, Halifax, Yorks, Jan. 17, 1883.

Royal College of Surgeons, Ireland.—The undermentioned has been admitted a Fellow of this College after the customary examination:—

Francis J. O'Reilly, Trim.

King and Queen's College of Physicians.—At the January examinations the following candidates obtained the licences in Medicine and Midwifery and the certificate in Sanitary Science:—

MEDICINE.—William Thomas Cuthbert, Percy Herbert Delamere, Johnson Gore Hunt, Alan Montgomery Irwin, Francis Saunderson Morrison, Percy Newell.

MIDWIFERY.—William Thomas Cuthbert, Percy Herbert Delamere, Johnson Gore Hunt, Percy Newell, Edward Francis Pigot, Samuel Stronge, West Wheldal, Wilson.

CERTIFICATE IN SANITARY SCIENCE.—George Purcell Atkins, John Byrne Power.

The following Licentiates were admitted Members:—

Montagu, Wm. Perceval.	George Stoker.
Wm. Edwd. Bobson	John Weddick.

Society for Relief of Widows and Orphans of Medical Men.—The usual Quarterly Court of Directors was held on Wednesday, January 10th, Dr. Pitman, V.P., in the chair. Grants to the amount of £1,262 were made to 60 widows, 5 orphans, and 3 orphans on the Copeland Fund. There were no fresh applications for relief. The death of one widow in receipt of £40 per annum was reported. The expenses of the quarter were £80 10s. The deaths of 4 members and the resignations of 2 were announced, and one new member was elected. A Christmas present of £320 had been made in December last to the widows and orphans already on the funds of the Society.

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. STOKER.—Enough has been said to excite attempts at reorganisation. This has come at an opportune moment, and admirably serves the truth of what has been insisted on by the reforming party,

who will now be enabled to support their claims by a reference to it. There is nothing to explain in the letter.

R. K.—The original splint is in the possession of the Newcastle-on-Tyne Infirmary, and was exhibited at the International Congress in 1881. An account of it appeared at the time of the Exhibition at South Kensington from the pen of Dr. Phillipson, Physician to the Newcastle Infirmary.

DISPENSARY RESIDENCES.—“J. S.” asks: Is a dispensary medical officer bound by any rule under the Poor-law regulations to reside in his dispensary district when a proper house, or even comfortable lodgings, are not to be had in said district in a central part? or can the dispensary committee or guardians compel him to reside in the district when such are not to be had?

[There is no actual rule, and in a few cases medical men are allowed to live out of their districts if their doing so does not inconvenience the majority of patients. But the general rule, and a very proper one, is that the medical officer shall reside amongst his patients. It is altogether a question for the discretion of the Local Government Board and guardians whether he should be expected to put up with any available accommodation. If no accommodation exists a house may be built by the aid of Bruen's Act.—ED.]

SHIP SURGEONS.

In confirmation of our article (Jan. 3rd) on the miserable pay and want of consideration to which surgeons of the mercantile marine are subjected, Dr. Henry MacCormac writes that no satisfactory solution will ever be arrived at until the matter is taken in hand in the House of Commons. He says: “It ought not to be optional to screw down the reasonable remuneration of marine medical officers to a miserable pittance as frequently happens. The pay ought to be on a parity with that of the highest class of army and navy surgeons, with a further allowance set apart for superannuation, or otherwise a life assurance, so that the medical man, when, owing to disease, accident, or advanced years, he could no longer exercise the duties of his profession, should not be thrown adrift without resource. The assurance or superannuation ought not to be less than a thousand pounds, and the minimum of pay twenty pounds a month, and at least that sum for any run, however short. But these are matters of detail which could be arranged by a medical commission. The labourer is worthy of his hire, and science, humanity, nay common morality, are alike insulted in regard to the wretched pecuniary return now awarded medical officers serving in our great commercial marine.”

DR. J. W. MARTIN (Sheffield).—Cases received.

A NEW DELICACY.—“Well, madam, how's your husband to-day?” “Why, doctor, he's no better.” “Did you get the leeches?” “Yes, but he could only take three of them raw, Sir; I had to fry the rest.”—*Students' Journal*

MR. RANKINE (Sunderland).—We will answer your query in our next, or by private note, after due inquiry.

DR. C. R. F.—The case is an interesting one, and shall appear in an early number.

DR. BELL AND THE ANTI-VACCINATORS.—A correspondent sends us a copy of the *St. Pancras Gazette* (January 18th), in which appears an account of nearly three columns of an anti-vaccination meeting held last week in the St. Pancras Vestry Hall to protest against a continuance of compulsory vaccination. The meeting was harangued at considerable length by Mr. Wm. Jebb, a well-known agitator, who used the customary stock arguments (which have been over and over again refuted) to the apparent delight of his audience. Before putting the proposed resolution, the chairman asked if any one wished to make any remarks in opposition; whereupon Dr. Bell stepped upon the platform and protested that, as the country had passed this very wise law, which he contended should and would be sustained, it was an inquiry to encourage ignorant and prejudiced people to break it. The Vaccination Law was the best we had. The opponents had nothing better to offer. The chairman, he said, had alluded to the effects of sanitation; but were they to suspend vaccination until sanitary laws were perfect?—Mr. Harding: Yes.—In reply, Dr. Bell scored a point—which was met with loud laughter—by exclaiming: I hear an undertaker's voice!—There were three vestry men whose voices were loudest in granting the use of this hall for this meeting, and they were undertakers, and that was very appropriate.—Of course the resolutions were declared carried, as, with the exception of Dr. Bell, none were present but anti-vaccinators; but an impromptu remark sometimes sets people thinking, and the combination of “undertaking” and anti-sanitation might lead thoughts in an opposite direction to that intended.

INQUIRER.—Ordinary Court dress would be *de rigueur* on presentation.

ARTIFICIAL EYE.—“Myositis” says: A lad, about 14 years of age, has a very obvious cataract of nearly lustre in one eye. Could he wear an artificial eye with comfort and without injury to the conjunctiva? and, if so, should it be removed at night?

[Certainly not. An artificial eye placed over an eye of normal size would be sure to set up destructive inflammation.—ED.]

QUININE MIXTURES.—“T. E. C.” writes: 1. Can you recommend any method of combining quinine with alkalies besides the quino-alkaline mixture? 2. Is it not probable that most of the quinine passes away in the faeces when administered in the quino-alkaline form for want of a solvent medium, inasmuch as the acid of the stomach is neutralised? 3. Is it possible to produce cinchonism by the quino-alkaline mixture?

[1 and 3. We take it for granted that our correspondent refers to the alkaline mixture of quinine recommended by Equire in his “Pharmacopœia of the London Hospitals,” 4th edition, page 142. Each ounce of this mixture contains gr. ii. of quinia sulph., gr. ii. of ammonium carbonate, and gr. xx. of potassium carbonate, flavoured with a little chloroform. In using this formula we employ sodium carbonate, which is easier taken. This mixture is absorbed by the stomach and upper portion of the small intestines, and would, if given in sufficient

quantity, undoubtedly produce cinchonism. 2. Quinia sulphate, whether taken in the acid alkaline, or even solid form, does not pass off in the faeces unless it be given in very large doses. A respiratory power of 3,000 c.c. will, according to Kerner, destroy fifteen grains of quinia sulphate in twenty-four hours. Anything over this will pass into the urine.—Ringer's Therapeutics, 9th edition, p. 622.—ED.]

MEETINGS OF THE SOCIETIES.

HUNTERIAN SOCIETY.—This evening (Wednesday), at 7.30 o'clock, Special Council Meeting.—8 o'clock, Mr. G. T. B. Stevens, “On a Case of Bullet Wound of the Skull.”—Dr. Woakes, “On Vertigo and the Group of Symptoms sometimes called Mènière's Disease.”

ROYAL INSTITUTION.—Thursday, Jan. 25th, at 3 p.m., Professor Dewar, “On the Spectroscope.”

CLINICAL SOCIETY OF LONDON.—Friday, Jan. 26th, at 8.30 p.m., Opening Address by the President.—Dr. Longhurst, “On the Activity of the Infective Power of the Poison of Scarlet Fever during the Pre-eruptive Stage of the Disease.”—Mr. Shuter, “On Sub-peritoneal Amputation at the Hip joint” (patient to be shown).—Dr. Broadbent, “On a Case of Supposed Hydrophobia treated by Chloral, with Recovery.”—Dr. Samuel West will show a Case of Diffuse Ecleroderma.—Dr. Ledard will show a Case of Oestitis Desformans.

Vacancies.

Central London Sick Asylum District.—Assistant Medical Officer and Dispensary. Salary, £100, with board and residence. Applications to be forwarded to the Clerk to the Managers, Cleveland Street Asylum, Fitzroy Square, W.

Falkland Islands.—Medical Officer to reside in the western of the two large islands. Salary, £300. For further information applicants should address the Private Secretary, Colonial Office, London.

Glenamaddy Union, Dunmore Dispensary.—Medical Officer. Salary, £34, and £10 as Medical Officer of Health. Election, Jan. 27th.

Lisnaskea Union, Maguire'sbridge Dispensary.—Medical Officer. Salary, £30, and £15 as Medical Officer of Health. Election, Feb. 1st.

Royal Surrey County Hospital.—House Surgeon. Salary, £74, with board, &c. Applications to be sent to the Assistant Secretary on or before Feb. 6th.

Stranorlar Union, Killygordon Dispensary.—Medical Officer. Salary, £100, and £20 as Medical Officer of Health. Election, Feb. 2nd.

Appointments.

DE BENNY, A. C. C., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Workhouse of the Scarborough Union.

FIRTH, E. H., F.R.C.S. Eng., Demonstrator of Anatomy in University College, London.

FISHER, F., M.R.C.S., Medical Officer for the North Deptford District of the Greenwich Union.

HEAD, R. T., L.R.C.P. Lond., M.R.C.S., Medical Officer for the Fulbourn District of the Chesterton Union.

HESLOP, F. A., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Overbury District of the Tewkesbury Union.

IRVINE, Dr. J. J., Medical Officer of the Clonmany Dispensary, Innishowen Union, Ireland, and Medical Attendant to the Local Constabulary.

KING, D. A., M.R.C.S., Casualty Physician to St. Bartholomew's Hospital.

LANE, J. O. B.A. & M.B. Cantab., M.R.C.S., House Surgeon to the General Infirmary, Northampton.

LUCAS, E., M.R.C.S., Medical Officer for the Fereham District of the Chesterton Union.

Births.

MURPHY.—Jan. 16th, at 18 Harcourt Street, Dublin, the wife of Dr. Murphy, of a son.

WALKER.—Jan. 16th, at The Elms, Parkhurst, Isle of Wight, the wife of George E. Walker, L.R.C.P., of a son.

Marriages.

THEED—LINDSEY.—Jan. 18th, at St. Mary's, Plaistow, Kent, William Cawood Theed, of Leicester, M.R.C.S. Eng., to Millie, third daughter of Mark Lindsey, Esq., of Bromley, Kent.

Deaths.

DOWSON.—Jan. 6th, at Middlesborough, John Dowson, M.D., M.R.C.P., late of Whiteley, aged 84.

FORSYTH.—Jan. 14th, at Selborne Road, West Brighton, Sir John Forsyth, C.B., K.C.S.I., late Principal Inspector-General of Her Majesty's Indian Medical Department (Bengal), and Honorary Physician to the Queen, aged 84.

LOBBAIN.—Jan. 12th, W. J. Lorraine, M.R.C.S. & L.R.C.P. Ed., of Drury Lane, Wakefield, aged 85.

MACKINNON.—Jan. 16th, at his residence, Millbrook, near Southampton, Charles Mackinnon, Inspector-General of Hospitals, Bengal Medical Establishment (retired), aged 83.

M'KAY.—Jan. 14th, suddenly, at his residence, Dromore Street, Ballinacree, David M'Kay, M.D., aged 84.

MIDDLETON.—Jan. 16th, at 17 Stratton Place, Portobello, N.B., John Middleton, M.D., L.R.C.S.

MUNRO.—Jan. 13th, at Bishops Teignton, Devon, suddenly, Dr. Munro, formerly of Clunhill, Forres, aged 73.

OTTLEY.—Jan. 14th, at Ledbrooke Grove, Notting Hill, W., suddenly, Walter Ottley, M.B., F.R.C.S., aged 33.

PHAYRE.—Jan. 16th, at Belmullet, of general debility, Alexander Raleigh Phayre, M.D., of Drumcondra Hill.

SHINKWIN.—Jan. 16th, at 4 North Mall, Cork, Thos. Crofts Shinkwin, M.D.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
The Work of the Clinical Society of London. By Andrew Clark, M.D., F.R.C.P. Senior Physician to the London Hosp.	89		
The Lettsomian Lectures on the Treatment of Some of the Forms of Valvular Disease of the Heart. By A. Ernest Sessom, M.D., F.R.C.P. Lond., Physician to the London Hospital, Senior Physician to the North-Eastern Hospital for Children.—Lecture II.—Mitral Regurgitation	90		
Vaccination: its Place and Power. By T. M. Doan, L.R.C.P., F.R.C.S.E., Physician to the Halifax Infirmary	93		
CLINICAL RECORDS.			
Case of Pericarditis with Effusion—Albuminuria—Partial Recovery—Relapse—Death. Reported by John W. Martin, M.D., Sheffield	96		
TRANSACTIONS OF SOCIETIES.			
CLINICAL SOCIETY OF LONDON—			
On the Activity of the Infective Power of the Poison of Scarlet Fever during the Pre-Eruptive Stage of the Disease	97		
			Compulsory Vaccination in Switzerland 106
			Corrosive Sublimate 106
			A Hospital Drug Bill 106
			Proposed Cremation of Garibaldi's Body 106
			Longevity of Medical Men 106
			SCOTLAND.
			Outbreak of Fever on the Mars Training Ship 107
			Glasgow Death Rate 107
			Health of Edinburgh 107
			Edinburgh University Court 107
			Teaching of Pathology in Aberdeen University 107
			Outbreak of Typhoid Fever at Roalin 107
			Ambulance Lectures 107
			Medical Specialists as Lecturers 107
			New Rules for Students 107
			CORRESPONDENCE.
			Transfusion Solution 109
			LITERARY NOTES AND GOSSIP 108
			PASS LISTS 109
			NOTICES TO CORRESPONDENTS 109
			Vacancies 110
			Births 110
			Marriages 110
			Deaths 110

Original Communications.

THE WORK OF THE CLINICAL SOCIETY OF LONDON. (a)

By ANDREW CLARK, M.D., F.R.C.P.,
Senior Physician to the London Hospital.

DR. ANDREW CLARK, on assuming the Presidential Chair of the Clinical Society of London, commenced the usual inaugural address by acknowledging the honour conferred upon him, which, he averred, differed from any mark of distinction obtained through influence or patronage, inasmuch as it was the spontaneous offering of the profession, and possessed, consequently, a higher and more distinctive value than any other that could be tendered to its recipient. His accession to office marked a new epoch in the history of the Society, and he thought that, standing as he did, midway between its past and future, the occasion offered a favourable opportunity for profitable inquiry into the nature and influence of the Society's past achievements.

A careful examination of the work accomplished during the reign of his deservedly illustrious predecessor Mr. Lister, would reveal the fact that the two volumes containing the record of that work compared most favourably with those appertaining to any previous period of corresponding length; they exhibited no lack of valuable productiveness, or of the foresight so necessary to good results; and it was observable that the work, generally, was progressively of a higher and truer description, thus indicating the important service which the Society was slowly accomplishing. It helped to extend the best kind of knowledge, and to perfect the best kind of practice; while it exerted very considerable influence on individual scientific workers. It not only encouraged good labourers but it repressed the

bad, and this principally by creating a standard of work from the existence of which the utmost benefits accrued. In respect to the younger members of the Society this influence was particularly apparent. Their work was of a more careful description than heretofore; they exhibited greater caution in formulating conclusions, and gave graver consideration to the value of their problems; while in a multitude of ways they showed improvement, consequent on the inculcation of higher and better principles of action. The change affected, also, the personal relations of their members; a readier appreciation of merit, and a kindlier tolerance of weaknesses had sprung up, and there was a general willingness more than formerly to admit the claims of superiority and of earnest research.

But though it had done so much to cultivate these virtues among its members, the Society had done even more for medicine by repressing what Dr. Clark stigmatised as "bad workers," of whom, he asserted, there were ten to one "good." His description of such men endowed them with every showy accomplishment found in the shallow but versatile physician; sharpness, superficiality, and marvellous aptitude at seizing the results of laborious and honest research were given as their special characteristics; and as a consequence, it was said, they flooded the literature with unworthy, even if not unvarnished papers on every subject. Their favourite hunting-ground, however, was therapeutics; and that, while their achievements were practically limitless, they affected to pity and despise those "studying in the narrow path."

In another way the capacity of the Society for useful work was likewise very great, namely, in demonstrating the true relations between pathology and the clinical study of disease, and especially by its recognition of the importance of dynamical conditions as of superior moment to the statical manifestations exhibited on the post-mortem table. In order to understand the full meaning of such change, assistance must be obtained from all the sciences cognate to medicine, in order that a true appreciation of clinical phenomena might be arrived

(a) Abstract of Presidential Address delivered before the Clinical Society, Friday, January 26th.

at. Even the best of the results derived through pathological experiment—invaluable and essential though such experiments are—were surrounded by subtle difficulties, and oftentimes undue weight was attached to these results through fallacies committed in arguing from animals to men, and ascribing occurrences under abnormal conditions in the latter, to causes which produce effects of similar appearance in the former. A first interpretation of any results so obtained was only possible after appeal to clinical medicine, which alone yielded the criterion for just and reasonable conclusions. These principles, however, have not, Dr. Clark insisted, exerted their due weight in recent years, and hence it is that follies have been committed like that of comparing a seton in the neck of an animal to that, with its effects, in the neck of a man; or of likening tuberculosis, as it occurs in rodents, to the disease so named in the human being, &c.

It afforded occasion for rejoicing that the Society was still imperfect as regarded its work, a stimulus being thereby provided for further endeavour; and one of its defects was exhibited in the incompleteness of reports of cases presented by its members, such reports being deficient in information respecting the outside history of the cases. Such reports, in order to be competent to teach, ought to be whole, and to include more than merely the family and individual histories; and to obtain assistance in this respect from all related sciences. Individual cases were undoubtedly valuable, but they would be much more useful if made as perfect as could possibly be; and extending the analogy thus afforded it might be advanced that, as the German Renaissance of medicine was preeminently due to the association together of physicians, physicists, chemists, physiologists, and pathologists, so might it be anticipated that the importation of scientific aid to his own purposes would hasten the period of complete usefulness of the modern clinical observer.

Neglect of minute details easily to be observed in connection with the daily life and habits of patients was described as a serious fault of the present time among practitioners, and to it could be attributed much unsound and incorrect treatment of disease. Chronic diseases were the outcome of violation of physiological laws, united with individual characteristics; and their nature might easily fail to be recognised by all but skilled observers trained to appreciate minute deviations from the normal. When relieved, however, from unphysiological influences, the organism tended to recover, an instance to the point being afforded by chronic gastric catarrh. Patients suffering from this complaint were usually ordered to take light and nutritious food, and undergo moderate exercise, while for medicine they were ordered an alterative, and mild aperient, with tonics, &c. In such cases management in respect to details was of the utmost importance, and obedience to physiological laws essential. The meaning to be attached to the term "light nourishment" admitted of widely different acceptations, so that even a well-intentioned patient could very well be involuntarily guilty of extreme errors. Every case of this kind should be managed with a view to physiological conditions in regulating the amount of food to be taken, the time for taking it, its nature, &c., &c. Dr. Clark quoted in illustration a case to which he was called in consultation about eight years ago. The patient had been ill for many weeks, and had been brought from Wales to obtain further advice in town. This recommended a method of treatment distasteful to the patient and his friends, and Dr. Clark was summoned to utter its final authorisation, or otherwise. The patient, a man about 60 years of age, was weak, depressed, short of breath, suffering from palpitation, with furred tongue, fetid breath, and distended abdomen, discharging ill-smelling gases *per anum*, and was found to have an enlarged liver and heart, legs blue, cold, and cedematous, lungs congested, and urine sp. gr. 1010, containing slight amount of albumen. He was

also troubled with cough. He had been subjected to treatment with a view to restoring a delicate constitution, and had been in the habit of taking ample supplies of food and drink at frequent intervals. He was really in peril, not of the malady from which he suffered, but of the means adopted for relieving it, and Dr. Clark's opinion coinciding with that already expressed on the case by his *confères*, the patient was at once ordered to adopt a precise and severe regimen, to eat regularly and lightly, with a strict allowance of liquids; calomel and aperients, with tonics, being the medicinal agents employed. In three days no improvement was experienced, and the patient expressed a desire to return to his former customary diet, but being persuaded to persevere, on the fifth day he grew better, and after three months he was well, except as regarded a weakened heart, and slight renal mischief. So long as he observed the rules laid down for his guidance, his health remained good; but sometimes he threw over all precautions, and after a period of high living and excitement, became reduced to his former debilitated condition, out of which he would voluntarily rescue himself by resorting to a stricter mode of life.

This case typical of a large class, illustrated the need of observing physiological laws and minutely obeying them in all respects. It was true that some persons were so constituted that restoration of their health must be impossible of achievement, but apart from these a vast number continued to endure suffering because of the derision in which physiological laws were held.

Dr. Clark commented on the striking fact that the Society's volumes contained no studies of the diseases associated with particular organs and tissues, of ailments seemingly trivial or unimportant, but capable of teaching many valuable lessons if carefully investigated. He alluded to such things as temporary aphasia in adults, renal inadequacy, the glycosuric storms of the gouty, &c.

Reference was made also to the omission of all reports of discussions held on the papers reported in the Society's volumes of "Transactions." The cases themselves, said Dr. Clark, were admirable, but their value would be doubled if they were presented side by side with the debates to which they gave rise. He thought, also, that the reply of the author should always be freely reported, especially since the usually careful and accurate reports of society meetings in the journals omitted this part of the debate. The address concluded with advice respecting the future conduct of the Society, and the work of its members. This, it was urged, should be undertaken with justly tempered mind, and always with the remembrance of the burdens imposed by professional life; to its execution should be brought gravity and diligence, while an appreciation of the responsibility incurred with every case ought to be prominently in the mind. On the apt and correct performance of a practitioner's duties there depended, not only individual, but even national well being. Such reflections might well stimulate to self-sacrifice in overcoming our ignorance of disease.

The Lettsonian Lectures

ON

THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART. (a)

By A. ERNEST SANSOM, M.D., F.R.C.P. Lond.,
Physician to the London Hospital; Senior Physician to the North-Eastern Hospital for Children, &c.

(Continued from page 69.)

LECTURE II.—MITRAL REGURGITATION.

Morbid Anatomy—Mitral Regurgitation in Anæmia, in Neuroses of the Sympathetic, in Acute Fevers, in Rheumatism, and in Conditions of High Arterial Tension—Treatment to Restore

(a) Delivered before the Medical Society of London.

Compensation—Digitalis—Belladonna—Cassa—Caffeine—Convallaria Maialis—Morphia—Alkalies—Iodides, &c.

I HAVE to ask your attention this evening to the subject of the treatment of various conditions of disease associated with a certain imperfection in the mechanism of the heart—an imperfection of closure of the left auriculo-ventricular orifice at the time of systole, which occasions the reflux of a portion of the contents of the left ventricle into the left auricle. The mitral valve is inadequate to close the orifice.

Pathological anatomy teaches that such result may be brought about by several varieties of morbid change:—

1. By dilatation of the left ventricle without structural disease of the valve, so the free borders of the curtains are drawn upon by their circumferential attachments, and prevented from a perfect apposition in systole.

2. By the changes in the valve-curtains, the tendinous cords and fleshy columns induced by endocarditis, and the changes consecutive thereto. Vegetations about the orifice may prevent its perfect closure, or the valve being thickened its segments may be imperfectly co-apted; or curtains, cords, and columns any, or all, may be sbrunken, thickened, fibrous, or cartilaginous from sclerous change; or from deposit of earthy salts, the valve and orifice may be hard and calcareous.

3. The valve-curtains, cords, or columns may become inflamed, and therefore incompetent. It has been supposed that this may occur from sudden strain in a healthy heart, but Dr. Wilks and Moxon have given strong reasons for the conclusion that there must have been some dilatation, at least of the left ventricle previously. They consider that this accident is not of infrequent occurrence. They say, "the snapping of an overstrained mitral tendon in a dilated heart we believed to be a relatively very common cause of severe heart disease, converting the very bearable trouble into a hopeless disablement." (a)

4. Patches of atheromatous disease may be observed upon the valve with consecutive degenerative change rendering it inadequate.

5. Portions of the valve and the surrounding structures may be destroyed by ulceration.

Such are in brief the changes which are observed on post-mortem examination to render perfect closure of the left auriculo-ventricular aperture impossible.

Mitral regurgitation is, however, not to be wholly interpreted by pathological anatomy. It is to clinical investigation that we must chiefly look for guidance. We ask ourselves, first: by what sign observed in the living body do we infer that the mitral orifice is incompletely closed in systole? The answer is that there is a consensus amongst observers that a murmur heard with the first sound at the apex of the heart, localised at this point, conducted externally towards the left axilla, or to the back in the neighbourhood of the angle of left scapula indicates that there is in existence a condition permitting regurgitation into the auricle. The sign is almost, though not quite, pathognomonic. The only condition with which it is likely to be confounded is, in my opinion, pericardial roughening at or about the apex. I have never known a difficulty about the differential diagnosis in the case of adults, but I have observed such difficulty several times in children. In cases of children, I have repeatedly seen that the quality, character, and situation of a systolic murmur will not declare with precision whether there is exocardial or endocardial disease. The house-physicians at the North-Eastern Hospital for Children have observed this with me. A murmur which has been ascribed to mitral regurgitation by competent observers has been proved on post-mortem examination to be due (in the highest probability), to roughening of, or fibrous exudation on the pericardium in the neighbourhood of the heart's apex.

The difficulty of diagnosis is, however, an infrequent one, and we may conclude that in a vast majority of cases the existence of a murmur having the characters which I have mentioned indicates a condition of mitral regurgitation.

Combined clinical and necroscopic observation, however, soon convinces us that in certain cases wherein we have determined from such physical sign that mitral regurgitation existed during life, no lesion indicating inadequacy of the mitral valve to close its orifice has been discovered after death. Moreover, in some cases where we have not only observed the sign mentioned, but where the whole

category of signs, symptoms and consecutive changes which experience has taught us to associate with mitral inadequacy has been present, the autopsy has demonstrated no determinate lesion at the orifice.

It will best serve a practical purpose, I think, if we divide the cases in which the signs indicating mitral regurgitation are evident into clinical groups, discussing the bearing of the collateral signs upon treatment in each group. We shall thus consider the cases just as we meet with them in practice.

I. A case presents itself manifesting signs indicating mitral regurgitation in the subject of marked anæmia. We have to inquire whether or no there has been antecedent disease leading up to organic changes at the mitral orifice. Supposing such signs are not in evidence, have we a right to assume that actual mitral regurgitation can be induced by the condition of anæmia without concurring causes? The answer is, in my opinion, undoubtedly in the affirmative. In cases of anæmia and chlorosis a murmur is sometimes observed exactly in the site of that indicating mitral regurgitation. I have observed not only this sign, but all the concurring signs of cardiac failure, in a woman who suffered from excessive periodic hæmorrhages *per vaginam*, associated with uterine fibroids. I was called to such a case—Mrs. H., æt. 39. She manifested severe dyspnoea, such as one meets with in cardiac disease, extensive œdema, and a loud systolic murmur heard at the apex of the heart. She was very anæmic from copious hæmorrhage, the cause of such hæmorrhage having been diagnosed by Mr. Spencer Wells to be uterine fibrosis. With care, rest, and suitable treatment she recovered from all the symptoms denoting cardiac disease, and the murmur wholly disappeared. This I consider to have been an instance of what Prof. Balfour has termed "curable mitral regurgitation."

In the disease known as progressive pernicious anæmia, it is common to find an apex systolic murmur. Such was noticed in four of eight cases recorded by Dr. Byrom Bramwell. In one an observer had diagnosed the case as cardiac dropsy from mitral insufficiency (a). In three cases recorded by my colleague, Dr. Stephen Mackenzie, an apex-systolic murmur was noted. Though in many of such cases the murmurs are heard at the base of the heart and over the site of the pulmonary artery, they are, as Dr. Stephen Mackenzie has said, "loudest at the apex of the heart, conducted into the axilla, and heard at the angle of the left scapula. It is remarkable how loud and harsh these bruits sometimes are." (b)

A series of phenomena strictly analogous to those just mentioned as occurring in the human subject can be induced in animals by copious bleedings. Dr. Donald MacAlister says: "When an animal is bled till it is feeble, a murmur indicating regurgitation from the ventricle is heard with the heart sounds. You may inject a proper saline solution to make up the normal quantity of circulating fluid, but yet the regurgitation occurs. As the animal makes blood again, so that its muscles are again properly nourished, the murmur disappears." (c)

And now, assuming that in these cases there is a veritable regurgitation, how is such brought about? The explanation is, I think, given by the careful experiments conducted by Ludwig and Hesse at Leipzig, which have been admirably summarised by Dr. Donald MacAlister. (d) The mechanism for the closure of the left auriculo-ventricular orifice does not reside in the valve-curtains alone, the surrounding muscles of the ventricle have an active share, not merely in floating up the valve-curtains, but in reducing the size of the aperture which these valve-curtains have to close. In Dr. MacAlister's words: "As systole begins the muscles surrounding the ostia contract; and presently, instead of the round gaping orifices of diastole the valves have to close oval and compressed ones. . . . The base muscles do their share of the work of closure, the valves promptly complete it." When the muscles of the base are enfeebled, as in the cases which we have been considering, the valve-curtains are insufficient to close the orifice, because such orifice is wider than usual. It is not that the orifice is dilated, but that it is insufficiently contracted, the aid of the muscles which normally produce such contraction being in abeyance.

(a) *Edinburgh Medical Journal*, November, 1877.

(b) "Clinical Lecture on Idiopathic, Essential, or Pernicious Anæmia." *Lancet*, 1879.

(c) *British Medical Journal*, Oct. 28, 1882, p. 825.

(d) "Remarks on the Form and Mechanism of the Heart." *Loc. cit.*

(a) Cf. "Pathological Anatomy." By Drs. Wilks and Moxon, 2nd Edition, London: Churchill, 1875.

Regurgitation may result, therefore, from mere feebleness of muscle, and restoration to the normal may occur, with improved nutrition; but it must be recollected that persistent anæmia or repeated blood-letting (as shown by experiments on animals) will induce a fatty degeneration of the heart-muscle, a morbid condition which may be irrecoverable.

I think it will be agreed that, both for prognosis and treatment, it is important that we should be able to make the differential diagnosis between a regurgitation due to feebleness of muscle the result of anæmia, and organic disease at the mitral orifice. I will suppose that in a case of anæmia, presenting a systolic murmur at the apex, there is no evidence to lead us to suspect previous valvular disease, and no history of rheumatism. It may be, however, that the regurgitation is not from adynamia of the ventricle, but from an endocarditis of insidious origin, such as I have previously described. Can we rely for guidance on the physical signs? I will mention an illustrative case. I was called a short time ago to a patient at the London Hospital who was supposed, after the preliminary examination to be suffering from mitral disease. There was a loud apex systolic murmur, typical of mitral regurgitation. On delineating the outline of the heart by percussion, however, I noted that there was no notable dilatation such as one would expect to find in organic heart disease where failure was imminent, for the patient was extremely ill. Noticing the extreme pallor, I suspected that this might be a case of idiopathic pernicious anæmia, and in confirmation of this view I found the fundus oculi on both sides studded with abundant hæmorrhages. I have no doubt, both from these reasons, and from the clinical history that this was a case of mitral regurgitation in association with pernicious anæmia. Unfortunately, the patient being a Hebrew, an autopsy was not performed.

I would insist, therefore on the value of *determining the outline of the heart by percussion* as a means of differential diagnosis in these cases. In anæmia, as I have observed, the heart is not notably dilated, in fact as in the case cited, the outline of cardiac dulness is usually rather small. (a)

In the case I have mentioned as occurring in conjunction with hæmorrhage I found the *determination of the tension in the arterial pulse* to be a very important means of differential diagnosis. In advanced organic mitral disease—when, for example, as in the case cited, dropsy and extreme cardiac dyspnoea have supervened—the arterial tension is low. In the case mentioned I found the opposite indication—the tension as shown by the sphygmographic tracing was rather high. It is an unexpected thing, as Dr. Broadbent has pointed out, that, “in a disease such as chlorosis, characterised by debility, there should be high arterial tension, but such was the fact.” (b) My experience is, in this particular, entirely in accord with Dr. Broadbent's.

These two signs, therefore, an area of cardiac dulness not perceptibly greater than the normal; and a heightened tension in the systemic arteries, I consider to be of the greatest importance in differentiating in a very anæmic patient, between organic disease at the mitral orifice, and incomplete closure from adynamia.

As regards treatment, such differentiation is important, for I have never known in the class of cases we are now considering any marked improvement follow the administration of the usual cardiac tonics, such as digitalis and iron. As regards the cases attended with hæmorrhage, it is, of course, of the first importance to arrest this at its source. Rest and the administration of assimilable food are no less important indications. In this connection, I may call attention to the great value I have observed to attach to *supplementary alimentation by the rectum* in such cases. I have long tried the plan of using defibrinated ox blood as a nutrient enema, as advocated by my friend, Dr. A. H. Smith, of New York. In comparing results, however, with those in which artificially-digested food was employed, I felt that the balance of evidence was in favour of the latter plan. I have had prepared mixed peptone enemata—beef, milk, and farinaceous food—which have been proved to preserve a perfectly good condition for long periods.

(a) Dr. Allbutt has found that in progressive pernicious anæmia, the heart is not dilated but simply atrophic. Dr. Theodore Williams has shown that some cardiac hypertrophy often follows anæmia, but dilatation is not evidenced. (A discussion on Prof. Balfour's paper “Arguments in favour of Dilatation of the Heart as the Cause of Cardiac Anæmic-murmurs, &c.” *British Medical Journal*, August 26, 1882, p. 854.

(b) *British Medical Journal*, August 26, 1882, p. 856.

These have the advantage of being available at a moment's notice, it being only needful to render them diffident with warm water. From two to four ounces are injected slowly into the rectum, and repeated every three or four hours. In many cases I have caused to be added the dried ox blood (*sanguis bovinus exsiccatus*), in the proportion of a drachm to the ounce. I have lately, however, used a simpler plan with good results, using, instead of peptoned food, equal parts of warm milk and cod-liver oil as a nutritive enema.

In the treatment of cases of idiopathic anæmia, I have found no drug treatment so efficient as the administration of arsenic (Fowler's solution in small doses gradually increased). I have observed, as has been recorded by others, complete recovery, with the disappearance of the cardiac murmur, under such treatment, combined with rest and careful nutrition.

It has been supposed by Nannyn, Balfour, and others that actual regurgitation through the mitral orifice is in existence in cases where a systolic murmur is observed in the second left interspace near the border of the sternum. I am far from convinced such view is correct, and prefer to adhere to the opinion that such murmurs are generated usually in the pulmonary artery. A consideration of this debatable question is unnecessary here as I am dealing with those conditions in which observers would generally agree that mitral regurgitation was undoubtedly indicated.

II. We will now assume that a systolic apex-murmur is present in a patient showing signs of a *neurosis of the cervical sympathetic*. It has been frequently noted that a murmur at the apex has existed in the subjects of exophthalmic goitre (Graves' or Basedow's disease); yet on post-mortem examination no disease at the mitral orifice has been discovered.

In these cases anæmia may be present, but not of necessity. It is not causally related with the phenomena. Organic heart disease may co-exist, but such coincidence is rare. It is important to recognise, especially with regard to treatment, that in the subjects of Graves' disease mitral regurgitation occurs without valvular lesion. I now wish to draw attention to a point with reference to the curious disease called exophthalmic goitre, that, as I have myself observed the triad of symptoms—the protrusion of eyeballs; the thyroid enlargement; the paroxysmally-disturbed, rapid, palpitating heart—can be disunited; and we may observe in a given case a union of two of the groups of symptoms, or even one group alone. For example, I lately brought before the Ophthalmological Society a patient manifesting pronounced exophthalmos, without thyroid, or cardiac symptoms. I have lately seen in consultation a case manifesting only the cardiac phenomena, the heart's action being extremely rapid and the paroxysms of palpitation extreme. Again, I have lately observed the case of a lady in whom there is a combination of the cardiac and thyroid symptoms without exophthalmos. In each of these cases there was a history of shock, mental anxiety, or nervous exhaustion, as a proximate cause. In the last case the cardiac trouble was severe: besides distressing paroxysms of palpitation a loud murmur was manifest at the apex and extensive and extensive œdema supervened. In fact, the case closely resembled one of organic mitral disease. There can be but little doubt, I think, that in this group there is disorder, if not disease, of certain ganglia of the cervical sympathetic. The record of fatal cases in which such disease has been actually demonstrated is now tolerably extensive. Trousseau, Cruise, and McDonald, Ruth, and Shingleton Smith have recorded cases in which some of the ganglia (usually the inferior cervical) have been enlarged, atrophied, or degenerated. Such observations have a distinct bearing on treatment. In the cases which I have seen ordinary tonics and digitalis have been of very little benefit, but great improvement has followed galvanisation of the cervical sympathetic. I have employed the continuous current from 20 to 40 elements (Léclanché). One pole may be placed behind the lower jaw in front of the sterno-mastoid, and the other upon a corresponding point of the opposite side, or at the nape of the neck right or left of the vertebra prominens, or above the sternum at the inner edge of the insertion of the sterno-mastoid. (a)

(a) Such treatment has been recorded as successful by Von Dusch, Chvostek, Moritz Meyer, Eulenberg, Guttmann, Remak, Ancona, and others. Cf. Althaus' “Medical Electricity,” third edition, pp. 165, et seq., 335, 621. Hayden “Diseases of Heart and Aorta,” pp. 1050, et seq. Ancona “Giornale Veneto delle Scienze Mediche,” *British Medical Journal*, June 1st, 1878, p. 790.

III. I now turn to a third group of cases, and assume that the indications of mitral regurgitation are manifest during the evolution of certain fevers. In the course of typhoid fever, for example, a systolic murmur is discovered at the apex. There is no history of its existence before the attack, but it has arisen during the course of the disease. M. Hayem has especially studied these phenomena; he says: "In the course of, or at the end of the second week, there arises, in a certain number of patients, a bellows murmur within the systole. At the time of its first appearance, this murmur may be soft and of little intensity. Its maximum is at the apex in the neighbourhood of the nipple, but it is prolonged towards the base, becoming feebler there. Often this bruit has an intensity and roughness equal to organic murmurs, or at first of only slight intensity; it may become louder rapidly, and make one believe in the existence of endocarditis; moreover, it may vary in intensity from day to day, or may become modified by a change of position of the patient, as one may observe when auscultating in the lying and sitting position alternating." (a) In typhoid fever, therefore, there may be important questions as to the nature of such a murmur, and its bearing on treatment. The clinical evidence shows that in the course of the fever the murmur changes its site and fades away, and that it is accompanied by reduplication of heart-sounds and disturbances of cardiac rhythm. Thus, in the case of a young lady, *æt.* 19, observed by myself, there appeared on the eleventh day of typhoid fever a soft systolic murmur, left of the sternum, at the third costal cartilage; on the thirteenth, the bruit extended nearly as far as the apex; on the fifteenth, it extended to the apex; on the seventeenth it was right of the apex, and there was reduplication both of first and second sounds; on the nineteenth, twentieth, and twenty-first days reduplication of the first sound only was heard, the murmur having disappeared.

The murmur, therefore, is an evanescent one. To what is it due? The changes are, according to Hayem's observations, not in the endocardium nor pericardium, but in the muscle of the heart. In fatal cases, the muscular fibres present a granular and fatty degeneration, or a special form of vitreous generation; the areas of morbid change are disseminated in an irregular manner here and there throughout the cardiac muscles. There are, besides, a multiplication of the muscular nuclei, and an aggregation of cellular elements. In fact, the disease is a form of myocarditis.

It is, I think, sufficiently proven that the murmur occasionally heard at the apex in cases of typhoid fever is due to regurgitation on account of imperfect apposition of the valves of left or right sides, from enfeeblement by disease of the muscular fibres in certain areas of the heart wall. It does not appear that the occurrence of murmur renders the prognosis more grave, but sudden death in all probability from myocarditis may occur in typhoid without any special evidence of direct cardiac impairment previously.

Its occurrence, however, should make us watchful, and cases presenting any of the phenomena indicating myocarditis in typhoid should be observed and treated with a view of preventing subsequent dilatation.

Analogous myocarditis has been described in variola (by MM. Desnos and Huchard), (b) and in severe forms of intermittent fever, as observed in Africa (by M. Vallin). (c)

It is obvious that a recognition of the nature of the alteration which produces a mitral regurgitant murmur in the cases we have been considering must have an important bearing on treatment. We need not fear that endocarditis has arisen as a complication, nor have we to debate as to an anti-rheumatic plan of treatment. The indication is to keep the disturbed muscle of the heart as tranquil as possible, and, of course, to promote as good a nutrition as the circumstances will permit.

IV.—I now come to the fourth group, and assume that a murmur indicating mitral regurgitation is observed in the subjects of acute or sub-acute rheumatism. Attention has been frequently drawn to the fact that murmurs may arise in the course of evolution of the disease, and yet disappear, and patients being free from murmur have been considered to be free from cardiac complication. I have, in my former lecture, deprecated this as a too hasty conclusion. It may

be well to inquire in the first place what is the probable nature of these transitory or evanescent murmurs, which are by no means uncommon, for they occur, as the statistics of the London Hospital for 1880 and 1881 show, in about 10 per cent. of the cases. Rheumatism is a disease notably attended with anæmia. Is it probable that these bruits are of the nature of those which we have considered to be causally related with anæmia? The evidence collected for me by Dr. Gubbett as to the site of such transient murmurs is, I think, against this view. It is well known that the murmurs heard in connection with anæmia, though sometimes heard at the apex and indicating mitral regurgitation, are far more frequently audible at the base over the site of the pulmonary artery or aorta. Even when heard at the apex, they are usually accompanied by other murmurs at the base. In rheumatism, however, the usual site of the evanescent murmur is the apex. The totals for 1881 show as follows:—Transient murmurs in mitral area, 15; at base and apex, 7; in aortic area, 5; in pulmonary area, 3. It would appear that a murmur which might suggest an anæmic causation is almost confined to a first attack of rheumatism; after two or more attacks no basic transitory murmurs are recorded. Then as regards the transient systolic murmur in the mitral area, we may ask whether it may be due to myocarditis. If so, it does not resemble in associated phenomena the murmur observed in typhoid, &c. The peculiar perturbations of rhythm are not recorded, and it would appear probable that if there be myocarditis, it does not occur in disseminated areas as in typhoid. May it not be that the temporary regurgitation is due to a localised myocarditis developed in the neighbourhood of the swollen valve or inflamed endocardium? Thus, though the swollen valve might not be in itself incompetent, a temporary incompetence would be produced by the impairment of the force of the muscle. As the myocarditis subsided the valve would become again competent, but probably in many instances to present a renewed imperfection when the swelling in the course of time has given rise to fibrous change and consequent retraction. I draw attention to this as a caution in the expression of any opinion that a valve is sound after a murmur developed during rheumatism, even though the murmur be temporary.

(To be continued.)

VACCINATION: ITS PLACE AND POWER. (a).

By THOS. M. DOLAN, L.R.C.P., F.R.C.S.E.,
Physician to the Halifax Infirmary.

AMONGST the many duties which were entrusted to Boards of Guardians, there was no more important and responsible one than that of carrying out the provisions of the Vaccination Acts. When the Legislature imposed this duty upon Boards of Guardians, it did so in the hope that by means of the network of Boards spread over the whole country, the measure would effectually reach the poorer classes of society. The general success of the measure could only be secured by the loyal enforcement of its provisions by means of each local authority; for if one Board neglected, and another enforced the Acts, the action of the one would be neutralised by that of the other. The intention of the Legislature, as thus defined, if carried out, would secure the general and successful administration of the Acts. The Vaccination Acts had thus more than a local interest. The Boards, by the exercise of the compulsory powers of the Act, could compel persons to have their children vaccinated, or in default, could institute legal proceedings which resulted in fine or imprisonment. Under every aspect of the question, a great responsibility rested upon boards of guardians, so that the subject of vaccination was one well worthy of the attention of that conference. Having such authority, it might be expected that guardians of the poor should know something of the history and effects of vaccination; what it is, what it claims to do, what its dangers are, and what safeguards are provided to protect from injurious results. Many objections have been raised against the measure. It was regarded

(a) Abstract of paper read before the Poor-law Guardians' Conference at Halifax, Yorkshire, December 21st, 1882.

(a) Cf. "Des Manifestations Cardiaques de la Fièvre Typhoïde." *Par M. G. Hayem. Le Progrès Médical*, 17 Juillet, 1876, p. 401 et seq.
(b) "Des Complications Cardiaques dans la Variole et notamment de la Myocardite Variolique." *Union Médicale*, 1870-71.
(c) *Union Médicale*, 1874, p. 293 and 316.

unfavourably by a number of people, who objected conscientiously on various grounds to the Acts. In his opinion it was wise to consider those objections. They did not shirk inquiry. The majority of the objections raised at the present day had been answered over and over again. Dr. Seaton, in a volume of 500 pages, published in 1868, had exhaustively treated the subject of vaccination, and had completely answered the various objections which had been started up to that time. Opposition or severe criticism was not deprecated. A rigid censorship could only have the effect of stimulating the medical profession to increased carefulness in what was at first sight a very simple surgical operation, but which was in reality a very serious one. He would lay before them a mass of facts, in the hope of convincing them that the Vaccination Acts were worthy of their loyal support. Before proceeding with the subject of vaccination, Dr. Dolan explained the practice of inoculation, which he said many people confused with vaccination. Inoculation was the introduction into the skin of pure small-pox. The practice was introduced into this country from Turkey, in 1717, by Lady Mary Wortley Montagu, wife of the English Ambassador at Constantinople. In one of her letters she wrote that the people "take the small-pox by inoculation by way of diversion in Turkey, just as they take the waters in other countries." Inoculation was suppressed by law in England, as it spread small-pox. Vaccination was the introduction of a clear, bright, transparent liquid called lymph, which was derived from cow-pox. The history of vaccination was one of the most interesting in the record of science, and was inseparably connected with Dr. Jenner. Since Jenner promulgated his doctrine in 1798, no less than 18,744,475 persons had been vaccinated at the expense of the poor rate. Jenner's fundamental doctrine was that cow-pox was a product of the same virus which produced small-pox, so that a person having acquired cow-pox was protected just as if he had gone through an attack of small-pox. Though Jenner was a great man, he was not infallible. He believed that cow-pox was related to the disease called "grease" in the horse. Jenner was in error on that point. Cow-pox was not related to that disease, though the horse did suffer from a disease called horse-pox, which was analogous to cow-pox. The first truth was that cow-pox, horse-pox, and human small-pox were allied to one another, and they had a common origin at some time. Diseases in the lower types of animals were nearer allied to the higher than they supposed. The chief points which it was necessary to grasp were, first, that the cow was liable to a natural disease called vaccinia, from which vaccine or lymph was derived. The vaccine in use at the present day was derived almost in succession from the stock introduced by Jenner. They had Dr. Seaton's authority for that. Secondly, artificial cow-pox might be produced in various ways in the cow. Though there were many methods of introducing cow-pox artificially, one only was adopted, namely, communicating the natural cow-pox found in the cow to other cows or calves, and thus keeping up the supply by natural cow-pox. That was called animal vaccination. At 95 Lamb's Conduit Street, London, animal vaccination was now carried on under the sanction of the Local Government Board, side by side with arm to arm vaccination. The system was introduced to satisfy the doubts, fears, imputations, and prejudices of the public. He had himself used animal vaccine for the past three years with success. Not that he had any doubt as to the efficacy or purity of the lymph he could obtain, but as a concession to the feelings of those who objected to the humanised lymph. He vaccinated his own children with humanised lymph, and the vast majority of medical men—999 out of 1,000—vaccinated their own children. Was it reasonable to imagine that they would expose their own flesh and blood to the risk of blood-poisoning if vaccination were, as it was said to be, such a dangerous measure? Could they suppose that they were so lost to the sense of parental love as to imperil the lives of their own offspring

in order to bolster up a compulsory system of vaccination? If names were of any value, let them put in the scale of reason the action of the medical practitioners of the town, who had vaccinated their children, against the solitary example of one practitioner who would not do so, and ask themselves the question—assuming, as they had a right to assume, that those practitioners had had equal medical education, and equal experience, and were possessed of the same degree of parental love—who were likely to be right, the solitary individual, or the majority? It might be said majorities were not always right. He had yet to learn that minorities were. In supporting this measure the medical profession were acting impolitically, and against their own interest, because they would be able to make more pecuniarily by small-pox than by vaccination. But the profession were acting, as he hoped they would always act, for the good of mankind. What powers, it might be asked, were really claimed for vaccination? Much misconception prevailed upon this point. The view of Jenner was, that duly and efficiently performed vaccination would protect the constitution from subsequent attacks from small-pox, just as much as small-pox itself would. He never expected it would do more, and had believed it would not do less. An attack of small-pox would not give absolute protection against a second attack. The modern view was, that efficiently performed vaccination gave absolute protection to the large majority, and to the minority it modified the course of the disease, so that really the risks of death were lessened, and those disfiguring traces, which were not the least of terrors of small-pox, were not now so frequently met with. There was no subject upon which medical testimony was more unanimous than on that point. Vaccinated persons—children and grown up—had lived in crowded and ill-ventilated dwellings, in which small-pox prevailed; they had occupied the same rooms, slept in the same beds with small-pox cases; mothers had nursed their babies suffering from the disease, and yet they had escaped unscathed.

The next power which was claimed for vaccination was that it modified the course of small-pox in those in whom the protection had not been absolute. Various circumstances exercised more or less influence on the protective powers of vaccination, such as the quality of the vaccine, the age of the individual, personal, hereditary, or family susceptibility, change of climate, frequency and extent of exposure to infection, and intensity of epidemic influence. There was no rule without an exception, and the phenomena of diseases, though they proceeded on uniform lines, were yet liable to be disturbed by influences over some of which they had control and over others of which they were powerless. Amongst the circumstances which influence vaccination, the quality of the vaccination was a factor of importance. There were good and bad vaccinations. The system should not only be infected, but it should be well infected. Careful observation had been made at the Small-pox Hospital in London, which had clearly established that, according to the number of marks on the arm, in that proportion had protection been offered. Statistics were of use in an inquiry of that kind. In the Halifax epidemic of 1871-2 the total number of cases under the author's care at the Halifax workhouse was 115—males 62, females 63. Five died. One hundred and nine had been vaccinated, and six were unvaccinated. Out of the 109 three died, a ratio of 3 per cent.; out of the six two died, a ratio of 32 per cent. In the London epidemic of 1876-9 the total number of small-pox patients treated by the Metropolitan Asylums Board was 15,171. Of that number, 11,412 had been vaccinated, and 3,759 were unvaccinated. The deaths were 2,677. Out of the 11,412 vaccinated persons, 1,008 died; out of the 3,759 unvaccinated persons, 1,669 died. In the one case there was a mortality of 8.8 per cent., in the other of 44.4 per cent. Had vaccination lessened the general mortality from small-pox? There were three periods to be noted—one ending 1840, prior to the enactment of any vaccination laws; one ending 1853, during which vaccination was gratuitously performed; and one

in which they were now living—the era of compulsory vaccination. In the first period vaccination was not general, and in the first period they had not the excellent system of death registration which they now had. If they took certain groups of years, they would be able to arrive at some estimate of the general effect of vaccination in lowering attacks of small-pox. Taking an average of 30 years, previous to the introduction of vaccination, the annual death-rate per million of the population from small-pox was 3,000. From 1838 to 1840, since vaccination became diffused, but before the public provision was made for its gratuitous performance, the rate fell to 770. From 1841 to 1853, when vaccination was gratuitously provided, but not compulsory, the rate fell to 304. From 1854 to 1865 it fell to 202; and from 1865 to 1881 it fell to 201.5. Dr. Guy had put the figures in another way. In ten years ending 1770 small-pox caused 108 deaths per 1,000; in the ten years ending 1860, the deaths were only 11. The natural statistics of other countries gave even more striking illustrations. The author quoted figures from the public returns of Denmark, Sweden, Westphalia, Bohemia, Austria, Silesia, Germany, France, and other countries, in support of his statement. The mere enumeration of figures, however, was not sufficient to enable them to grasp the great saving which had resulted from that beneficent measure. To appreciate the value of vaccination they should know what small-pox was in the natural state. In its natural state small-pox was one of the most loathsome and fatal pestilences that ever afflicted mankind, and it entailed the most distressing consequences in the shape of blindness, deafness, and impaired health. It vied in its fatality with the black death, the plague, the sweating sickness, scurvy, and jail distemper. It prevailed in every part of the world, amongst all ranks of society, and both sexes, and in all seasons. It swept away whole nations. In one instance in the town of Ceara in the Brazil, in a population not exceeding 70,000, no fewer than 40,000 deaths had taken place in 1878-9. Such was small-pox in its uncontrolled or natural state. He claimed for vaccination a place as one of the most beneficent discoveries which had ever been made for the good of humanity, and with justice did he claim for Jenner a niche, not only in the temple of fame, but in the hearts of the people he had benefited. Vaccination was not unattended with danger. The Medical Department of the Privy Council had always recognised that. What were the safeguards? The guardians appointed a medical practitioner who had two qualifications and who was acquainted with the special duties of vaccination, and the Local Government Board gave vaccinators instructions so minute and so carefully drawn up that no mishap could follow if the vaccinator observed them. At the National Vaccine Establishment, London, the most scrupulous care was exercised in the selection and processes required for the preservation of vaccine. The Local Government Board had recognised from the first the great principle that in a country where vaccination was compulsory the duty of the state was to put into the hands of the people lymph or vaccine free from even the suspicion of adulteration. The lymph sent out by the National Vaccine Establishment had been uniformly pure and good. 18,744,475 persons had been vaccinated at the expense of the rates from 1852 to 1880, and at least ten millions more had been vaccinated by private vaccinators, so that it was not surprising if some mishaps had followed, for no surgical operation, however slight, could be performed with perfect freedom from risk. They had expected too much from vaccination, and they had also expected that vaccination would proceed without any disturbance from external or internal influences, such as the sanitary surroundings of the person vaccinated, the hereditary peculiarities of the infant, previous taint of syphilis or scrofula, care and attention on the part of those who had to look after the child—all factors which should be taken into account.

His statistics were those of such men as Drs. Seaton, Simon, Guy, and Marson—all men of unimpeachable

honour, whom the most reckless would not dare to assail, of men who had no interest in falsifying figures, so that any objections to his statistics on that ground could not be entertained. He would state a few of the objections generally raised. It was alleged that vaccination increased the mortality from other diseases. Vaccination did not profess to make mankind immortal; it saved them from small-pox and its sequelæ, and nothing else. One might as well object against saving men from drowning, because they would afterwards die from some other disease. It was alleged that cutaneous or glandular diseases might be invaccinated. Inasmuch as cutaneous and glandular diseases were frequently noticed in children subsequent to vaccination, vaccination was blamed for what was really due to causes inherent in the child. He was not a public vaccinator, but he had vaccinated some thousands of private patients, and he had never seen any cutaneous or glandular disease resulting from vaccination. He had refused to vaccinate the children of fathers whom he had attended for syphilis shortly before their marriage, as he knew that if any cutaneous eruptions developed on the skin of the children after vaccination the vaccination would be blamed and made the scapegoat for their consciences. The danger of transmitting syphilis by vaccination was a very serious one. It might, however, dispel the fears of many when he told them that during the many years in which there had been systematic inspection of public vaccination in England, of the millions who had been vaccinated, in no single case had the Government inspector of vaccinations been able, after the most rigid inquiry, to find a single case of syphilis due to vaccination. That was the statement of Dr. Stevens, chief vaccination inspector. The harmlessness of vaccination, and of every medical or surgical operation was dependent on the skill and care of the medical practitioner. The public were in their hands. The medical man might poison his patient, or in using a lancet might kill his patient. That would happen either from ignorance or carelessness. Pure un-mixed vaccine lymph could not communicate syphilis, even though taken from a syphilitic subject. There were well-attested experiments to prove that. Now that animal vaccination had been introduced, the objection on the ground of syphilis was disposed of, as civilisation had not yet reached the calf or cow, and that disease, which was so rife in great towns and cities, was unknown to the bovine race. The next objection was that erysipelas might follow vaccination. That was undoubtedly true, and in a small proportion of cases erysipelas had followed. Erysipelas might follow any slight surgical operation, and it was a danger against which medical men were on their guard. The next objection had more than a medical bearing. Parents objected to vaccination as an interference with the liberty of the subject. The Briton did not like any infringement of his liberties; he regarded his house as his castle, and his children as his property, and he would not brook any interference with his rights over them. In all countries, for the good and happiness of the greater number, laws were passed which pressed hardly upon individuals. Hundreds of fathers and mothers objected to the shortening of the hours of labour in factories, and he regretted to say there were many who objected to compulsory education. After a painstaking inquiry and examination of witnesses adverse and favourable to vaccination, the Legislature passed the Vaccination Acts for the greater good of the greater number. In 1871 a Select Committee of the House of Commons gave a most patient hearing to those who objected to the Vaccination Acts of 1867; and the evidence must have been most convincing when they pronounced so strongly in favour of the continuance of compulsory vaccination.

The author next alluded to re-vaccination, and the evidence furnished by the complete immunity from small-pox of the nurses at the London Small-pox Hospital in favour of re-vaccination. Dr. Guy had truly said that the history of vaccination was the romance of science. Science had always been a wonder worker, and often a dispenser of rare benefits to mankind. She never shone forth so

brightly, however, in both characters, as when she put it into the mind of Edward Jenner to extract from the neglected gossip of the dairy the means of destroying the most loathsome and fatal pestilence that ever afflicted mankind. The vaccination introduced by Jenner was receiving a new development, and it was impossible to tell at present where it might end. Pasteur, the great French chemist and scientific investigator, was applying the principle of vaccination to the extinction of other diseases. Pasteur, in describing his experiments at the International Congress in London in 1881, said that he called his system vaccination in the hope that science would accept it as homage paid to the merit and to the immense service rendered to humanity by one of the greatest men England had ever produced—the illustrious Jenner. It would be a fortunate day for humanity when science had found a method of combating scarlatina, measles, and typhoid, &c., somewhat similar to that in which they now combated small-pox. He did not hope to convince all present of the value of the Vaccination Acts, but he trusted that the majority would agree with him, that if vaccination were universally and effectually performed, the dangers of small-pox would be quite inconsiderable. The careful were now subjected to danger by the careless. Because small-pox did not always break out in districts where vaccination was imperfectly carried out, certain classes of objectors used that as an argument against vaccination. They knew from experience that miners had exposed their fellow-men to utter ruin and destruction by using a naked light, but no explosion had followed, because fire-damp did not happen to be present in the mine at the time. The miner might use that as an argument against the use of the Davy lamp. The presence of unvaccinated persons in their midst was a danger to society—they were tinder which a spark might inflame, and they must be compelled, in the interests of society, to take those precautionary measures which science, experience, and common sense had declared to be advisable and necessary. They should speak their opinion on that matter with no uncertain sound. The vital interests of the vast majority who complied with the Vaccination Acts should not be endangered by the small band of anti-vaccinators who set the law at defiance. The passive majority should resist the active minority, who were so industrious in spreading about tracts, leaflets, &c., full of inaccuracies. Some of the millions whose children had been vaccinated should testify that their children had not suffered from vaccination. There were times and circumstances when to be silent was to connive. There was a common-sense view of that question. What do the risks really amount to? Even granted that a number of deaths from erysipelas had taken place as the result of vaccination, what proportion did they bear to the millions who had been vaccinated? They were homœopathic, they were so infinitesimal. Dr. George Harley, F.R.S., had very well expressed the common-sense views on that question. The principle of vaccination, he said, was strongly and soundly scientific, from the fact of its being based upon the philosophical maxim that it is always best to accept the lesser of two evils, and voluntarily submit to be the victim of a mild and non-fatal disease such as vaccine, rather than run the risk of accidentally acquiring in all cases a loathsome, and so frequently a fatal form of disease—small-pox. What were the lessons which were taught by the knowledge of the facts of vaccination? It seemed to him conclusive that not only should the Acts be enforced, but that the quality of the vaccination should be improved, so that it might become as Jenner desired it to be, more effectual. In private practice medical men had to defer very much to the prejudice of parents, and in consequence of that any sort of vaccinal effect upon the arm was regarded as successful vaccination. Mr. Ernest Hart suggested that the certificate of successful vaccination should be given, not by the vaccinator, but by the medical officer of health. Dr. Seaton was also of opinion that some such system of inspection should be adopted. It was the dream and

ambition of Jenner that small-pox might be completely stamped out by vaccination, and had vaccination been truly and effectually performed, they would not have had the serious epidemics that had occurred since his time. He trusted they would take those lessons to their hearts, and that, warned by the experience of the past, they would assist the Local Government Boards by a loyal enforcement of the Vaccination Acts. Recognising the power of vaccination as a protective against small-pox, they would give it its proper place, and discourage agitation against those wise and beneficent measures.

Clinical Records.

CASE OF PERICARDITIS WITH EFFUSION—ALBUMINURIA—TREATMENT—PARTIAL RECOVERY—RELAPSE—DEATH.

Reported by JOHN W. MARTIN, M.D.,
Sheffield.

EDWARD BOURK, *æt.* 50, boatman, employed on a lighter, plying on the river Suir, residing in Portlawn, came under my notice on August 16th, 1872. Some weeks before my seeing him he had got a severe wetting, which was followed almost immediately by a sense of oppression about the chest, and dyspnoea, which grew daily worse. Previous to this wetting, he had always been a strong, healthy man, and also, had always been a fairly temperate man. Never had any symptoms of articular rheumatism. He had no cough or actual pain. The lungs were normal. The slightest exertion exhausted him and compelled him to stop and rest. He could not walk fifty yards without doing so. Three days before coming to me, he noticed his feet swelling, and occasional, but not constant, slight puffing of the face. He had no pain in the back, and the abdomen presented no symptoms of ascites. He was passing urine freely, which, on examination, showed merely traces of albumen. His tongue was clean, and the bowels fairly regular, but tending towards being confined. Examining the heart, I found the area of cardiac dulness enlarged, measuring 4 × 4 inches in diameter; the superior margin being on a level with the lower border of the third rib on the left side, and the external margin being a little outside the left nipple line. The heart's impulse was greatly weakened, and diffused over a large area; there was displacement of the apex beat. The first sound of the heart was faintly heard over the apex, and greatly shortened. The second sound was also weakened. Towards the base a loud, rasping, friction-murmur was heard, diffused over a wide area, synchronous with the ventricular systole. I regret to say I omitted to note the condition of the pulse.

In spite of the presence of the albumen in the urine, I applied a blister 4 × 4 inches over the area of dulness, and left it on for eight hours; and ordered him the following mixture:—

R. Potass. iodidi, ℥ij;
Tr. aconiti, ʒss.;
Tr. aurantii, ʒij;
Syrupi, ʒss.;
Aq. ad ʒviij.

M. ʒj. to be taken three times a day.

August 20th, 1872.—The blister had taken good effect. The chest symptoms were relieved, but the œdema in the legs had increased, and extended into the abdomen, where there was a considerable amount of ascites. The bowels were confined. He was still passing water freely, and of the same character as before. I ordered him three powders.

R. Pulv. jalapi co., ʒss.;
Hyd. c. cretâ, gr. iv.;
Pulv. zingib., ʒj.

M. One such powder to be taken each night, until the three were finished.

27th.—The bowels had been freely acted upon. The ascites and œdema of the lower extremities were almost gone. The heart symptoms were much relieved. The area of dulness was diminished to 3 × 3 inches. The impulse was stronger. A loud friction-murmur was heard at the apex synchronous with the systole; it was diffused over a large extent of the chest wall. The basal-murmur was still the

same. The point of impulse was felt more towards the left side. He was no longer troubled with dyspnoea, and, indeed, felt so much better that, against my wishes, and owing to the poor circumstances in which he lived, rendering work necessary, he returned to his employment.

Sept. 14th.—He had caught a fresh cold. All his former symptoms returned. Being unable to support himself, and without resources, he was compelled to enter the Union hospital, where he remained until his death, which took place on the 20th of October, 1872.

I regret to say that I have not full notes of this case, but it is another example of the frequent occurrence of pericarditis with effusion. Some weeks having elapsed before I saw him, it would be impossible to say whether the albuminuria had existed from the first, but from the history of the case I am inclined to regard it as a sequence. Undoubtedly, the blister gave relief to the chest symptoms, but, probably, it may have had something to do with the increased oedema in the lower extremities, and the appearance of ascites.

I think the absence of change in the amount of albumen in the water is a curious and not easily explained point. I should certainly carefully consider the risks again, before I applied a blister, in the presence of albuminuria; but, at the same time, there are circumstances, under which, I would take the risk, and apply the blister.

The results of treatment up to August 27th were very satisfactory, and I have no doubt, that the man would have made a good recovery, could he have abstained from work for some time longer, and taken care of himself.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 26TH, 1882.

The President, Dr. ANDREW CLARK, F.R.C.P., in the chair.

Dr. LONGHURST

ON THE ACTIVITY OF THE INFECTIVE POWER OF THE POISON OF SCARLET FEVER DURING THE PRE-ERUPTIVE STAGE OF THE DISEASE.

In a short paper on the infection of scarlet fever in the *Lancet* of July, 1877, I expressed a belief that the period of greatest activity of the fever-poison was in the early stage of the disease. Extended observation has strengthened such belief, and it is borne out in the cases reported, which seem to encourage a line of investigation in connection with the study of acute specific diseases advocated by the late Dr. Murchison in a paper on the period of incubation of scarlet fever, and the probability that they may be transmitted even during the stage of incubation. Case 1 supports such view, and forcibly demonstrates that the fever poison is not absorbed by, nor developed in, all persons with the same rapidity and activity, and that possibly even during the stage of incubation the poison may be passed on from one member of a family to another, the latest case having little, if any, direct relation to the first, but being due to the further development of the poison through fresh systems. Cases 2, 3, and 4 all point to the activity of the fever-poison in the very earliest stage; whilst Case 4 is especially interesting as proving that the long isolation and confinement still enforced by some is not always necessary. It is, I think, most important that a belief in the activity of the infective power of the fever-poison during the very earliest stage, possibly, also, during that of incubation, should be generally accepted; for then, instead of risking the spread of the disease by scattering at once the members of a family, thus forming new and fresh centres of infection, ought we not rather to be content by isolating the sufferer in his own home, or by removal to hospital, according to circumstances, and by rigidly adopting all sanitary precautions? If, also, we admit the activity of the fever-poison to be in the earliest stage rather than during the stage of desquamation, as still held by some, then, we shall feel that the long period of isolation and confinement of two or three months, as still in the opinion of many deemed necessary, may be safely shortened to the very great relief of both the sufferer and his family.

Dr. BROADBENT was of opinion that further evidence than that offered would be required to substantiate the theory

advanced, as to infectiousness of scarlet fever in the pre-eruptive stage; only vague statements had been submitted in proof of the point raised in the paper, and it was highly probable that all the members of the family had in reality been exposed to contagion in the first instance. He had seen cases in which children had slept in the same bed with patients suffering from scarlet fever, and who, being separated on the appearance of the rash, had yet escaped all infection. That they were susceptible to it, however, was shown by their contracting the disease subsequently from an entirely different source. Measles and mumps were undoubtedly contagious in the early stage; but, he contended, there was no experience of a like kind in respect to scarlet fever. He agreed that it was unwise to send away the members of a family, one of whom had contracted the disease, for at the Fever Hospital it was occasionally found that despite all precautions in the way of disinfecting the persons who left it, these nevertheless did sometimes carry away infection to their families.

Dr. B. O'CONNOR suggested the advisability of investigating food supplies, viz., milk, toffees, &c., as carriers of the infection.

Dr. G. SMITH instanced the case of a child, an inmate of an orphan's home in the country, and who, on returning from a visit to London, was found to present the rash of scarlet fever. The children nursed by the same attendant who had charge of the case were next day found to be affected with the fever, thus demonstrating its incubation within twenty-four hours. He would suggest rapidity of incubation as a possible explanation of the results recorded by Dr. Longhurst. At the Fever Hospital seventy-five hours was regarded as the average time in which the disease might be expected to appear. He did not consider the fever was infectious in its pre-eruptive stage.

Dr. GLOVER thought it most desirable that the Society should show that it did not endorse Dr. Longhurst's opinions, for the fever was certainly infectious in the latter stages of the disease.

Mr. F. R. JESSETT agreed that the peeling stage of scarlet fever was infectious. He instanced a case in which a child caught the fever through wearing clothes left off by its sister two years previously, and from the patient so infected a whole village contracted the disease. In another case a calico ball was traced to be the source of origin of an epidemic whereby from thirty to forty children were attacked with measles through the presence of one guest so affected.

Dr. EASTES said that on one occasion, when he was himself suffering from scarlet fever, his brother came to see him from Epsom School, and was subsequently attacked by the disease. But no other of the fourteen boys who occupied the same dormitory with him suffered, although he was not removed elsewhere till after the appearance of a rash, thus showing the non-infectiousness of the pre-eruptive stage. Dr. Eastes cited also another case of a somewhat similar kind.

Mr. BLACK narrated a case proving the infectiousness of measles in the catarrhal stage.

Dr. DYCE DUCKWORTH urged the necessity of adopting, as a universal rule, that scarlet fever patients should be confined between the blankets for at least three weeks, and to their room for eight days longer. Thereby the number of renal complications would be much reduced, and great benefit generally experienced.

The PRESIDENT thought Dr. Longhurst had failed to maintain the position he had taken up, to do which he must show that no other cause of infection could have been at work in the cases instanced by him. His own experience, said Dr. Clark, led him to advise confinement for six weeks, under which time no perfect safety could be anticipated. Some years ago, while scarlet fever was present in his own house, he received an invitation to Scotland, and somewhat unwillingly he yielded to persuasion to accept it on the expiration of the six weeks he prescribed. Within a week of his arrival in the Scotch village, which had been hitherto free from scarlet fever, the disease appeared among the inhabitants. [Dr. Clark did not say he had imported the fever on this occasion.]

Dr. LONGHURST replied that he thought the subject was one demanding investigation, and hence he had brought it before the Society. He had been unable to trace any source of infection such as had been suggested, and he could not resign his opinion that the disease was infectious

in its early stages, and more so than during desquamation. As regarded removal of patients, he insisted that less danger attached to them than to their surroundings, clothes, &c.; and he believed that concentration of the disease in hospitals might influence its spread in a way not otherwise probable.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.—FRIDAY, JAN. 11.

Mr. J. K. BARTON, President of the College of Surgeons, in the Chair.

Mr. WM. STOKES, Sectional Secretary, and Mr. WM. THOMSON, General Secretary, were in attendance.

EXHIBITION OF SPECIMENS.

Specimens by card were exhibited by Messrs. Wheeler (Vice-President), Thomson, and Stokes; and living specimens by Messrs. Benson, Swan, Wheeler (Vice-President), and Croly.

ANÆSTHETICS IN CERTAIN SURGICAL OPERATIONS.

Dr. FITZGIBBON read a paper advocating the use of anæsthetics in surgical operations upon the mouth, anus, and rectum, and especially in operations for the removal of internal hæmorrhoids. The anæsthetic he recommended was bichloride of methylene, which he had largely used in the foregoing operations, employing Junker's inhaler.

The PRESIDENT corroborated Dr. FitzGibbon's statement with regard to the facility of exploring the rectum under anæsthetics.

Mr. HAMILTON pointed out that rectal surgery had for many years past undergone great modification. He alluded to a paper of his, published several years ago, recognising the advantage of anæsthetics in the treatment of hæmorrhoids. Anæsthetics were, he considered, more adapted to the rational and scientific treatment of rectal diseases than any other department of surgery. Indeed, he did not think that any conscientious surgeon would operate without anæsthetics, which had the advantage in addition of overcoming the repugnance that many persons had to such physical examination.

Mr. THOMSON observed that from the time he was a student in the Richmond Hospital almost all rectal operations had been performed under the influence of anæsthetics, except in cases where there was some special contra-indication. His experience of ether as an anæsthetic was so favourable that he did not see any reason to substitute bichloride of methylene for it, especially as it was not as safe as ether.

Mr. ORMSBY distinctly preferred ether, and pointed out that statistics were against the use of bichloride of methylene and chloroform. He doubted the propriety of advocating the use of anæsthetics in all cases requiring rectal operations.

Mr. PRATT stated that his experience of bichloride of methylene was very favourable. Its action was much more rapid than that of ether, and the required quantity used much less, especially in protracted operations.

Mr. MYLES asked Dr. FitzGibbon to state the grounds upon which he claimed for bichloride of methylene advantages over ether in operations on the tongue.

The VICE-PRESIDENT (Mr. Wheeler) endorsed all that Dr. FitzGibbon had said in reference to the advantages derived from the use of bichloride of methylene. He thought that the length of time patients remained intoxicated after the use of ether was a disadvantage which was got rid of by the use of bichloride of methylene, and that there was less liability to sickness after the latter. In cleft palate operations, especially in very young children, the use of anæsthetics was indicated.

Dr. MACSWINEY alluded to the late Prof. Morgan's researches on anæsthetics, and asked Mr. Stokes what anæsthetic he had used in the case of excision of the superior maxilla exhibited previous to the meeting.

Mr. W. STOKES observed that in the case Dr. MacSwiney alluded to ether was used, and he preferred it to any known anæsthetic.

Dr. KILGARRIFF also gave a preference to ether, and enumerated various important operations about the mouth in which he had employed it with success.

Dr. FITZGIBBON replied, emphasising the alleged advantages of bichloride of methylene over ether and chloroform, particularly in operations about the rectum and the mouth.

TREPHING IN MASTOID AND TYMPANIC DISEASE.

The VICE-PRESIDENT (Mr. Wheeler) read a paper on trephining in mastoid and tympanic disease. He related the causes of purulent discharges from the ear, and the necessity for early trephining in diseases of the osseous structures, if not yielding to other treatment within a reasonable time. He recorded the last two cases he operated on, the first that of an old man æt. 70 (who was present), and the second that of a patient æt. 41, who suffered from acute inflammation of the mastoid process. Both made good recoveries. Statistics which he quoted showed that nearly all the cases left to nature or expectant treatment died. Having enumerated the various channels through which purulent discharge found its way to the cranium, he advocated trephining in that situation where the mastoid cells and tympanum would be opened and the dura mater exposed, namely, anterior to a line which divides the mastoid process vertically, which would avoid the lateral sinus and the lower border of the trephen lobe on a level with the external auditory meatus.

Mr. BENSON inquired what treatment previous to operation had been adopted by Mr. Wheeler, mentioning that Mr. Pollock and other authorities did not despair of effecting cures in such cases even when there was caries of the mastoid cells. He also asked Mr. Wheeler to state on what grounds he had arrived at the conclusion he did, which was not proved to be accurate.

Mr. DOYLE mentioned cases of mastoid disease that had been successfully treated by making an incision on the mastoid process.

Dr. HENRY KENNEDY stated that in his experience such cases as had been detailed were not permanently benefited by incising the mastoid process.

Mr. THOMSON asked whether Mr. Wheeler had adopted any other treatment than what he had stated in his paper, and also whether in all cases of otorrhœa with tenderness over the mastoid process he would at once recommend trephining.

Dr. BENNETT pointed out that Mr. Wheeler had described his treatment only in cases in which, while there was otorrhœa, there was manifestly disease in the neighbourhood of the mastoid process capable of being detected. There were a number of cases where the bone was diseased, and where the disease was entirely remote from the mastoid process.

Mr. WHEELER, in reply, said that the previous treatment in the case of the younger patient alluded to by Mr. Benson was simply syringing the ear. There was evidently disease of the bone. He had not stated they were to trephine without adopting other means, but he had mentioned that if the disease lasted any length of time he would trephine, even in the absence of osseous disease. He alluded to the statistics of the operation, which showed that trephining was not, comparatively speaking, a serious operation. He had seen one where excellent results had been obtained by incising the mastoid process, but in these there was no disease of the cells. Dr. Bennett had asked if he would trephine in all cases, and if there was a piece of bone diseased at the apex of the petrous portion of the temporal bone whether there would be any possibility of doing good. He (Mr. Wheeler) doubted if diseased bone could be thus diagnosed; but if the person had cerebral symptoms and running from the ear, he would be induced to trephine. The operation was not done often enough.

The Section adjourned.

MEDICAL SECTION.—FRIDAY, JANUARY 19TH.

Dr. WILLIAM MOORE, President of the King and Queen's College of Physicians, in the Chair.

Dr. A. N. MONTGOMERY, Sectional Secretary, and Mr. W. THOMPSON, General Secretary, were in attendance.

LIVING SPECIMENS.

Mr. A. H. BENSON exhibited a case of hard chancre on the upper eye-lid; and Dr. J. MAGEE FINNY, a peculiar case of vesiculo-tubercular disease of the skin of eighteen years' standing.

SPECIMENS EXHIBITED BY CARD.

Dr. A. W. FOOT exhibited drawings of facial chromidrosis; Dr. H. KENNEDY, urinary calculus; Dr. C. I. NIXON, aneurism of arch of aorta obliterating arteria innominata; Dr. H. C. TWEEDY, heart showing vegetations on the mitral and aortic valves; and Dr. F. J. B. QUINLAN (1) bacillus of tubercle in sputum, and (2) bacillus of tubercle in lung tissue.

EMPHYEMA, WITH NOTES ON ANTISEPTIC FLUIDS AND DRAINAGE TUBES.

Dr. RICHARD A. HAYES first read a paper on a case of empyema treated by the radical method, with notes on some antiseptic fluids employed. After some observations pointing out especially the great danger of producing general anæsthesia in cases of intended operation on large fluid effusions in the thoracic cavities, he mentioned the particulars of the case. A man, æt. 22, was the subject of right empyema of eighteen months' standing, with severe hectic and washing. On his admission to Stevens' Hospital, the pus was thrice removed by aspiration, and the cavity washed out with carbolic solution, without effecting a cure. An intercostal incision was then made, and a large canula introduced, the pus draining away into pads of oakum placed over the opening, and the cavity washed out daily with antiseptic solution, by means of an elastic catheter. The case progressed favourably, with the exception of a few complicating circumstances, and the patient was ultimately discharged, and went to the country, a sinus only remaining unhealed. During the treatment of the case, the following washes were used:—1 per cent. oil eucalyptus, gr. 2, ℥i., or less than ½ per cent. carbolic acid; 2 per cent. boracic acid; and 2 per cent. salicylic acid. A careful record of the morning and evening temperatures having been kept, the results obtained from the use of the different antiseptics were as follows:—Oil of eucalyptus (1 per cent.), morning temperature, 98·3° F.; evening temperature, 100·4° F. Salicylic acid (1 per cent.), morning temperature, 98·3° F.; evening temperature, 99·5° F. Boracic acid (2 per cent.), morning temperature, 98·2° F.; evening temperature, 99·4° F. Carbolic acid (½ per cent.), morning temperature, 97·8° F.; evening temperature, 98·7° F. The foregoing temperatures are averages, the periods of observation being carefully selected so as to be free from complicating influences which might affect the fever curve. During the entire of the later stages of the case, carbolic acid wash was used, and the temperatures were uniformly identical with the result of observations in the early stages. The results, therefore, show a marked advantage, as regards the hectic, obtained by the use of an exceedingly dilute solution of carbolic acid. That the carbolic acid had this distinct effect was proved by a trial irrigation of pure water, an even temperature of 100° F. following its use.

Dr. PURSER then described a case of left empyema. The patient was a ship's steward, æt. 30. The disease was at first latent, but after nine months he was admitted into hospital, when he was tapped, and subsequently a drainage tube inserted. His condition continued satisfactory for some months, when severe fever supervened, at first of a hectic character, but soon becoming continuous. Death ensued about three weeks from the commencement of the febrile symptoms. The compressed lung was found to contain air, and to have maintained its vesicular structure unimpaired. The cavity of the left pleura was much diminished. There were three wedged-shaped emboli patches in the spleen which were softened and purulent. There were no other evidences of pyæmia. Dr. Purser directed attention to (1) the prolonged latency of the disease, and to the slight distress, notwithstanding the compression of the lung and the displacement of the heart, which beat in the right axilla; (2) the advantages and disadvantages of different kinds of drainage tubes in facilitating discharge and preventing putrefaction; (3) the aseptic fever, in the sense of Volkmann and Genzmer, from which the patient suffered at intervals, as contrasted with the septic fever from which he died; and (4) the apparently slight injury done to the lung by the prolonged compression from the effusion.

Dr. BENNETT called attention to the risk of injecting the pleural cavity at an early stage when fever and dyspnoea were present. He advocated a local anæsthetic and the use of the spray in the radical treatment of empyema.

Dr. FINNY corroborated Dr. Purser's statement as to the

entire absence of fœtidity of the discharge during the time the patient was under his care, as well as at the post-mortem examination. Three weeks before death—the initial period of the fever—much pain was complained of in the left hypochondria, and marked the occurrence of the emboli infarctions of the spleen. Fœtidity of the pus was not induced by the use of a simple rubber tube unprotected by any antiseptic; and it was a question for consideration if a period did not arise in the course of such cases when antiseptics might with safety be dispensed with.

Dr. C. NIXON advocated tapping in cases of empyema instead of at once employing the radical treatment. He detailed a case in which the latter operation was performed without the spray, and as the fluid next day became fœtid, he washed out the cavity with good results.

Dr. W. G. SMITH disputed Dr. Hayes' conclusions as to the advisability of washing out the pleura with antiseptics, basing his opinion on the ground that the periods of trial by Dr. Hayes were too short, and that fluctuations of temperature in cases of empyema were common.

Mr. EDWARD HAMILTON corroborated Dr. Hayes' view on the advantage of washing out the pleura with carbolic lotion, and referred to the vicarious expectoration of pus in cases of empyema as advocated by the late Dr. Græne.

Dr. HAYES, in reply, said he was fully cognisant of the danger of using injections, but that the object he had in view was to bring about a healthy condition of the pus-secreting pleura, and that the lowering of the temperature in his case was directly due to the use of carbolic acid.

Dr. PURSER considered that the only circumstance which justified washing out the pleura was where the discharge was fœtid and continued fœtid for some time.

The Section then adjourned.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

GAMBETTA'S WOUND.

As very contradictory statements have been published regarding the nature of the late M. Gambetta's wound, and the mode in which the news was first published, it may not be uninteresting to notice the account sent to the leading Vienna medical journal, the *Wiener Allgemeine Medic. Zeitung*, by its Paris correspondent, M. RUSSEL, not only because this account differs somewhat from those generally received, but also for the reason that an official narrative has lately been published in the *Gazette Hebdomadaire*, in which there appear to be important omissions—that is, supposing M. Roussel's to be correct. It appears that Gambetta had sent his son, who was also the son of a Madame Léonie L—, to Germany against his mother's will. Madame Léonie's husband had died, so that great statesman was free to enter into a legal matrimonial alliance with the mother of his son. This, however, he declined to do. On the 26th of November Gambetta had an exciting interview with the lady, who eventually drew a pistol, and threatened the man whom she was afraid of losing. "He sat upright, and held out his right hand in order to protect himself. A shot resounded, and a pistol-ball struck the thumb between the abductor brevis and flexor pollicis muscles, glided under the skin towards the elbow, where a narrow wound (*Haarseilwunde*) was inflicted, and finally entered the abdominal parietes in the right hypochondria. The ball, fired with but little projectile power, had so far lost its impetus in traversing the forearm and the numerous layers of clothing, that it remained embedded in the abundant adipose tissue of the anterior abdominal wall, and did not penetrate the peritoneum." The bullet was not extracted from the fatty tissues that surrounded it without some difficulty.

"It was given out to the public that Gambetta in handling a

pistol had wounded himself in the forearm; the abdominal wound, and the fact that the shot came from a strange hand, were carefully concealed from the world."

The surgeons were hopeful, and, at the same time, timorous. The illustrious patient died, or, to put it in M. Roussel's own words, "Thus, the Inevitable took place, and, not a little contributed thereto that the wounded man was named Gambetta."

It is not a matter for wonder that the medical attendants should feel their responsibility keenly. Gambetta was no ordinary patient, and the medical attendants were not practising with that complete control over everything and every individual that ought to go hand in hand with the responsibility. They were, moreover, practising as it were on a stage with the eyes of all France upon them, and under the circumstances we should not be disposed to judge them harshly if their sense of responsibility did lead them to abstain from that active treatment that some have thought the case demanded.

Mons. Roussel brings out the difficulties of the attending physicians clearly enough, although he perhaps at the same time speaks as one to whom they were not a personal matter. Had they been so his criticism might have been somewhat different. He says: "The responsibility of physicians is known to be the greater in proportion to the high social position of the patient. For which reason the physicians first called in wished to diminish the individual amount of it by dividing it amongst ten or twelve persons. In such cases, however, the patient is not benefited, but rather the contrary, as no one stirs himself up to a decided step, no one carries out an operation, in consequence of which he might be publicly accused in case it failed to serve the patient. If Gambetta had been a wounded labourer simply, brought into hospital, placed under the charge of a single surgeon, he would probably have recovered. He would then have been compelled to follow the directions of his physician; he would have been obliged to submit to nursing treatment or operation without a voice in the matter. Now, however, the patient is dead, perhaps simply on account of the reasons that rendered the treatment difficult—that he was Gambetta, and that he was treated by a dozen medical authorities from Paris."

Special.

FAVOURITISM IN THE INDIAN MEDICAL SERVICE.

THE following remarks by the Committee of the Indian Medical Service Defence Fund upon the recent promotion of Brigade-Surgeon W. Walker, M.D., to the rank of Surgeon-General, and its effects upon the senior members of the Bengal Medical Service, have been sent to us for publication:—

"The promotion which has just been gazetted is a most flagrant violation of the promise virtually made by the Indian Government. In the Service Gradation List, Dr. Walker stood junior to no less than twelve Brigade Surgeons, men of marked ability, and all possessing professional experience far superior to his own. For nearly 28 years Dr. Walker has been upon civil employ, and that, too, not of a professional, but distinctly of a non-professional nature; he has not, like the majority of his brother officers in the Civil Department, been in charge of large Civil Stations, but has held throughout such appointments as Superintendent of the Government Printing Press, Superintendent of a Central Jail, and the Inspectorship of Prisons—offices the duties of which he has undoubtedly most ably

discharged, but which can scarcely be looked upon as calculated to fit him for the administrative charge of an extensive and important Provincial Medical Staff, and for the position of Chief Adviser of the Provincial Government in all professional matters. Not only, however, has Dr. Walker been promoted over the heads of men of his own rank in the Service, but, as the appointment to which he has been gazetted carries with it the local rank of Surgeon-General, and a rate of pay higher than that attached to ordinary Deputy Surgeon-Generalships, namely, Rs. 2,250 per mensem, instead of Rs. 1,800, he, practically, also supersedes no less than seven Deputy Surgeons-General who are his seniors in the Service, and a glance at the names of the men thus passed over will suffice to prove that the supersession is a most unjust and unmerited one. By G. G. O. No. 575 of 1880, officers of the Indian Medical Service employed on civil duties have, from that date almost to the present time, been required to complete six months' service with a native regiment, within 3 years of the period of promotion, before they could be promoted permanently to the administrative grade, and this rule has been rigidly enforced to the serious detriment of many officers of standing and experience, and even to the absolute loss of promotion to at least two officers in the Presidency of Madras, and the serious retardation of that of a third, who was passed over by a junior while doing this six months' duty. This rule, as far as regards the administrative medical charge of a province, has just been annulled, and will not apply to Dr. Walker, although to ordinary minds it would appear that the nature of the appointments he has held throughout his career would, if anything could, justify its application in his case.

"It has always been the main object of the Committee to represent to the proper authorities, in a temperate and truthful spirit, what they believed to be real grievances. In doing so they hoped to secure, and for a time did secure, the co-operation of Her Majesty's Secretary of State, as the correspondence they have had with the India Office from time to time distinctly shows. Lord Hartington, however, has recently decided that the reception of any further communication from the Committee would neither be 'to the advantage of the public service, or conducive to the interests of discipline:' a view, however, which the Committee venture to think is scarcely a tenable one. A willingness on the part of Government to accept and seriously consider any temperately worded representation of grievances, submitted by individuals in a position to know of their existence, and supported by an accurate statement of facts, could only serve to strengthen the feelings of allegiance which the members of a service of British gentlemen naturally feel towards the Government they serve; whilst the perpetuation, though through ignorance, of a system of favouritism, and the repetition of grave acts of injustice, must tend to engender, even in the most loyal minds, some feelings at least of soreness and injustice, and to inaugurate a condition of chronic discontent.

"The recent changes in the Indian Medical Service have unquestionably inflicted serious injuries upon the prospects of many of the senior members of the Service, especially in the form of retardation, or even absolute loss of promotion; who can fail to see that any honest attempt on the part of the Government to afford some compensation for these injuries would be practically and morally a move in the right direction? It is with the hope that men of influence may be induced to effectively urge these views upon the Government, and thus save the Indian Medical Service from discontent and deterioration, that the Committee venture once more to submit these matters for the criticism and opinion of the profession and the public."

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JANUARY 31, 1883.

COLLECTIVE INVESTIGATION OF DISEASE.

EVERY practitioner of medicine who is in any way gifted with a capacity for reflection has frequently regretted the immeasurable waste of opportunities for extending the realm of our scientific knowledge of disease, which he and others situated like himself are unwillingly compelled to participate in. To every intelligent surgeon or physician, each day's experience brings conviction of the valuable nature of such information as can be derived from studying “little things,” trifles almost unnoticeable, but which in aggregate importance will bear comparison with discoveries and inventions that influence the method and material of practical medicine. But keenly conscious though he may be of the shortcomings he is compelled to register against himself, he knows it would be worse than useless to essay alone and unaided the collection of his personal observations; inasmuch as, though they might possess conspicuous value for himself, yet as isolated fragments of investigation they would be in the smallest degree, if at all, useful as an engine for the common advancement of his profession. Hence we find that individual efforts at research are invariably confined to attempts in illustration of single principles or accepted truths; in no wise are they devoted to the comparative study or demonstration of what may be termed “associated phenomena.” They never pretend either to recount or explain the meaning of the trifling details which arise to give individuality to every case of even trivial illness; but their first and only aim is in the

direction of whole presentation of a case, or an operation, or a theory, apart from and independently of every minor element of personal character.

To a certain extent there is a general, tacit admission of this truth to be found in every reported case, where a few lines are devoted to elucidating the history, family and personal, of the patient in question. By an unexplained but undenied sophism this is taken to be the apology of the observer for a common ignorance which he shares as one of many; and to the recognition of the facts that scientific medicine is woefully wanting in a primary element of successful discovery and treatment, we may be allowed to attribute the initiation of a movement designed to fulfil what has long been wished for, but hitherto has not been attempted for want of successful combination in research.

This movement has very properly been commenced under the auspices and with the assistance, pecuniary and organised, of the National Association of Medical Practitioners; and under the title of “Collective Investigation of Disease,” it will henceforth be carried on to the advantage, it may be hoped, both of the science of medicine and of the public, in whose behalf the progress of scientific medicine is held to be a first consideration by members of our profession.

We take it the objects held in view by the promoters of collective investigation are mainly two—viz. (1) to associate together in one common research the whole of the medical profession, or at least all those members of it who are disposed to engage in intelligent study of the phenomena of disease; and (2) to base on the accumulated information thus collected an improved and rational system of medicine. It may be of course that this view includes a somewhat over-high estimate of the intentions properly assignable to the committee appointed to conduct the work of the movement, but at any rate it is no more than ought to be expected as its outcome. The plan at present adopted is to draw up memoranda on the several subjects for inquiry, and to issue with them cards of questions to be answered, a plan which is to a certain extent estimable, but which, we can hardly agree with Sir William Gull “leaves nothing to be desired.” It may even be urged that it falls considerably short of all requirements, inasmuch as it leaves too limited a scope for individual work, and limits in too arbitrary a fashion the extent to which the personal element may advantageously be introduced by those performing the task of “answering.” The plan, however, may safely be accepted as likely to bear a rich and immediate fruit in at least stimulating a line of inquiry, which, for reasons we have given above, has never yet been profitably indulged in.

The most important feature in connection with the movement so far is, unquestionably, the hearty support and encouragement extended to it by the authorities best able to estimate the probabilities to which it opens the door; and at a recent meeting of the Metropolitan Counties Branch of the British Medical Association, Sir Wm. Gull and Sir Jas. Paget showed the practical nature of their sympathy with collective investigation by delivering each an address directly approving the scheme, and indicating the directions which their experience suggested as advisable

for efforts to be applied in. Sir Wm. Gull's advocacy of the cause he attended to espouse is of the most unhesitating character, and in a lengthy speech he successfully illustrated how the combined series of observations may well lead to achievements of incalculable importance. It is in the fact that the movement secures the registration of innumerable separate observations on details of apparently minor, but really of great, significance in the progress of common diseases, that the most instructive results are likely to be forthcoming; for it is chiefly the aggregate of lesser changes, signs, and symptoms that affect the progress of a disease, while it is only the grosser and commonly invariable elements of diagnosis that form the stock of everybody's knowledge. Moreover, it is the general practitioner who, above all, possesses the opportunities for remarking and registering such lesser indications of abnormal conditions, for it is his province to see the beginnings of disease rather than that of the hospital physician, to whom the confirmed invalid alone, as a rule, applies for relief. We therefore fully agree with Sir Wm. Gull that the value of the movement will greatly consist in the stimulus it will give to practising members of the profession at home and abroad to "assist in the inquiry as to the origin of diseases—their early symptoms; their mode of spreading in families; their combinations; the causes of their intensity; their modifications in individuals; in families; their occurrence according to time of year; locality; sanitary conditions; occupations; and many other circumstances, some as yet but dimly understood, and others not yet suspected." And it is impossible not to feel convinced also if the truth contained in the remark made by the same authority, to the effect that "Having passed many years in hospital and private practice, he had come to see that experience gained in the latter is necessary for the correction of that acquired in the former, especially as helping towards a truer pathology." And in the same connection the eloquent though brief address of Sir Jas. Paget rings out a trumpet note of warning against the false superiority of would-be autocratic authority in disease. He observed, "If I may impute a fault to those who are admirable in all the ordinary work of life, I would suggest how large a quantity of knowledge lies scattered and lost to the scientific world in the charge of those who are in large practice, and *who record nothing*." The words we have italicised form in our opinion the strongest argument that can be adduced in favour of any movement which proposes to utilise such inexhaustible stores of information as lie buried uselessly in the treasure-house of experience gathered up by busy general practitioners. But it should nevertheless be borne well in mind that Sir William Gull's advice is not a mere expression of opinion; it is absolutely essential for the movement to be successful that its *intellectual organisation* shall be as far as possible faultless. *Numbers* alone will not suffice; and it is satisfactory to be able to add that, so far, admirable intelligence and consideration have been shown in the arrangements for carrying out the objects held in view.

The collective investigation movement is fairly started; its success must be ensured by hearty co-operation on the part of every practitioner interested in advancing the present knowledge of scientific medicine.

THE NOTIFICATIONISTS AND THE PROFESSION.

THE arrogant and offensive language of Mr. Michael, Q.C., and Dr. Littlejohn, of Edinburgh, at the Social Science Congress, at Nottingham, and wherever else they have appeared as champions of the compulsianist cause, will have prepared the profession for any further ebullition of ill-manners of which either of these gentlemen might be guilty. No surprise will, therefore, be excited by the fact that Dr. Littlejohn has recently addressed to the *Glasgow Herald* a letter in which he attacks the medical profession generally, and especially those members of it in Liverpool and Dublin who have actively opposed compulsory notification by the physician. He accuses his brethren of being moved by fear of losing their fees "when any of their patients, however badly housed, are removed to hospital." This statement has elicited from both Liverpool and Dublin a vigorous disclaimer. The Liverpool correspondence is so long that we are unable to publish it. In the first letter Dr. Davidson, Hon. Sec. of the Lancashire and Cheshire Branch of the British Medical Association, reminds Dr. Littlejohn that the Liverpool protest against notification emanated from the Medical Society, and was supported not only by those who were engaged in family practice, but by nearly every hospital physician and surgeon. He expresses the hope that Dr. Littlejohn will at once withdraw the accusation and express regret at having been betrayed into such an unfair representation of the action of his professional brethren in Liverpool. Dr. Littlejohn's reply to this is that he "was not aware of any formal protest of the medical profession against the notification of infectious diseases, and therefore his remarks could have no reference to such action of the profession in Liverpool."

This excuse sounds rather strange in presence of the fact that Dr. Littlejohn, at the Nottingham meeting of the Social Science Congress, defended his policy against this very protest, and against the physicians who came from Liverpool to speak the views of the profession. Dr. Davidson, in reply to this statement by Dr. Littlejohn, says:—"We in Liverpool are naturally annoyed that such a misrepresentation should be made as is contained in your letter, and especially seeing it is made by one holding the professional and public position which you hold, and which add weight and authority to the statement. I have written to you with the approval of the leading members of the profession here; I ask you to withdraw your statement, and to make such apology as I can hardly doubt you must feel is due to your professional brethren here whom you have misrepresented."

To this simple request the Medical Officer of Health for Edinburgh responds by a fresh charge, that "both at Worcester and Nottingham gentlemen who spoke of the profession in Liverpool as if they represented it used the argument that notification necessarily implied removal to a hospital, and they asked the question, what is to become of those medical men whose practice lies among the poorer classes if their patients are compulsorily removed by sanitary officials?"

Dr. Davidson has a brief and conclusive reply to this,

the second mis-statement made by Dr. Littlejohn. He says:—"This assertion has no foundation in fact. I was myself present at the Worcester meeting, and I heard no such statement made by any Liverpool medical men. I have asked several who were present at the meetings, and all are positive that nothing of the kind was said. It is an utter misrepresentation. As to Nottingham, the only Liverpool medical man who was present informs me that neither he nor anyone else from Liverpool made any such statement." [We can state of our own knowledge that no such statement was made at Nottingham by any one except Dr. Littlejohn himself.] Dr. Davidson continues:—"When I first wrote to you I fully expected to receive an immediate and frank withdrawal of this unfounded charge. You have not withdrawn it. I shall not trouble you with any further request to that effect."

The correspondence winds up with the following resolutions passed at the last meeting of the Medical Institution of Liverpool:—

"That this meeting condemns in the strongest possible manner the action of Dr. Littlejohn, of Edinburgh, in that he, while confessedly ignorant of the grounds of opposition to compulsory notification of infectious diseases by the medical men of Liverpool, should nevertheless publish the following statement—viz., 'That to-day we have the medical profession there protesting against loss of fees, were any of their patients, however badly housed, removed to hospital so as no longer to be a source of danger to the community,' and this meeting declares that such statement is absolutely void of foundation. It further desires to express its surprise and regret that Dr. Littlejohn, when challenged either to justify or withdraw his charge, should be unwilling to withdraw while unable to justify it."

Dr. Littlejohn, it will be observed, had bracketed Dublin with Liverpool in his insulting and disingenuous statement, and his having done so evoked the following correspondence, which we print in full, as it has not appeared elsewhere:—

No. I.

DEAR SIR,—My attention has been called to a letter addressed to the *Glasgow Herald*, in which a passage occurs to the effect that "Dublin follows suit" in "protesting against a loss of fees when any of their patients, however badly housed, are removed to hospital."

This phrase clearly implies that the opposition of medical men in Dublin to compulsory notification is animated by sordid personal motives.

As I have taken a leading part in that opposition both in Dublin and elsewhere, I feel myself justified in asking you to state by what authority you make such a statement, and to give reasons for supposing the medical profession in Dublin to be guilty of the motives you attribute to them. Should you not do this, I certainly think that an apology is due for the public insult you have offered the members of your own profession.

Yours faithfully,
ARCHIBALD HAMILTON JACOB.
M.D., F.R.C.S.I.

No. II.

DEAR SIR,—I must decline entering on a correspondence with you on a subject regarding which I fail to recognise your right to interrogate me.

Yours faithfully,
HENRY D. LITTLEJOHN, M.D.

No. III.

DEAR SIR,—You decline to explain or apologise for the slanderous statements which you have publicly made in reference to these physicians in Dublin who oppose the extension of the

compulsory notification system, because you do not recognise my right to interrogate you on the subject. I consider that any physician whom you have so vilified, has a right to demand that you shall substantiate or apologise for your accusations; I feel that I have a special claim to that *amende*, being, as I believe you know, the editor of the only medical journal in Ireland, the Secretary for Ireland of the Association for opposing the proposed law, and also one of the Executive of the Irish Medical Association, which organisation has actively opposed the extension of the system to Ireland.

Occupying this special relation to the controversy, I feel that I have a right to reiterate the demand contained in my last letter, and to say that, if you refuse that demand, you will, in my opinion, have descended from the position which a gentleman and an honorable physician should occupy, and taken up the same ground as that assumed by the Anti-Vivisectionists and Anti-Vaccination agitators, who pursue their purpose by means of mis-statements, and by the slanderous imputation of motives, and when called upon to prove these assertions or to apologise, always "decline entering on a correspondence."

Yours, &c.,
ARCHIBALD HAMILTON JACOB.
M.D., F.R.C.S.I.

No. IV.

DEAR SIR,—I have yours of the 10th, I regret to state that from its contents, as well as from former dealings with you, I feel re-assured in the position I took up in my last. I refer you, however, to your own words at p. 34 of this week's *Medical Press and Circular*, for a complete justification of the language of which you complain.

Yours, &c.,
HENRY D. LITTLEJOHN, M.D.

The physicians of Liverpool and Dublin can very well afford to leave Dr. Littlejohn in possession of his own peculiar ideas of good taste and of the decencies of debate. The only conclusion to be derived from the ill-temper displayed by the advocates of compulsory notification is that they must have very little argument to go upon when they are obliged to resort to abuse into which their opponents decline to follow them. We can, however, venture to assure the Medical Officer of Health for Edinburgh, that the physicians of Liverpool and Dublin are, at least, as free from corrupt motives as he is likely to be, and that they have, individually, much less personal interest to serve by opposition to notification, than he as a corporate official has in advocating it.

Notes on Current Topics.

The Dangers of Amateur Doctoring.

A PAINFUL illustration of the dangers that may be associated with amateur doctoring has recently been afforded by the death of a girl at West Malling, in Kent, through poisoning by oil of almonds, administered by the Rev. J. H. Timins, rector of the parish. The deceased, a young girl, daughter of a labourer, was a parishioner of the clergyman in question, who seems to have largely interested himself in the material as well as the spiritual ills of his flock; and in pursuance, no doubt, of very worthy desires, constituted himself their medical attendant on frequent occasions. The girl whose death he now stands charged with causing was seen by him to be in a state of bad health, and as an agreeable remedy under the circumstances he prescribed and administered to her a considerable dose of oil of bitter almonds obtained from a local chemist, by whom, however, he was duly warned as to its poisonous properties. The

defence of the reverend gentleman was based upon the fact that thirty years ago he studied medicine for a time at St. Thomas's Hospital, and that he treated the patient for apoplexy, from which he judged her to be suffering; also that oil of almonds was a harmless remedy previously used by him in the case of his own son, and so far innocuous that he had himself taken a spoonful from the same bottle out of which the dead girl had received it. It is a pitiful necessity that we are under which compels us to comment on this case at all. There can be no question that the reverend gentleman was actuated by the most benevolent intentions in the matter; there can equally be no question that the indiscriminate adoption of such principles of action by clergymen, or, indeed, by any non-professional person, is fraught with extremest danger, even to life itself. In the present instance a coroner's jury has been compelled to register a verdict of manslaughter against the Rev. Mr. Timins, who consequently stands committed for trial on that count. There is, perhaps, more of injustice than of right in a condition of things which leaves it possible for such an unpleasant complication of social relations as this to be brought into existence; and until the time arrives when it shall become a criminal matter for any unauthorised person, in the absence of dire emergency, to take upon himself the office of a medical practitioner, it can never be that human life will be safe from the pretensions of ignorant busybodies or the yet more dangerous trading of quacks. Mr. Timins is unable to urge even ordinary necessity as an excuse for his interference; medical men were resident within the immediate vicinity of the house in which the death occurred, by summoning whom it is open to us to believe the catastrophe might have been avoided.

Coming Medical Reform.

THE prospect of medical reform through the agency of an Act amending the present condition of things, to be introduced during the next Parliamentary session, would seem less distant than some persons profess to regard it. On Thursday last the Dublin branch of the British Medical Association had before it a report of the Branch Council, in which it was recommended not to accede to the request of the Medical Reform Committee of the parent Association to memorialise Government to introduce a new Bill based on the Report of the Royal Commissioners. Dr. Haughton moved the adoption of the report, to which Dr. Atthill moved an amendment to the effect that the policy of the parent Association should be supported by the Irish branch. After a lengthy discussion the debate was adjourned, on the motion of Dr. A. H. Jacob, until the 5th February. At this meeting Dr. Banks took the chair for the first time as President, and Dr. Mahomed addressed the members on "Collective Investigation." Subsequently to the meeting the annual dinner of the branch was held in the hall of the College of Physicians, Dr. Edward Hamilton in the chair.

THE outbreak of scarlatina in Belfast has lessened considerably, and last week the number in the Union Hospital was down to fifty-three, twenty-five convalescents having been discharged during that period.

False Certificates again.

AT Marlborough Street Police Court, last week, a medical practitioner named William Hindhaugh, L.R.C.P. Ed., M.R.C.S. Eng., was summoned for unlawfully and wilfully giving a false certificate of death. The case was much simplified by a formal admission of guilt on the part of Mr. Hindhaugh, who was consequently fined £5 and costs. It is instructive to note the reasons given in excuse of his conduct by the defendant surgeon, who pleaded that, though ill in bed at the time the lady referred to in the certificate died, he yet, on the urgent request of the friends of the deceased, consented to sign the necessary paper. The reports of the case are silent respecting the process of reasoning by which it can be demonstrated that a particular value attaches to any individual signature when appended to a death-certificate, provided that it be that of a registered practitioner; it is also—and this is important—silent as to the qualifications possessed by the "other gentleman" who attended Mr. Hindhaugh's patient while he himself was laid up. If this gentleman was not in a position to legally sign the certificate, it is easy to understand how besides the "urgent appeal" made by the deceased's relatives, an equally urgent necessity of the law compelled the course resorted to. If, on the other hand, the gentleman was duly qualified, then it is inexcusable folly that led to the substitution of a fraudulent signature for his.

The General Medical Council.

WE referred last week to the fact that the Executive Committee of the General Medical Council had under consideration an application by the University of Malta for recognition of its degrees within the United Kingdom, the requisition being endorsed by Earl Kimberley's expression of hope that "the law on the subject of foreign degrees may before long be altered." We echo the hope, but trust that no alteration will, as proposed, be made which will give the Medical Council authority to flood the British market with degrees of which they know nothing. They have done so in the case of preliminary education *testimonia*, and we don't imagine that there would be much difficulty in obtaining recognition for a Medical College or University anywhere if the Council had, at present, power to recognise.

The accounts of the Council for the year ending December 31 were presented. The year's expenditure was as follows:—

General Council	...	...	£3,682
English Branch	...	...	517
Scottish	„	...	271
Irish	„	...	348
Total	...	...	£4,818

Large sums were invested by the three Branch Councils during the year. The English Branch put aside £4,000, and has nearly £3,000 still banked to its credit. The Scotch Branch invested £1,200, and has a small sum in hand. The Irish Branch put by £150, and has £327 in hand. It would seem that the invested funds are as follows:—English Branch, £33,000; Scotch Branch, £3,200; Irish Branch, £2,000—total, £38,200. The visitation of examinations cost, during the past year, £467.

On a requisition from the Irish Branch Council to add the abbreviation *Hon. Caus.* after the degree held by Mr. Porter, Surgeon to the Queen in Ireland, a reply was given that the addition of the words in question is not authorised by the Medical Act. However this may be, the Branch Registrar has been in the habit of recording this addition to names in the Register, and we presume the Council will be obliged to "try back," as they did with reference to the dentists, and disrate all the honorary graduates on the list. It would be more business-like to discover these legal difficulties in the first instance. The Council, it is understood, will not meet until the usual period in the dog-days, and will not take any official notice of the medical legislation of the coming session. It is perhaps as well that this course should be adopted, considering that, on the last occasion on which a Medical Bill was before Parliament, the Council occupied many days, at a large expenditure, in arriving at no conclusion whatever.

Dublin Medical Students' Club.

THE third general meeting was held on the 16th inst. Mr. J. K. Barton, President of the Club, took the chair. Present—Surgeon Wheeler, Dr. Thornley Stoker, Dr. Cunningham, Dr. Roe, and a large number of members. Important business was transacted, the matter before the meeting being the question of limited liability. Mr. W. G. Toomey, LL.D., explained to the meeting the advantages to be gained by registering under the Limited Liability Act, and the method of doing so. The meeting ruled that the Club be "limited," and Mr. Toomey was requested to draw up Articles of Association. The proposed rules were then read to the meeting, and amended, though not finally passed, as special rules have to be framed for the registering of the Club. The committee were then authorised to take the upper part of 113 Stephen's Green West. After a vote of thanks to the committee and office-bearers for working up the Club so successfully, the meeting adjourned. Twenty-five new members will be balloted for at the next general meeting. Since writing this report, the committee have taken the premises mentioned above, and are furnishing the rooms, so that members can have the use of the reading and smoking rooms in a few days. Intending members, who must be proposed and seconded by members, will oblige by sending in their names at once to the hon. secs.

The London College of Physicians.

At the comitia meeting, January 25th, a report was submitted to the Fellows, which states that, the Council having considered the report of the visitors from the General Medical Council, does not think it necessary or desirable that any alteration should be made at present in the examinations for the licence of the College. Referring to some remarks made by the visitors on the subjects of hygiene and psychological medicine, the committee has suggested whether the College might not, with advantage to the public, institute separate and voluntary examinations on those subjects, to be followed by a special certificate or diploma. The Council, therefore, recommends the College—1. To institute a special examination on the subject of hygiene or State medicine; 2. To institute a special examination on the subject of psychological medicine; 3.

That such examinations be conducted by special examiners appointed by the College; 4. That all registered practitioners be admissible, under conditions, to either of these examinations, in order to qualify for a distinct diploma or certificate of proficiency on these subjects.

Small-pox at Nottingham.

COMPULSORY notification by the medical attendant has been in force in Nottingham for many years. Nevertheless, we are informed that, for the past twelve months, small-pox has been epidemic in the town in spite of the vigorous proceedings of the local sanitary authorities. About a fortnight ago small-pox appeared in the imbecile ward of the asylum, where a young female patient was attacked; she was at once isolated, but the disease has continued to spread, and it has been found necessary to remove at least seven cases to the garden hospital, where the small-pox patients from the town have hitherto been received. It would be interesting to know whether or not these seven cases were under the care of a qualified practitioner, or whether—with a view to concealment—the physician was excluded.

The Chemical Analysis of Drinking-Water.

A CONTEMPORARY bestows, this week, needless blame upon the United States Board of Health, which, it alleges, is unnecessarily withholding a comprehensive report prepared by Professor Mallet, on the chief processes in use in the chemical analysis of drinking-water, and made with the view of testing the absolute and relative accuracy of the results they are capable of yielding, and, as far as possible, the nature and scope of the practical conclusions that can be drawn from them for sanitary purposes. The fact is, there has been no unnecessary delay to speak of, nor a desire to withhold information. A preliminary report appeared about a month ago, and we know almost as much from this as we shall know from the fuller report, almost, if not quite, ready for publication.

It appears that nine classes of water were distributed amongst various chemists to be submitted to analysis, and without much instruction, some using the combustion process, others the albuminoid-ammonia process, and others the permanganate process. The waters consisted of several classes, as, those believed to be wholesome, those believed to have caused disease, those purposely contaminated in various ways, &c. Biological experiments were also carried out under careful supervision.

After stating the special conclusions arrived at by each chemist, the report passes on to the chemical and biological results obtained, and as contrasted with the actual and sanitary history of the waters examined. It appears that no strongly-marked generic difference is presented by the results obtained from any of the several processes for the estimation of organic matter or its elements, between the generally wholesome waters and those condemned and fairly assumed to be pernicious.

Some of the biological experiments failed to afford satisfactory results. Professor Mallet therefore concludes that it is not possible to decide as to the sanitary quality of a water by the mere use of a process for the estimation of organic matter or its constituents, and that there is no sound ground on which to establish such "standards of

purity" as have been proposed, fixing the exact amounts of organic carbon or nitrogen, albuminoid ammonia, or oxygen of permanganate consumed, that shall be permissible and satisfactory.

Compulsory Vaccination in Switzerland.

It is stated that the citizens of Basle have suppressed compulsory vaccination by a majority of 3,539 against 716 votes; also, that compulsory vaccination and re-vaccination have been abolished in the Federal army; and that the cantons of Argau, St. Gall, Lucerne, Berne, and Zurich are on the eve of following the example of Basle. It is further stated that the Prussian Government has just approved a Royal Commission to examine evidence brought against vaccination by the various delegates before the International Congresses at Paris and Cologne.

Corrosive Sublimate.

THIS well-known and powerful drug, whose virtues as an antiseptic were first made known to the world by R. Koch, is now rapidly coming into use. Tarnier employs it freely in his maternity hospital. Every attendant on entering the labour ward must wash the hands and arms in a solution of corrosive sublimate (1 in 1,000). The patient's genitals are bathed in a solution of the strength of 1 in 2,000; this is also the strength required for vaginal injections. He appears to be well pleased with the results.

Billroth has also been employing it as a surgical dressing in a case of suspected anthrax. A patient admitted into hospital had been in attendance on a sick ox, from the rectum of which he had removed masses of coagulated blood, passing the hand deeply into the cavity. Afterwards pustules made their appearance on the dorsum of the hand. It was this condition of the hand, with the attendant history, that led Billroth to a trial of corrosive sublimate, apparently of the strength of 1 in 5,000. No fever had set in after several days' employment of the antiseptic.

A Hospital Drug Bill.

A CONTEMPORARY gives in its last issue a *résumé* of the annual drug bill of one of the largest metropolitan hospitals. Taking, for example, some of the most requisite, it finds ten tons of linseed meal, at a cost of 125*l.*, required for poultices. Lint for dressing ordinary wounds cost 443*l.*; cotton-wool of all kinds, 183*l.*; carbolic acid, 223*l.*; carbolised muslin, 180*l.*; spirits of wine, 585*l.*; iodide of potassium, 80*l.*; nitrate of silver, 111*l.*; quinine, 300*l.*; cod-liver oil, 190*l.* The treatment of dyspepsia calls for an expenditure on bismuth alone of 93*l.*

THE mortality from diseases of the zymotic class continues exceptionally low throughout the kingdom. Last week the highest death-rates recorded in the large towns from these were—1·9 in Leeds and 2·4 in Hull from whooping-cough; from scarlet fever, 1·1 in Leeds and 1·8 in Sheffield; from measles, 1·1 in Liverpool and in Preston; and from "fever," 1·2 in Hull, and 1·3 in Sunderland, per 1,000 of the population. The 34 deaths from diphtheria included 13 in London, 7 in Glasgow, 5 in Edinburgh, and 3 in Liverpool. Small-pox caused 3 deaths in London, 2 in Newcastle-upon-Tyne, 1 in Nottingham, and 1 in Derby.

Proposed Cremation of Garibaldi's Body.

AN agitation has been set on foot, headed by the Senator, Professor G. Cantoni, for demanding from the Government and the family of General Garibaldi the accomplishment of his will, signified by testamentary declaration, that his remains should be incinerated at Caprera. It is the object of this movement to obtain such cremation on the occasion of the first anniversary of the death of the Great Captain.

Longevity of Medical Men.

ONE of the daily papers last week, in a review of the past year, gave some interesting statistics regarding longevity, summarising that of the medical profession, with the ages of a few of its most eminent members, thus:—John Flint South, F.R.C.S., late President of the Royal College of Surgeons of England, 85; George Samuel Jenks, M.D. Ed., F.R.C.P. Lond., 93 (he served in the Peninsula from 1812 to the end of the war in 1814, and at Waterloo); Price Blackwood Hallows, F.R.C.S., 81; Sir Robert Christison, Bart., M.D., D.C.L., LL.D., one of Her Majesty's Physicians in Ordinary, Scotland, 85; John Francis de Grave, M.R.C.P., late Master of the Society of Apothecaries, 92; John Lonsdale Minshull, F.R.C.S., 81; George Macilwain, F.R.C.S., 86; Sir James Alderson, M.D. Oxon, D.C.L., F.R.S., Physician Extraordinary to the Queen, and late President of the Royal College of Physicians, London, 87; Henry John Gore, F.R.C.S., 85; Staff Surgeon William St. George Davies, R.N., 96 (he served as Acting Surgeon in the *Norge* at the Bombardment of Copenhagen in 1807, and was, in all probability, the very last survivor of that engagement); Henry Bell, M.D., 85; George Gulliver, F.R.S., F.R.C.S., late Surgeon, Royal Horse Guards, 79; A. E. Blest, M.D. Edin., Indian Army, 85; Staff Surgeon Cotton, 87; Edward Greatrex, F.R.C.S., late Surgeon, Coldstream Guards, 83; Edward Doubleday, F.R.C.S., 84; John Haxworth, 86; Sir Thomas Watson, Bart., M.D., D.C.L., F.R.S., Physician in Ordinary to the Queen, and a former President of the Royal College of Physicians, London, 90; Inspector-General Cross, R.N., 78; James Arthur Wilson, M.D., F.R.S., 88.

THE President and Vice-Presidents of the Royal College of Surgeons have just issued invitations to the Hunterian oration on Wednesday, the 14th prox., which will be delivered by the President of the College, Mr. T. Spencer Wells, in the theatre of the institution, at three o'clock. The Hunterian Festival, to which several distinguished guests have been invited, will be given in the Library on the same evening.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 41, Bombay 25, Madras 40, Paris 26, Geneva 19, Brussels 26, Amsterdam 23, Rotterdam 30, The Hague 27, Copenhagen 23, Stockholm 27, Christiania 13, St. Petersburg 39, Berlin 23, Hamburg 24, Dresden 26, Breslau 36, Munich 27, Vienna 37, Prague 32, Buda-Pesth 28, Trieste 29, Rome 26, Turin 27, Venice 34, New York 26, Brooklyn 23, Philadelphia 22, and Baltimore 30.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

OUTBREAK OF FEVER ON BOARD THE "MARS" TRAINING SHIP, DUNDEE.—A rather alarming outbreak of scarlet fever has just occurred on board the "Mars" training ship, Dundee. The directors of the Dundee Royal Infirmary having refused to receive the patients, a temporary hospital was provided for their accommodation in the top flat of a building formerly used as granaries at Woodhaven, on the Fife shore, opposite to where the "Mars" is moored, and which is partly occupied by the officers of the vessel and their families. In all there have been about twelve cases of fever amongst the boys, but only six remain under treatment; and the flat in which they have been located has been isolated from other parts of the building.

GLASGOW DEATH-RATE.—During the week ending with Saturday, the 20th inst., the death-rate in Glasgow was 30 per 1,000 per annum, being the same as the preceding one. The rates for the corresponding periods of 1882, 1881, and 1880 were 25, 42, and 30 respectively.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 20th inst., rose from 76 to 100, and the death-rate was 22 per 1,000. Diseases of the chest accounted for 63 deaths, and zymotic causes for 11, of which 2 were due to diphtheria and 2 to scarlatina.

EDINBURGH UNIVERSITY COURT.—The Edinburgh University Court met on the 22nd inst., the Earl of Rosebery, Rector, in the chair. The following gentlemen were appointed additional Examiners in Graduation: *Medicine*—Dr. Thomas Barlow, F.R.C.P. Lond., in Practice of Physic; Dr. J. Halliday Croom, F.R.C.P. Edin. (Edinburgh), in Midwifery; Professor D. J. Cunningham, M.D. Edin. (Dublin), in Anatomy; and A. P. Aitken, D.S.C. (Edinburgh), in Chemistry. These appointments are for one year, but may be continued by annual appointment for five years. The following gentlemen were recognised as teachers of medicine whose courses of lectures should qualify for graduation in Medicine in the University in terms of Ordinances No. 8, sec. vi. (4):—Dr. Peter Young, Lecturer on Midwifery, Edinburgh; Professor George Shearer, Lecturer on Botany, Liverpool; Dr. Charles McGillivray, Lecturer on Surgery, Edinburgh; and Dr. R. Shingleton Smith, Lecturer on Physiology, Bristol.

THE TEACHING OF PATHOLOGY IN ABERDEEN UNIVERSITY.—The matter with respect to the position taken up by the students of medicine in regard to examinations in pathology was again before the Senatus Academicus of the University at a meeting held on the 20th inst. After a lengthened discussion the following resolution was adopted—viz., "That the examination for medical graduates shall be continued on the same footing as formerly, with the understanding that this shall, in the meanwhile, only apply to students now engaged in the last year of their medical curriculum; *quoad ultra* the Senatus defer the matter for future consideration."

GLASGOW.—THE SANITARY INSTITUTE OF GREAT BRITAIN.—With a view to making arrangements for the visit of the Sanitary Institute of Great Britain to Glasgow next autumn, a preliminary meeting, convened by Lord Provost Ure, was held on the 25th inst. in the Council Chamber. His Lordship presided, and the following gentlemen attended as a deputation from the Institute:—Professor de Chaumont, M.D., F.R.S., Chairman of Council; Professor W. H. Corfield, M.A., M.D.; Mr. H. H. Collins; Mr. W. Eassie, C.E.; Mr. Rogers Field, B.A., M. Inst. C.E.; Mr. E. C. Robins, F.S.A.; and Mr. E.

White Wallis, F.M.S., Secretary. The Chairman having given the deputation a hearty welcome, Professor Chaumont delivered an address on the functions and works of the Institute. The meeting, on the motion of the Lord Provost, seconded by Professor Gairdner, unanimously passed a resolution expressing gratification at the prospect of the annual Congress of the Institute being held in Glasgow, commending the Institute to the citizens as deserving of their support, and pledging itself to do everything in its power to make the Congress a success. It was also agreed that a fund be raised by public subscription to meet all the local expenses of the Congress, calculated at between £500 and £600.

ROSLIN.—OUTBREAK OF TYPHOID FEVER.—For some time past typhoid fever has been prevalent in the Roslin district, and at present over a dozen cases are under treatment. Towards the end of the year no fewer than from twenty to twenty-five cases occurred at the same time in Roslin, but these were of a mild character, and most of them are now convalescent. The Lasswade Parochial Board, as the local authority for the district, made inquiry into the matter, and had an analysis of the water made by Mr. J. Falcooner King, who reported unfavourably in regard to it. A meeting of the inhabitants was forthwith held, at which it was resolved to petition the local authority to have Roslin formed into a water and drainage district. Pending the carrying out of this arrangement, steps were taken to secure forthwith a supply of wholesome water. Applications were made to the Edinburgh and District Water Trust, and permission obtained to tap their main. With equal promptitude pipes were ordered, and the laying of these has so far progressed that it is expected the water will be at once available.

MEDICAL SPECIALISTS AS PUBLIC LECTURERS.—Dr. Barr, Aurist, Glasgow, lectured on "The Ear and Hearing" to a large audience in Brown Street Institute, Galston, on the 25th inst. We have no earthly objection to this procedure—that of public lecturing on one's medical speciality; but it were well that the profession should legislate, so to speak, on what is and what is not legitimate or professional enterprise. Could a syphilographer, for instance, with equal justice lecture on syphilis? And if not, *why* not?

AMBULANCE LECTURES.—This eccentric phase of medical enterprise still shows signs of vitality. The first of a course of five lectures on "First Aid to the Injured" was given on Friday, the 26th inst., in the School of Domestic Economy, Edinburgh, by Dr. A. G. Miller, whether in connection with a "Christian Association" does not appear. After briefly enumerating the chief bones and joints, and their peculiarities, the lecturer went on to explain the chief causes and varieties of fractures, and the signs by which fractures and dislocations might be known. He then demonstrated how first aid might be given in cases of fracture. The lecture was well attended.

NEW RULES FOR STUDENTS IN THE UNIVERSITY OF EDINBURGH.—The following form of a proposed alteration of Section IX. of Ordinance No. 5, regulating the time at which candidates for graduation in medicine may present themselves for examination on botany, natural history, and chemistry, was agreed to:—"Section IX. of Ordinance No. 5, *Edinburgh* No. 2, as altered by Order of Her Majesty in Council, of date 17th May, 1876, to be deleted, and the following to be substituted therefor:—"That students who profess themselves ready to submit to an examination on the first division of these subjects at the period of examination immediately preceding their second winter session of professional study may be admitted to examination at that time, provided always that students who commence their medical studies in the summer session shall not be admitted

to a degree in medicine, unless their course of study, subsequent to the completion of the summer session in which they commence their medical studies, shall not be less than the minimum course of four years prescribed in Section IV. hereof." It was ordered that the proposed alterations should be submitted the Chancellor of the University for his sanction; and, if his sanction should be given, that the necessary steps should be taken to submit the matter to Her Majesty in Council for her approval. The above regulation will be a great boon to students, but it leaves untouched the regulation compelling the student to wait for three winter sessions before he can present himself for his examination in anatomy. At present, the student is so hampered by lectures that he has only six or nine months to prepare for his final examination. Owing to vested interests, the old regulation has existed for over twenty years, so that we may hope that in another twenty the first and second examinations will be approximated. The present system necessitates three courses of anatomy, instead of one as required by the University. Still, the student must be thankful for small mercies; but if students were to combine for the furtherance of their own interests, such abuses as we have so frequently to expose would soon be abolished.

Literary Notes and Gossip.

It is announced by Professor Panum, President of the Organization Committee, and Herr Lange, General Secretary, that the International Medical Congress will be held at Copenhagen, from the 10th to the 16th of August, 1884.

DR. V. BOMPIANI, of Dicomano, Florence, who last year published an Italian translation of the work on "Regressive Paralysis," by Dr. W. H. Barlow, of Manchester, is, we are informed, at present engaged in translating the same author's monograph on "Pseudo-hypertrophic Paralysis."

ACCORDING to the annual report before us of the Commissioner of Education in the United States, it would appear that during the last decade the number of medical schools in the United States doubled, and the number of students trebled. It gives the list of regular schools as seventy-two; of eclectic schools, six; of homeopathic schools, twelve.

CONSIDERABLE interest was manifested in Edinburgh on Monday last in the sale of the library of the late Dr. John Brown, the well-known author of "Rab and his Friends." The library contained a curious mixture of works on medicine, poetry, theology, and art. Many of the books and prints were first copies, which had been presented to the deceased physician by distinguished English and American authors.

THE *Practitioner* commences a new volume with the January issue, and for the first time the custom of publishing the magazine with cut edges has been introduced, whereby its appearance is improved, and the comfort of those who read it much augmented. This particular innovation of cut edges, first adopted by ourselves many years ago, is now very generally recognised as adding to the usefulness of periodical publications.

THE past half-year was not a prolific period for new books in medical and surgical literature, if we may take Messrs. Churchill's recently published list as an index. Fifteen new books, some of which might not inaptly be classed as pamphlets, seven new editions, five museum catalogues and hospital reports, one translation from the French, and seven pamphlets, are the sole products of "work between covers" of about 20,000 medical men, as represented by the leading house during six months. Truly a poor display.

MR. E. CRESSWELL BABER, of Brighton, has issued a pamphlet in which the attention of the profession is drawn to the importance of the recognition and early treatment of adenoid vegetations of the naso-pharynx. The author gives a

well-drawn outline of the subject, insisting especially on the effects produced by this affection on the organ of hearing. The subject is one well worthy of attention. We have had frequent experience of symptoms connected with naso-pharyngeal trouble closely simulating those of grave pulmonary disease.

WE have to deplore the loss of an author of considerable repute, not only in his own country, but throughout Europe, in the person of Dr. Forsyth Meigs, whose death from pneumonia, at the age of sixty-four, is announced in the Philadelphia medical journals. Dr. Meigs' domain in practice and in literature lay in the treatment of diseases of women and children, on which subjects he wrote two trustworthy and original guides. His text-book on children's diseases has run through several editions, and was certainly one of the most scholarly productions emanating from the profession on the other side of the Atlantic.

THE unprecedented success of Dr. Quain's "Dictionary of Medicine" is one of the most striking phenomena in modern literature; it is, moreover, a satisfactory indication of the reading spirit prevalent among practitioners, who have shown, by so rapidly obtaining copies of this representative work, that they are diligently alive to the necessity of constantly increasing their own stores of information by utilising the matured experience of admitted authorities in medicine. A second edition of the Dictionary is almost ready, and we learn that our suggestion to divide it into two volumes will be followed, so that one feature urged against the work, its unwieldy size, will no longer detract from its usefulness.

THE literature of Temperance furnishes some interesting statistics. We have a batch of leaflets and popular tracts for the people before us, by Dr. Norman Kerr, Dr. Richardson, and other well-known and zealous leaders of the work which give an insight into the causes that have led to so serious a falling off in the revenue from intoxicating drinks. Thus, we find that in Newcastle alone 40,000 have put on the Blue Ribbon; in Leeds, 25,000; in Leicester, 23,000; Swansea, 11,040; Bristol, 20,000; Stockport, 20,000; Brighton, 20,000; Birmingham, 67,000; London Tabernacle, 12,000; Nottingham, 20,000. Since October, 1880, one million people have donned the Blue Ribbon, and 554,000 people have signed the pledge, in England and Wales.

TO the younger members of the profession to whom emigration is a favourite idea, and who see a brighter future in store for enterprise in our Indian and Colonial dependencies than in our over-stocked towns at home, *Street's Indian and Colonial Directory for 1883* (just to hand) will have particular attractions. In it will be found the population of all the great centres, the names and addresses of the principal business firms, banks, medical men, lawyers, chemists, &c., the official residences of Government officials, consuls, &c., the latitude and longitude of the towns, the lines of steamers out and home, and every information which a person on the eve of starting finds not only useful, but in many cases absolutely necessary. What more useful item to a young medical aspirant than that which enables him first to get at the population of various towns and compute the number of practitioners already resident before he determines in which to settle.

STATISTICIANS have at various times endeavoured to gauge the extent of medical practice in civilized countries, but we believe the most reliable estimate places the number of qualified practitioners of medicine on the globe at about 180,000. Of this number there are about 11,000 authors or contributors to medical journals. The latter may be thus divided—United States, 2,600; France, 2,400; Germany, 2,200; England and Colonies, 2,800; Italy, 600; Spain, 300; other States, about 1,000. In 1880 the number of medical books and pamphlets published, exclusive of journals, was computed at 1,643—viz., France, 541; Germany, 364; United States, 310; Great Britain, 182; other countries, 246. The last statistics regarding medical journals were also made up to the end of that year, giving an aggregate of 655 journals—viz., in the United States, 156; Germany, 129; France, 122; Italy, 65; Great Britain and Colonies, 54; Spain, 24.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list,

December 20th :—"Anatomy, Descriptive and Surgical," by Henry Gray, F.R.S., Tenth Edition, by T. Pickering Pick, F.R.C.S. "The Systematic Treatment of Nerve Prostration," by W. S. Playfair, M.D. "Notes from Sick Rooms," by Mrs. Leslie Stephens. "A Pharmacopoeia of Selected Remedies," by E. A. Kirby, M.D. "On Duty under a Tropical Sun," by Major Leigh Hunt and Dr. A. S. Kenny. "Transactions of the Pathological Society of London for 1882." "Braithwaite's Retrospect," July to December, 1882. "A Manual of Nursing," by C. J. Cullingworth, M.D. "Army Medical Organisation," by Surgeon-Major G. J. Ewart, M.D. "Diseases of the Prostate," by Sir Henry Thompson, F.R.C.S. (Fifth Edition). "Epitome of Skin Diseases," by Drs. Tilbury and Colcott Fox (Third Edition). "The Causation of Sleep," by James Capple, M.D. "On Some Rare and New Diseases," by Sir James Paget, F.R.S. "Text-Book of Pathological Anatomy and Pathogenesis," by Ernest Ziegler; translated by Donald Macalister, M.A., M.B.

Correspondence.

"TRANSFUSION SOLUTION."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an interesting article on Transfusion, by Dr. Jennings, in your valuable journal of Jan. 3rd, he gives as his formula for a saline powder to be dissolved in a pint of water at 100 F. with alcohol for intravenous injections as a substitute for human blood—

- Chloride of sodium, 50 grs.
- Chloride of potassium, 3 grs.
- Sulphate of soda, 2.5 grs.
- Carbonate of soda, 2.5 grs.
- Phosphate of soda (Na₂PO₄) 2 grs.

I want to have his powders made up, but became confused on reading a passage in Braithwaite's 69th volume, in which Dr. Volkmann recommends most of the same chemicals, but in larger doses, for similar purposes. Dr. Volkmann uses *nc* sulphate of soda, and instead of chloride of potassium uses chloride of potash, a well-known oxidiser of the blood, and Dr. Jennings' phosphate of soda (Na₂PO₄) is not that of the Pharmacopoeia, which contains 2NO, HO, PO₅, with 24HO water of crystallisation. The printer has placed some of the units on decimal points, and *vice versa*, and, like many of the chemists, may call bicarbonate of soda carbonate, as they do here. All this may appear hypercritical, but it is not so intended. "I really want to know, you know," as Dickens puts it, because I have been at great trouble to make for myself a transfusion apparatus on Rousell's principle, minus the stabbing lancet, which has to be used, before applying the cupping glass, as an ordinary lancet, and I am anxious to have my box supplied with the correct powders Dr. Jennings has used so successfully without having to send to London for them.

I am, yours, &c.,
TRANSFUSION.

Taunton, January 25.

[The proportions recommended by Mr. Jennings are those which it would be advisable to follow, inasmuch as they are based on the proportions in which the salts exist in the blood.—Ed.]

PASS LISTS.

Royal College of Physicians of London.—The following candidates having passed the required examinations were admitted Members of this College on January 25th :—

Ashby, Henry, M.D. Lond., Manchester; Beckett, John, M.D. Glasg., Widdemere; Carpenter, Alfred, M.D. Lond., Croydon; Haig, Alex., M.B. Oxon., 23 Chesham Villas, W.; King, David Alexander, M.B. Lond., 51 Pembroke Villas, W.; McConnell, James Frederick Parry, M.D. Aberd., Calcutta; Phillips, Sydney Philip, M.D. Lond., 18 Knorr Place, W.; Richardson, Adolphus Joseph, London Hospital, E.; White, William Hale, M.D. Lond., 4 St. Thomas Street, S.E.

The following candidates having passed the required examinations were admitted Licentiates on January 25th :—

Allen, Frank J., Shepton Mallet; Bateman Hinton E., St. Bartholomew's Hospital; Boxall, Robert, Cranleigh, Guildford; Browne, Ralph H., Guy's Hospital; Buol, Florian, Davos Platz, Switzerland; Calger,

Frederick F., St. Thomas' Hospital; Chadwick, Charles M., London Hospital; Cockburn, Lestock W., St. Bartholomew's Hospital; Oodd, Arthur F. G., 72 Clarendon Road, W.; Coward, Richard C., 41 Penywern Road, S.W.; Dimsey, Edgar R., Middlesex Hospital; Etches, William B., Guy's Hospital; Graham, Samuel, Carnaughill, Lironiel, Belfast; Grant, James Alexander, M.D. McGill, 103 Guildford Street, W.C.; Griffith, Walter S. A., St. Bartholomew's Hospital; Guillim, Richard D. H., Marlborough; Hebbert, Charles A., 7 Sanctuary, S.W.; Jones, Owen Clayton, City of London Hospital; Jones William H. F., 28 Duke Street, W.; Kilham, Charles S., West Pelton, Chester-le-Street; Orford, John, 27 Villa Road, S.W.; Paget, Charles E., 21a Princes Street, W.; Palmer, Frederick S., M.D. Brussels, East Sheen, S.W.; Power, Charles J., 3 De Laune Street, S.E.; Prangley, Henry J., West Cowes; Rygate, David J., 128 Cannon Street Road, E.; Salmon, Arthur Guy, 87 Granville Square, W.C.; Sheppard, William J., Rotherwood, Putney, S.W.; Shore, Thomas W., 43 Beaumont Street, W.; Spitzly, John H., 9 Grange Road, N.; Sonderland, Septimus, Montague Road, Edgbaston, Birmingham; Turing, Edward T., University College Hospital; Travers, Geoffrey F., 18 Nevron Road, S.W.; Tressidder, Edward S., Guy's Hospital; Wakley, Thomas, 86 Redcliffe Gardens, S.W.; Waring, John Arkie, 39 Princes Gardens, S.W.; Winder, William H., Cheetham, Manchester; Wynter, Walter E., St. Margaret's, Twickenham.

Boys College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College on Monday, January 22nd :—

Armstrong, A. J. Mackenzie, L.R.C.P.Ed., Chippenham Road; Atkinson, William, M.D. Q.U.L., Camden Town, Black, William Jones, L.S.A., Manchester; Burman, F. James, Wath, near Rotherham; Chadwick, John, L.S.A., Rochdale; Davies, John Thomas, L.R.C.P.Ed., Rhyll; Fink, George Herbert, L.S.A., Regent's Park College; Fletcher, John, L.S.A., Manchester; House, F. W. M'Dowall, L.S.A., London, F.; Hudson, O. Henderson, Sheffield; Jackson, John Wm., L.R.C.P.Ed., York; Jones, Arthur, Ormskirk; Keess, Arthur, L.R.C.P.Ed., London, W.C.; Liptrot, Alfred Bailey, Wigan; Logan, Robert, M.D., M'Gill Coll., Michigan; Mead, Rivas, M.B. Ed., Whitby; Owen, J. F. Holland, Rainhill, Liverpool; Rowell, Robert Henry, L.S.A., Houghton-le-Spring; Young, John More, M.B. Glasg., Rothwell, Northampton.

The following were admitted Members on January 23rd :—

Arthy, G. F. Seaman, Manchester; Buck, Lewis Archer, Newmans Row; Gresswell, Albert, Louth, Lincolnshire; Holt, Henry Lyttleton, L.R.C.P.Ed., London, W.; Holton, Richard, L.S.A., Lincoln; Hunt, Edwin Guy, Halesowen; Lane, Benjamin Hugh, L.R.C.P.E., London, S.W.; Marsden, James Aspinall, Camberwell; Rand, St. John Outlaw, Northampton; Salter, Stephen Thomas, London, W.C.; Ward, Anthony Arthur, New Cross; Williamson, H. H. Oldrick, Mildmay Park; Wilson, Alexander, Manchester; Uait, James Arthur, L.R.C.P.Ed., Walsall.

The following were admitted Members on January 24th :—

Albert, Henry Louis, Sloane Street; Bernays, Adolphus Vaughan, M.B. Cantab., Birmingham; Brodie, Charles Gordon, Isle of Wight; Davidson, Hugh Horgan, L.R.C.P.Ed., Aldeburgh; Davy, Thomas George, Exeter; Dowson, Walter, London, E.; Dyer, Sidney Reginald, Harlesdon; Frampton, Fredk. Thom., L.R.C.P.Ed., London, W.; Harrison, Charles, L.S.A., Braintree; Keatinge, Henry Bottinger, London, S.E.; Muirhead, M. Alexander, Jamaica, West Indies; Orford, John, L.R.C.P.Lond., Ipswich; Owen, Herbert, Coventry; Payne, I. Rowland, L.R.C.P.Ed., Coleford; Pearse, Frederick Edward, Frome, Somerset; Power, Charles John, L.R.C.P.Lond., Tokyo; Roughton, E. Wilkinson, Brook Green; Saneyoshi, Yasuzumi, Tokio, Japan; Sparke, Claude Stephen, L.S.A., Guildford; Taggart, James Henry, Idminton, Wilts; Tuozeimann, E. Waldemar von, Wimbledon; Williams, Arthur John, London, E.C.

The following were admitted Members on January 25th :—

Bluett, James D., Montague Street, W.C.; Browne, Ralph H., L.R.C.P.Lond., Southend, Essex; Bruce, Robert M., L.S.A., Lordship Lane, Dulwich; Buksh Raheem, Calcutta; Coward, R. Courtenay, L.R.C.P.Lond., Penywern Road, S.W.; Dent, H. L. E., L.S.A., Woolwich; Gaudin, George C., L.R.C.P.Ed., Jersey; Goddard, Charles E., Cambridge Gardens; Huntington, William, Liverpool; Long, John W. F., London, S.E.; Paley, Frederick J., Bournemouth; Pipeon, Henry W., Clifton, Bristol; Preaderville, Arthur de Cornwall, Rd.W.; Shore, Thomas W., L.R.C.P.Lond., Southampton; Spitzly, John H., L.R.C.P.Lond., Canonbury; Tatham, Charles J. W., Dallington, Sussex; Wallis, Frederick C., Southampton.

The following were admitted Members on January 26th :—

Bewes, E. Antis, L.R.C.P.Ed., Ladbroke Grove; Champ, J. Howard, L.S.A., Chelmsford; Downes, Howard, Canonbury; Dunsey, E. Ralph, L.R.C.P.Lond., Highgate; Harding, C. O'Brien, Hornsey; Levers, A. H. N., L.S.A., Gower Street, W.C.; Norry, W. Augustus, L.S.A., Wokingham; Partridge, W. Thomas, Luton; Stewart, E. Charles, Clifton Gardens; Wynter, W. Essex, L.R.C.P.Lond., St. Margaret's, Grün, E. Ferdinand, Putney.

The following were admitted Members on January 29th :—

Cave, E. John, Melbury Osmond; Dalton, A. John, South Norwood; Fairles, A. William, London, W.; Griffin, A. Watson, Peterborough; Harlock, Harry, Ely; Longman, Arthur Andover; Meller, C. Booth, Newport, Isle of Wight; Montgomery, W. A. D., Toronto; Pflimmer, H. G., Waldegrave Road, S.E.; Roberts, Henry, Shaftesbury; Scanlan, A. de Courcy, Fastbourne.

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.

EXAMINATION QUESTIONS.

THE following were the questions set at the last examinations at the Royal College of Surgeons of England for the diploma of Member.

Examinations on Surgical Anatomy and the Principles and Practice of Surgery.

1. The femur being fractured in its upper third, just below the trochanter minor, enumerate all the muscles which might displace the upper fragment, grouping them according to their actions. Give their origins and insertions.

2. Mention, in the order in which they occur, beginning at the external surface, the parts divided in the operation of opening the colon in the left loin. Name the structures which serve you as guides, and those to be avoided.

3. What are the causes and signs of suppuration within the antrum? Give the appropriate treatment.

4. Give the usual symptoms of intra-cranial suppuration following an injury to the head. After what class of injuries are such symptoms most common? In what situations may the pus be found? What are the indications for surgical treatment?

5. Give the symptoms, course, and treatment of purulent ophthalmia of infants.

6. What untoward events might occur during the employment of the taxis? How are they to be recognised and met?

Candidates must answer at least four (including one of the first two) of the above six questions.

Examination on the Principles and Practice of Medicine.

1. What are the symptoms of tubercular meningitis, the conditions under which it occurs, and the means of distinguishing it from the diseases which it most resembles?

2. Describe the symptoms, physical signs, and treatment of aneurism of the arch of the aorta.

3. What are the causes and symptoms of jaundice?

4. Enumerate the official preparations which contain mercury: give the dose of each, and briefly state their chief uses.

Candidates must answer three of the four questions, including question No. 4.

Examination on Midwifery and the Diseases of Women.

1. Under what conditions does rupture of the uterus take place? What symptoms and signs indicate its occurrence?

2. State the conditions under which forceps-delivery is called for.

3. You are called to a patient three weeks after delivery, who has a painful fixed swelling occupying the left iliac fossa, with febrile symptoms. What is such a case likely to be? What course is it likely to run? How would you treat it?

4. What are the causes of hæmorrhage from the unimpregnated uterus?

Candidates must answer three of the four questions.

DR. ALEXANDER WEISS (Arad, Hungary) will please accept our best thanks.

DR. WILTSHIRE.—Early space will be given to your paper "On Abdominal Pulsation."

MR. W. H. W. (London).—Thanks for the information, which you will find has been utilised in another column.

MR. GARSIDE.—1. There is every reason for supposing that Gross's Surgery maintains the high excellence it originally possessed under its present form. The new edition is announced by Messrs. Smith, Elder, and Co. We cannot answer your query on the subject of the arrangement pursued in the work. 2. If you will communicate with our publishers they will forward the copies you require.

LUPUS.—Dr. Bulkeley's work on "Eczema" will afford you the information you are seeking.

MR. SHANN (York).—Report arrived too late for insertion in present number. Proof shall be sent you before our next.

DR. F.—Sentiment is at all times a powerful opponent to progress; but in many instances the objections raised on sentimental grounds deserve to be considerably regarded, and we do not think any good can ever arise from deliberate outrage inflicted on the feelings of those who dissent from the conclusions of scientific thinkers. Your plan is too crude to meet with the success you appear to anticipate for it.

MEDICO-CHIR.—The discussions which take place on papers read before the Medico-Chirurgical Society are now reported under the authority of the Society, and will appear with the cases in the annual volume of Transactions.

MEETINGS OF THE SOCIETIES.

EDINBURGH OBSTETRICAL SOCIETY.—This (Wednesday) evening, at 8 p.m.—1. Dr. R. Milne Murray, Note of a Case of Inversion of the Uterus occurring immediately Post-partum, and resulting in Spontaneous Amputation.—2. Dr. David Lindsay (communicated by Prof. Simpson), Case of Twins with Exomphalos and other Deformities.—3. Dr. E. Bruce, A Third Case of Resuscitation of the New-born Infant.—4. Dr. P. Young, Hæmorrhage during Labour.

ROYAL INSTITUTION.—Thursday, Feb. 1st, at 3 p.m., Professor Dewar, "On the Spectroscope and its Applications."

HARVEIAN SOCIETY OF LONDON.—Thursday, Feb. 1st, at 8.30 p.m., Mr. W. H. Lamb, "On a Case of Pleuro-pneumonia."—Mr. H. C. Stewart, "On Fevers and Exanthems treated by Antiseptics."

ACADEMY OF MEDICINE IN IRELAND.—Thursday, Feb. 1st, at 8 p.m.—Specimens exhibited by card: Dr. D. J. Cunningham, Specimens of Frozen Sections of the Human Body.—Mr. P. S. Abraham: 1. Specimen illustrative of the occurrence of Two Superior Vena Cava in a Human Subject; 2. Sections of certain Tissues in Lower Animals.—Mr. J. F. Knott: 1. Sections of Human Hair-follicle, demonstrating the connection of Henle's and Huxley's Sheaths; 2. Frog's Nerve, showing Lantermann's notches; 3. Termination of Nerve in Frog's Muscle, showing Bremer's "End doide."—Business: Address by the Chairman,

Alexander Macalister, Esq., F.R.S. "History of Anatomy in Dublin."—Papers: Dr. J. M. Purser, "On the Refractory Period of the Auricle of the Heart."—Mr. P. S. Abraham: 1. "Notes in Comparative Histology." 2. "Note on the Musculus Sternalis in a Human Fetus."—Dr. C. Cameron and Mr. P. S. Abraham, "Notes on Preliminary Experiments on the Physiological Action of Fluoride of Sodium."—Mr. J. F. Knott, "The Accessory Nerve of Willis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, Feb. 2nd, at 4 p.m., Professor Parker, "On the Metamorphosis of Suctorial Fishes and Batrachia."

ROYAL INSTITUTION.—Saturday, Feb. 3rd, at 8 p.m., Mr. E. Bosworth Smith, On Sir John Lawrence and the Mutiny, 1857.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Monday, Feb. 5th, at 4 p.m., Professor Parker, "On the Metamorphosis of Suctorial Fishes and Batrachia."

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—Monday, Feb. 5th, at 8 p.m., Inaugural Address by the President.—Casual Communications: Mr. Sewill will open a discussion on the Proofs of the Present Theories of Caries in the Teeth.—Mr. Stevenson will explain his Electric Lamp.

Vacancies.

Cashel Union, Cashel Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, Feb. 14th.

Clinical Hospital and Dispensary for Children, Manchester.—Honorary Surgeon. Applications to be forwarded to the Secretary not later than Feb. 6th.

Loughborough Dispensary and Infirmary.—Resident House Surgeon. Salary, £100, with furnished apartments, &c. Applications to be sent to the Secretary not later than Feb. 2nd.

Middlesex Hospital.—Dental Surgeon. Applications to be sent to the Secretary-Superintendent on or before Feb. 2nd.

New Ross Union, Fethard Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, Feb. 8th.

Royal Surrey County Hospital.—House Surgeon. Salary, £75, with board, &c. Applications to be sent to the Assistant Secretary on or before Feb. 6th.

Appointments.

BARRS, A. G., M.D. Ed., M.R.C.S., Honorary Physician to the Leeds Public Dispensary and to the Leeds Fever Hospital.

COLGAN, F. P., L.R.C.S.I., L. & L.M.K.Q.C.P.I., Physician to Bagnalstown Fever Hospital.

GAYTON F. C., M.B., C.M. Aber., M.R.C.S., Senior Assistant Physician to the Surrey County Asylum.

LOWE, G., M.B. St. And., L.R.C.P. Ed., Medical Officer for the Third District of the Henstead Union.

MAKINS, G. H., F.R.C.S., Resident Assistant Surgeon to St. Thomas's Hospital, London.

PERKINS, G. C. S., M.B., C.M. Ed., M.R.C.S., Medical Officer for the Exmouth District of the St. Thomas's Union.

PHILLIPS, S. P., M.D. Lond., M.R.C.S., Physician for Out-patients to St. Mary's Hospital.

SMYLY, W. J., M.D.T.C.D., L.K.Q.C.P.I., Obstetric Surgeon to the City of Dublin Hospital.

STUDDERT, R. C., M.D., B.Ch. Dub., Medical Officer of Health for the Erith Urban Sanitary District.

Births.

BRUCE.—Jan. 25th, at 70 Harley Street, London, the wife of J. M. Bruce, M.D., F.R.C.P. Lond., of a son.

DICKENSON.—Jan. 23rd, at 11 Upper Merrion Street, Dublin, the wife of Dr. Newton Dickenson, of a daughter.

NEARY.—Jan. 18th, at 11 Holles Street, Dublin, the wife of Dr. E. J. Neary, 1 Victoria Terrace, Howth, of a son.

SMYTH.—Jan. 25th, at Felham House, Poole, Dorset, the wife of Hatton Smyth, M.D., of a son.

Marriages.

HOYLAND-HARDY.—Jan. 25th, at Hatfield Parish Church, Yorks. S. S. Hoyland, M.R.C.S., to Mary, daughter of G. Hardy, L.L.D.

LEIGH-JONES.—Jan. 24th, at St. John's Church, Cefn Coed, Breconshire, William Watkin Leigh M.R.C.S. Eng., L.R.C.P., of Llanfalon, Glamorganshire, to Jessie Louisa, youngest daughter of William Jones, Esq., of Glanvrafol, Cefn Coed, Breconshire.

Deaths.

BLACKMORE.—Jan. 20th, at Byrom House, Quay Street, Manchester, Edward Blackmore, F.R.C.S., aged 76.

DICKINSON.—Jan. 13th, at Ealing Dean, W., Deputy Surgeon-General J. E. Dickinson, of the Madras Army, aged 57.

DUKE.—Jan. 18th, at Meerut, from an accident, Surgeon-Major W. A. Duke.

JOHNSTON.—Jan. 3rd, Dr. R. G. Johnston, Woodhouse Eaves, Leicestershire.

MASON.—Jan. 18th, at Sunnyside, Ayr, James Lindsay Mason, M.D., of Brailford, Derby.

PARSONS.—Jan. 22nd, at Ivanhoe House, Newhaven, Sussex, Elizabeth Annie Broadbent (Lillie), the wife of Charles Parsons, L.R.C.S.I. & L.K.Q.C.P.I., L.M., aged 81.

PAULL.—Jan. 18th, at Leman Street, Truro, Alexander Paull, Surgeon, aged 69.

O'BRIEN.—Jan. 21st, at Johnstown Bridge, Dr. O'Brien, aged 87.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
The Lettsomian Lectures on the Treatment of Some of the Forms of Valvular Disease of the Heart. By A. Ernest Sansom, M.D., F.R.C.P. Lond., Physician to the London Hospital, Senior Physician to the North-Eastern Hospital for Children.—Lecture II.—Mitral Regurgitation	111		
Rupture of the Urinary Bladder. By Walter Rivington, F.R.C.S. Eng., Surgeon to the London Hospital	114		
An Essay upon Hip-joint Disease. By S. D. Clippingdale, M.D., F.R.C.S.	115		
CLINICAL RECORDS.			
West London Hospital - Case of Glossitis—Treatment by Calomel. Under the care of Dr. Thorowgood. House Physician, Dr. Schacht	117		
Case of Complete Inversion of the Uterus produced by a Midwife. Under the care of Dr. W. Hastings Burroughs, Paris ..	117		
FRANCE.			
Autopsy on M. Gambetta	117		
		SPECIAL.	
		Ophthalmic Notes—Amblyopia, Alcoholic and Tobacco—Colour Blindness and the Medical Profession	118
		TRANSACTIONS OF SOCIETIES.	
		YORK MEDICAL SOCIETY—	
		Some of the Uses of Plaster of Paris in Surgery	119
		Two Cases of Compound Fracture of the Upper Extremity	119
		LEADING ARTICLES.	
		ULTRA-PECULIARITY	120
		THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASE BY THE ATTENDING PHYSICIAN—No. VII.	121
		DR. RICHARDSON ON MEDICAL MEN	122
		THE ARMY MEDICAL SERVICE	123
		NOTES ON CURRENT TOPICS.	
		The Medical Union Society	128
		Tetotalism in the Army	124
		Vacant Chair of Physiology at University College	124
		Health Lectures at Cheltenham	124
		Dublin Hospital Sunday Fund, 1882	124
		Homeopathy	125
		The Irish Intermediate Examinations as Preliminary to Professional Study	125
		Indian Corn	125
		Lecture Arrangements at Royal College of Surgeons of England	125
		Investigations into the Origin of Whooping-Cough	125
		Adulteration of Food Act	126
		The Mullein Plant	126
		Dr. Littlejohn and the Dublin Physicians	126
		No Chinese Need Apply	126
		The Irish County Infirmaries	127
		House Builders' Eccentricities	127
		Proposed Abolition of Coroners in America	127
		Testimonials	127
		The Medical Society of London	128
		Rectorship of the Edinburgh University ..	128
		The Seat of Instinct	128
		Personation	128
		Fœcal Gas as an Illuminant	128
		The Irish Gaol Commission	129
		SCOTLAND	129
		LITERATURE	130
		CORRESPONDENCE	131
		NOTICES TO CORRESPONDENTS	132

The Lettsomian Lectures

ON

THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART. (a)

By A. ERNEST SANSOM, M.D., F.R.C.P. Lond., Physician to the London Hospital; Senior Physician to the North-Eastern Hospital for Children, &c.

(Continued from page 93.)

LECTURE II.—MITRAL REGURGITATION—(Continued).

Morbid Anatomy—Mitral Regurgitation in Anæmia, in Neuroses of the Sympathetic, in Acute Fevers, in Rheumatism, and in Conditions of High Arterial Tension—Treatment to Restore Compensation—Digitalis—Belladonna—Cassa—Caffeine—Convallaria Maialis—Morphia—Alkalies—Iodides, &c.

Let us now suppose that, owing to rheumatic endocarditis, the mitral valve has been rendered incompetent. It is well known that such may be the case, and yet the subject of such incompetence present no sign nor symptom of deviation from health. We are familiar with cases manifesting the murmur of mitral regurgitation in childhood, who pass through the period of adult-life without suffering from the distresses of cardiac disease, and who, perhaps, ultimately succumb to an affection the course of which the valvular imperfection has in no wise sensibly modified. In such cases, the valvular imperfection has become compensated. Supposing a regurgitation just instituted, the first effect is upon the left auricle, which is now made to contain a quantity of blood greater than normal by so much as gushes into the auricular cavity at each systole. The effect is to distend and to dilate the auricle. The left ventricle, too, is filled more rapidly than under normal conditions, because the blood from the auricle enters it under pressure the moment that diastolic relaxation permits. Such entrance of blood is more free than the normal. Hence, dilatation or hypertrophy of the left ventricle, or a

tendency thereto. The most important of the induced conditions is, however, that of the pulmonic circulation. The reflux current overfills not only the auricle but the pulmonary veins and the pulmonic capillaries. Against such resistance comes the force of the right ventricle in systole, which in opposing resistance becomes hypertrophied. The hypertrophy of the right ventricle is essentially conservative, and the increased tension in the pulmonic circulation is an essential condition of compensation. The sign of such heightened tension and therefore of compensation is, as long ago pointed out by Skoda, accentuation of the pulmonic second sound in the second left interspace.

Observation of the degree of pronunciation of the pulmonary second sound is of the highest importance as regards the treatment of mitral regurgitation. It is in a considerable degree, a measure of the amount of such regurgitation. If the aperture caused by incomplete mitral closure in systole be small, the pulmonic tension is only slightly increased, and the pulmonic second sound may not be perceptibly intensified; but, if the gap be wide, the tension, supposing the two ventricles to be in an efficient condition of compensatory hypertrophy, is great in the pulmonic circuit, and the second sound in the pulmonic area is very loud. If afterwards the loudness of such second sound is found to diminish, such sign is of very high importance. It suggests that the compensatory hypertrophy of the right ventricle is beginning to fail, that dilatation is in excess, and that the tension in the pulmonary artery is reduced by so much as regurgitates through the tricuspid orifice. Of course, the other signs of tricuspid regurgitation should be taken in conjunction with this; but I know of no sign which is so valuable a guide for treatment.

As the left auricle is over-filled in proportion to the amount of blood regurgitating, so is the aorta, and from it the systemic arteries, ill-supplied. A diminution occurs in the normal quantity of blood propelled to the tissues; in the veins circulation is retarded, and the normal content augmented. There are arterial anæmia and venous plethora. The institution, however, of compensatory hypertrophy of the right ventricle rectifies the ill-supply to the aorta. The increased pressure in the pulmonic circuit at the time of systole opposes the reflux into the auricle, and the current

(a) Delivered before the Medical Society of London.

thus opposed is urged in normal amount into the aorta. So, even supposing that the force of the left ventricle be not augmented, increased force of the right may restore the equilibrium by inducing a pressure in the auricle equivalent to that afforded by a competent valve.

As regards the mode of production of compensatory hypertrophy, I would draw attention to an excellent chapter in Dr. Milner Fothergill's work. (a) The practical question when a patient comes before us who presents signs of mitral regurgitation, the legacy of rheumatic endocarditis, is this: Is the valvular imperfection duly compensated or not? Subjective symptoms may tell us of such want of compensation, but they are often deceptive. In addition to the auscultatory sign I have mentioned, we may get valuable evidence from the use of the sphygmograph and cardiograph. The former may tell us of a fairly normal tension in the systemic arteries, or otherwise; the latter, by recording the duration of systole and diastole, may tell us how far the normal rapidity of filling of the ventricle is exceeded, and this may give evidence of the amount of regurgitation.

Supposing that we are satisfied that there is due compensation, medicinal treatment may be entirely unnecessary. I have no doubt that a vast amount of injury has been done to patients by a shaking of the head of the auscultator over the subject of a mitral murmur, who, perhaps, was no worse at the time of examination than he was ten, twenty, or thirty years before, and who might continue uninfluenced for harm by the cardiac complication all his days. He should be cautioned against strain, against exposure, and against irregularities. He may be better occasionally for treatment by iron-tonics, cod-liver oil, or strychnine; but any special cardiac treatment is out of place.

Not so, however, if there is evidence that compensation is beginning to fail. I will pass in brief review the chief agents which are of service in such case:—

1. Digitalis is *facile princeps* of drugs in the treatment of imperfect compensation. The researches of modern observers—Fuller, Handfield Jones, Ringer, Balthazar Foster, Franks, Wood, Lauder Brunton, Milner Fothergill, and others—have shown its mode of action: that it so influences the cardiac ganglia as to induce a more perfect contraction of the ventricular muscle, and hence a more complete emptying of the ventricles; whilst at the same time, by an action of the vaso-motor centre, it causes contraction of the arterioles and a heightened tension in the arterial system. It slows the heart by lengthening the diastolic pause. So not only does it give rest to the wearied cardiac muscle, but—as this muscle is nourished only during such diastolic pause by the blood which then enters through the coronary arteries—it directly ministers to its nutrition. It is a matter of common experience that digitalis, especially when combined with iron, strychnine, cod-liver oil, and other tonics, restores the *status quo ut ante* when in a patient manifesting a mitral systolic murmur the evidence indicates that compensation is beginning to fail. As, however, with every other medicinal agent, caution must be used in the administration. As regards dosage, a certain golden mean has to be observed. The often-repeated maxim concerning the middle way points its lesson again—

“*Levis alit flammam; grandior aura nocet.*”

A little over a suitable dose may induce nausea, vomiting, irregularity of pulse, and, instead of slowing, an enhanced rapidity of heart's action; whilst a dose which produces a favourable result is constant and discoverable in regard to a large majority of patients in a minority such dose is inconstant, and even unattainable.

As regards the preparation used, we may have differences of result, and we know that, as in the case of so many vegetable preparations, the energy of different samples may vary. The pharmacopœical equivalents of the official drugs P.B. are a little awkward: One grain of the dried and powdered leaves = one-third of an ounce of the infusion = eight minims of the tincture. Practically I consider the tincture most reliable, and that usually in small doses (℥v. to ℥x., increased only in exceptional cases, and then occasionally reduced); next in value I consider the powdered leaves (gr. $\frac{1}{4}$ ad gr. ij.).

In some cases, even by increasing the dose, no apparent influence appears to be exerted by the drug. Then digitaline,

especially when hypodermically injected, I have observed to give in many cases good results. Digitaline hitherto prepared has probably scarcely ever been the pure alkaloid, but it appears likely that by a new process it can be obtained in a state of purity. The dose for hypodermic administration is 1-50th of a grain. In a child of ten years of age suffering with dropsy and great distress from mitral regurgitation I have found after injection of 1-100th of a grain of digitaline hypodermically, administered at intervals of four hours, the pulse-rate reduced by 8 per minute after each injection. In this case recovery took place from the urgent symptoms, and the child was sent to a convalescent home. She relapsed, however, and died three months afterwards, when away from our observation.

When the right ventricle has dilated so far that there is marked tricuspid regurgitation the beneficial action of digitalis is by no means so decided. Nevertheless, in some cases, especially when occasional purgation is a part of the plan of treatment, the signs of tricuspid regurgitation may pass away. For instance, in a child (Alice B.), aged 11, under my care at the North-Eastern Hospital for Children, mitral regurgitation with dropsy was manifested, and marked venous pulse was seen in the left external jugular. Treatment consisted of 6-minim doses of tincture of digitalis three times a day. The child had taken previously as out-patient 4-minim doses, with 4 grains of ammonio-citrate of iron, three times a day. After 21 days all severe symptoms had passed away, there was no venous pulse, and the case was discharged as convalescent two days afterwards.

In other cases no such favourable result attends. In fact, as *a priori* considerations might suggest increased force of systole which the digitalis may bring about serves to urge back the blood through the imperfect tricuspid orifice into the venous channels. But then, I have seen good results when the administration of digitalis has been combined with abstraction of blood by leeches or cupping. In a child of 10 (Maria W.), manifesting mitral and tricuspid murmurs with pericardium, evidence of greatly dilated right ventricle, after rest in hospital for a fortnight and administration of tincture of digitalis in 4-minim doses, with tincture of the perchloride of iron (℥x.), and a single leech applied to the epigastrium every other day for 14 days, it was noted that the dulness over the right cavities receded to the mid-sternal line coincidently with general signs of amendment. I prefer very small abstractions of blood repeated every two or three days to larger bleedings at longer intervals. In a case lately under my care at the London Hospital this lesson seemed to be pointed, though the recovery was very satisfactory:—

Alice F., aged 11, was under my care for mitral and tricuspid regurgitation, with great and advancing œdem, orthopœnia, and cardiac distress. She was treated by 20-minim doses of tincture of perchloride of iron with 5 minims of tincture of digitalis. After twenty days tincture of cascra was substituted for digitalis, with no apparent benefit. Digitalis was then resumed as before, and considering the great distension of the right chambers, 6 leeches were applied to the chest. Great relief of dyspœnia followed, and œdema became less. Improvement was maintained for ten days, and then urgent dyspœnia and signs of greater dilatation of right chambers occurred. Cascra was again tried, and this time with some apparent benefit. Purgatives (pulv. jalapæ co., ℥ss.) were also administered, but still these grave signs of right ventricle engorgement continued. Again, 6 leeches were applied to the præcordia. A few days afterwards a great vein trunk in the right upper arm was found to be plugged, and the whole arm and forearm enormously swollen. It seemed to me possible that the abstraction of blood, by rendering coagulation more easy, had disposed to the thrombosis. Nevertheless, I was convinced that the cardiac trouble was sensibly relieved by the leeching, and this was repeated, and saline diuretics and digitalis again administered, in doses increasing from ℥v. (vj.), ix., x., and xx.). Under this treatment there was gradual, but very marked improvement. After five days of the full dose of digitalis it was altogether omitted for ten days, and then resumed in ℥x. doses. All the urgent symptoms passed away, the enormous swelling of the arm due to the venous thrombosis entirely subsided, and the patient was discharged convalescent and able to walk with comfort, after having been in hospital for six months.

2. *Belladonna* is, I think, only useful in the treatment of failure of compensation in cases of mitral regurgitation when combined with, or occasionally substituted for, digitalis. *Belladonna*, like digitalis, increases the power of systole, and

(a) “The Heart and its Diseases, with their Treatment.” Second edition, chap. v., p. 96. London: H. K. Lewis. 1879.

raises the arterial tension. As Dr. Lauder Brunton has shown, it paralyzes the cardiac terminals of the vagus, and reduces irritability by an anæsthetic effect on the sensory nerves of the heart. Very useful occasionally, it by no means compares with digitalis for prolonged employment. The hypodermic employment of digitaline 1-50th gr. with atropia 1-60 gr. I have found very satisfactory.

3. *Casca*, a tincture made from the bark of *Erythrophloeum Guineense*, the ordeal bark of West Africa, has been employed as a substitute for digitalis. Dr. Lauder Brunton, in his Gulstonian Lectures for 1877, published the results of his elaborate experiments as to its physiological action. In kind this action appears much to resemble that of digitalis. Dr. Brunton has said "Digitalis has hitherto been our great resort in mitral disease, but I think it probable that in *casca* we possess a drug more powerful still; at least, its effect upon the arterioles appears to be greater than that of digitalis, and it is quite possible that it may succeed in those cases of advanced mitral disease where digitalis fails." I have myself employed the tincture of *casca* substitutively for digitalis in a considerable number of cases, but I have never yet been able to convince myself that it has any more beneficial action in mitral disease.

4. *Caffeine*.—Gubler, Shapter, Leech, Milliken, Brakenridge, Huchard, and others have recorded observations showing the beneficial action of caffeine (or its citrate) in cases of cardiac disease, especially where dropsy is a marked symptom. Some of the cases show very forcibly that a favourable influence has been exerted by the drug. There are many apparently contradictory data as to its physiological action, but the cardinal points are that it first quickens, but soon after slows, the heart's action; that it increases the general arterial tension; and acts in a very pronounced manner as a diuretic in cardiac dropsy. Dr. Brakenridge advises that digitalis be administered previously to, or in conjunction with, the citrate of caffeine, and that small doses (gr. iij.) should be employed. (a) M. Huchard, however, recommends that caffeine, and not its citrate, should be used, and that in larger doses (gr. iv. to gr. v.). (b) It produces diuresis more rapidly than digitalis, and has none of its nauseating effect. I have employed citrate of caffeine in substitution for digitalis, and without any marked benefit being manifest; indeed, I have found that in some cases it has induced insomnia. Nevertheless, I consider that the evidence is such that I should certainly employ it in any case where, in cardiac dropsy, a rapid diuretic effect was desirable.

5. *Convallaria Majalis*.—This is the well-known lily of the valley, long employed by the Russian peasantry as a remedy for dropsy. It is, botanically, closely allied to asparagus, the diuretic effect of which is well-known. M. Germain Sée has made a series of researches which point to it as probably a valuable agent in the treatment of failure of compensation in cardiac disease. (c) The preparation used is an extract of the whole plant, flowers, stems and roots. The mode of action of the extract of *convallaria* also resembles that of digitalis—it slows the heart whilst increasing the force of systole, and augments arterial tension. It is said that it does not, like digitalis, exhaust the contractility of the heart and arteries. Administered in doses of 15 to 22½ grains during the day it has apparently produced very favourable results. M. Sée has recorded five cases of mitral regurgitation in which it was employed. It entirely relieved the œdema and cardiac distress, and manifested a pronounced diuretic action. I am now employing the extract of *Convallaria* in mitral disease in 5 grain doses. I am convinced of its power of raising the intra-vascular pressure, and of its increasing the force of systole, but I am not yet convinced of its superiority to digitalis. The results, however, are such as to warrant an extended trial. I shall have to speak of it again in regard to the treatment of aortic disease.

6. *Morphia*.—Judiciously employed, I consider that this is one of the most valuable of agents, or rather adjuncts, in the treatment of the distress, especially the dyspnoea and insomnia, attendant upon failure of compensation in cases of mitral regurgitation. I am strongly of opinion that it should not be administered by the mouth, but by hypodermic in-

jection. When given by the mouth, it disagrees, just as opium frequently does, whereas, administered hypodermically, it calms the most distressing dyspnoea, without inducing, so far as my experience goes, any ill effect. The value of the hypodermic use of morphia in the distress of heart disease, was brought before the profession, in his usual forcible and able way, by Dr. Clifford Allbutt in 1869. (a) I entirely endorse his view of the value of this remedy and its innocuousness in cardiac failure. I have found it valuable to combine the morphia (usually a hypodermic dose of one-third of a grain) with atropine (gr. 1-60th), or digitaline (1-50 gr.), but the morphia is an essential agent in the successful treatment of mitral regurgitation, when there is much respiratory distress.

Coincidentally with such special cardiac treatment, general measures should be adopted for securing improved nutrition. The heart-muscle must not only be preserved from wasting, but it must be fed. The problem of administering a due amount of nourishment is often a difficult one. Dr. F. J. Roberts has recommenced in the gastric crises of cardiac disease, when there is an almost complete inability to take food, the use of peptonised aliment in a sipping fashion. This plan I would combine with the administration of nutritive enemata, as I have before mentioned. I feel sure, from my experience, that lives may be prolonged and crises tided over by such supplementary alimentation.

The foregoing is a brief sketch of the most important agents now at our disposal for restoring the power of the heart-muscle and inducing due compensation in mitral regurgitation, occasioned by rheumatic endocarditis, when failure threatens. The restoration of such compensation may not, however, be the only indication. Accidents of the disease, so closely related therewith as to force the necessity of considering them in any question of prognosis and treatment, demand consideration. Such epiphenomena are renewed attacks of endocarditis, pericarditis, especially when accompanied by myocarditis and adhesions and embolism. These subjects, however, being equally manifest in mitral stenosis and mitral regurgitation, may be conveniently postponed till the next lecture.

V. There is, however, yet another group of cases of mitral regurgitation to consider. In these, there is no history of antecedent rheumatism, the modes of causation we have hitherto discussed are excluded, the condition has arisen gradually in association with conditions of high tension in the arterial system. The differentiation of this class of cases is important, both for prognosis and treatment. A considerable minority of cases manifesting regurgitation come to us with no history whatever of rheumatism. I calculate from the hospital records that these are about one-fourth of all the cases. I have said, however, in my former lecture, that rheumatic endocarditis may be established without other evidence of rheumatism: it is obvious, therefore, that such cases of insidious endocarditis inducing mitral insufficiency may be included in the minority we are considering. The diagnosis between these and the cases of regurgitation due to yielding of the ventricle from intra-arterial pressure may generally be arrived at without difficulty. In the latter, the signs are those of hypertrophy rather than dilatation of the left ventricle. The aortic second sound, if there be no evidence of aortic disease is pronounced whilst (the amount of blood regurgitating being small), the pulmonary second sound is not accentuated. The arterial pulse is strong and incompressible, and the arteries are often tortuous and visibly atheromatous. It is obvious that these signs are very different from those usually met with in the rheumatic cases. Very important evidence is afforded by the sphygmograph, the pulse trace showing in the non-rheumatic cases an ample tidal wave, and the usual evidences of high arterial tension. Such cases are often associated with gout or with chronic renal disease.

In their treatment I have known no plan so successful as a protracted course of alkalies with abstinence from alcohol, and as much rest as can be procured. Digitalis is not contra-indicated, notwithstanding the general high-pressure in the arteries. I have found it of much service, probably by co-ordinating heart and arteries. In any of the accidents of high tension, such as symptoms of angina or dyspnoea occurring in this class of patients, the administration of nitro-glycerine, or the inhalation of nitrite of amyl is of much service.

(a) Practitioner, 1869, vol. iii., p. 342.

(c) Edinburgh Medical Journal, July and August, 1881.
 (d) Bulletin Général de Thérapeutique, Paris, 30 Août, 1882, p. 145
 (e) "Sur un nouveau médicament cardiaque. Recherches expérimentales sur le Muguet (*Convallaria majalis*." Par le Professeur Germain Sée; Bulletin Général de Thérapeutique, Paris, 30 Juillet, 1882.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.,
Surgeon to the London Hospital.

PART II.—*Reported Cases of Recovery—Treatment—Conclusion.*

(Continued from page 72.)

NOTWITHSTANDING the freedom with which I have criticised the records of the reported recoveries after intra-peritoneal rupture of the bladder, I would gladly see all objections to their genuineness satisfactorily overcome, and obtain an assurance that the lesion is not beyond the possibility of spontaneous recovery, or the simplest resources of our art. In reply it may, of course, be urged that the very fact of recovery would at once excite antagonism, and cause the case to be rejected, unless the rent had been demonstrated beyond dispute. I do not think that this would be so if the evidence of distension of the bladder, injury to the hypogastric region, and of the typical symptoms, was really clear and satisfactory. It is because, on comparison with the records of indubitable cases, the reported cases of recovery are found wanting in the most essential particulars, and admit of a more probable solution, that they have to be set aside in spite of a sincere desire to welcome success as a gain both to humanity and surgery. Even in respect to Dr. Walter's case, which I am anxious to admit as an indubitable instance of recovery, I am obliged to suspend my judgment until I have before me a full report of the primary history, and have some reasonable scruples dispelled. But apart from the objections which can be urged against the genuineness of the recorded recoveries after intra-peritoneal rupture of the bladder, there is one circumstance which would quite justify us in setting the cases on one side in considering the question of *treatment*. That circumstance is the remarkable fact that if the genuineness of all the eight cases were to be admitted, the effect in regard to the selection of the best method of treatment would be thoroughly bewildering. The record would show four cases of recovery after the use of the catheter only; one case of recovery after "washing out the peritoneal cavity" by means of the catheter passed through the rent in the bladder; one case successfully treated with the aspirator; one case of recovery after lateral lithotomy; and one case of recovery after abdominal section, sponging the urine and blood from the peritoneal cavity, leaving the rent to itself, and retaining (!) a catheter in the bladder. The inference would be drawn that one mode of treatment is as good as another, and this "lame and impotent conclusion" would sadly mar the prospect of attaining an effectual means of dealing with a most fatal lesion.

Turning, then, to the accounts of the cases which are beyond the reach of doubt, we may affirm that in neither form of rupture—the intra-peritoneal or the extra-peritoneal—can reliance be placed on constitutional and general means of treatment. Leeches, venesection, fomentations, clysters, purgatives, sinapisms, salines, poultices, calomel, opium, morphia, &c., probably affect the ultimate issue as little as the fresh sheepskins applied to the abdomen of the patient whose case is reported by Bonetus, and the oxryrhodium with which the parts were subsequently smeared. Morphia and opium may be very efficacious in relieving suffering, but uncombined with surgical measures they have no power to do more than promote the euthanasia. If any hope is to be entertained it dawns in the prompt application of efficient local treatment. The main indications are two—first, the removal, as speedily as possible, of the effused urine, and secondly, the prevention of the further escape of urine through the rent in the bladder into the connective tissue or the peritoneal cavity. For these purposes the means at the disposal of the surgeon are catheterism—intermittent or per-

manent—washing out the peritoneal cavity and retaining a catheter in the bladder, paracentesis abdominis, or simple incision to evacuate the urine, perineal sections—median or lateral—as for stone in the bladder, tapping the recto-vesical *cul de sac*, and abdominal section, combined or not with sewing up the wound in the bladder and the establishment of drainage. Let me briefly review the advantages and disadvantages of each.

1. By the use of the *catheter* only it is possible to draw off a considerable proportion of the urine effused into the peritoneal cavity, provided that the rent happens to be in the posterior wall of the bladder, but it will not remove all of it; and when the rent is in another part of the viscus it may fail to remove any, whether from the peritoneum or connective tissue. If passed only at frequent intervals it will not altogether prevent further extravasation, and is liable to disturb the process of repair. Retention of a catheter in the bladder is more efficacious in preventing effusion, but it is not thoroughly reliable, and the patient, finding it intolerable, may remove the instrument in the absence of the medical attendant. It is no wonder, then, that, as catheterism alone does not fulfil the necessary indications, it should have been "weighed in the balance and found wanting." For retention in the bladder the india-rubber catheter will be the best and the most comfortable for the patient.

2. *Washing out the peritoneal cavity*—as in Thorp's case it was euphemistically termed—by means of a catheter fitted with an india-rubber bag and stop-cock, has been strongly recommended by Mr. Heath on the basis of its supposed success in the hands of Dr. Thorp, and the failure of abdominal section in his own and Mr. Willett's cases. Mr. Heath says, "It seems to me to offer as good, if not better, chances of success than any other proceeding, and has the great advantage that it can be put in action promptly, which is, after all, the great point. In addition, it introduces no new element of danger to the patient, nor any serious surgical proceeding which may be distasteful to his friends." As this method has not been adopted in any other case but Dr. Thorp's, it would be premature to pronounce any positive opinion on its merits; but if the friends objected or the patient objected to an operation, it might be tried with such modifications as experience may suggest. I cannot say that I entertain any well-grounded hope that it will prove efficacious in removing the extravasated urine or neutralising its evil effects, for it appears to me to be a fallacy to suppose that the complicated peritoneal cavity can be washed out, as a simple circumscribed cavity like the bladder can be washed out, through a catheter alone. For effectual washing out an opening should be established into the peritoneum above the pubes, whereby the danger of merely driving the urine further amongst the intestinal coils could be obviated. Certainly such a will-o'-the-wisp as Dr. Thorp's case should not lead the surgeon astray from the employment of more active measures when he is at liberty to act as his judgment directs. For washing out a solution of thymol would be better than warm water.

3. *Tapping the recto-vesical cul de sac* was suggested by Dr. Harrison as a means of treating intra-peritoneal ruptures under the mistaken impression that the urine frequently collects and is confined in that pouch, and that a dependent opening into the rectum would efficiently drain the peritoneal cavity. In speaking of this measure Mr. Spence pertinently observed: "The state of parts in my own case showed me that the operation of puncturing the inferior *cul de sac* of the peritoneum to evacuate urine supposed to be lodged in the peritoneal cavity must always be uncertain, and often dangerous; whilst, as the fluid is diffused, it would not be fully drawn off, and this can only be possible in those very rare cases where the urine has accumulated, and is limited by adhesions, a condition of the existence of which I am very sceptical."

4. *Paracentesis abdominis* has been performed twice in intra-peritoneal ruptures. In the case observed by Dr. Spon, and reported by Bonetus, "paracentesis was performed by the hand of a skilled operator four fingers breadth from the umbilicus at the part which slopes towards the right side" (right iliac region). "Six ounces of fluid blood leapt from the wound. The patient was in no wise benefited by the operation." Mr. Cusack used a lancet and director in one of his cases. A considerable quantity of urine was evacuated both at the time and some hours after the incision. An ordinary trocar and cannula, or an aspirating needle and cannula, might be employed, care being taken not to wound intestine. Paracentesis has not been practised often enough to warrant a decisive judgment. Performed with a cutting instrument, it appears to be more efficient for the removal of effused urine than the catheter or tapping the peritoneal cavity through the rectum, and much safer than the latter operation. It might be practised for the confirmation of a doubtful diagnosis as a preliminary to abdominal section, or as a substitute for it, when a more effectual procedure was forbidden. In extra-peritoneal ruptures incision through the anterior abdominal wall above the pubes is indicated when the rupture is in the anterior part of the bladder. In the case which occurred at St. George's Hospital, and survived for forty-three days, a vertical incision drew off a collection of urine from behind the symphysis pubis. In Allin's case (a) an incision two inches long in the *linea alba*, close above the symphysis, drew off three pints of urine. In Delagarde's case (b) an incision was made above the pubes, evacuating urine, and drainage tubes were passed into the pelvis. The bladder was kept empty by means of a flexible catheter. Sloughing occurred, and the obturator vein was implicated. Recurring venous hæmorrhage caused the loss of several pints of blood, and death occurred from exhaustion. Incisions must be made also wherever there appears to be a collection of urine.

5. The operations of median and lateral lithotomy, or cystotomy, are of unequal value. The median operation consists merely of urethrotomy and dilatation of the prostatic urethra and orifice of the bladder, and as the sphincter soon regains its retentive power, can scarcely be effectual either for the removal of urine already in the peritoneal cavity, or for subsequent drainage. For exploration it would be simple, safe, and valuable; and in cases complicated by stricture, the best method of preliminary procedure. In his case of rupture following stricture, Mr. Henry Arnott tapped the bladder *per rectum*, and drew off five ounces of bloody urine. In the case at St. George's Hospital above referred to, perineal section was performed because the catheter could not be passed. In Clark's case the bladder was cut into through the perineum, evacuating a large amount of blood and urine, to the great relief of the patient. Although he had been caught between two heavy timbers, and had sustained multiple fractures of the rami of the pubes and ischium, as well as a rupture of the bladder, the patient survived twenty-five days. In Dr. Chamber's (c) case the urethra was ruptured as well as the bladder, which was torn in two places. Free incisions were made into the scrotum and perineum, and the urethra was laid open on a lithotomy staff. Urine and blood escaped, and a catheter was introduced through the wound. In Earle's case, which was complicated with separation of the pubic and sacro-iliac symphyses and rupture of the rectum, and in which the bladder was torn away from the prostate, perineal section was performed, and the finger introduced into the bladder. Death took place in forty hours. Perineal section was also performed in Mr. Quain's case, which was complicated with separation of the pubic and sacro-iliac symphyses and laceration of the membranous

urethra and muscles of the thigh. Blood and urine were emitted. Mr. Reginald Harrison (a) made a median perineal incision with advantage in a fatal case of injury to the bladder and prostate. Urine had escaped through a laceration, passing through the base of the bladder. Dr. Erskine Mason refers to the case of a middle aged man caught between a ferry-boat and bridge. In addition to a rupture of the bladder, the man sustained a fracture of the pubic bones, which projected through the anterior abdominal wall. The median operation was performed by Dr. Robert F. Weir, but the man died. Dr. Erskine Mason quotes the case in illustration of the disadvantage of the median operation, as the bladder soon regains the power of holding water. In lateral cystotomy, on the other hand, the knife would be able to cut freely into the prostate, and reach the neck of the bladder, which would be slow to regain its retentive power. This constitutes the great recommendation of the lateral operation, and no other measure appears to me to equal it for efficiency in this important direction. By itself it could scarcely have much effect in removing urine already effused into the pelvic cavity, and for this purpose some supplementary procedure would be necessary. It is also difficult to understand how the operation could be effectual for the removal of urine which had already escaped into the pelvic fascia through an extra-peritoneal rent; but probably it might answer the purpose for extra-peritoneal ruptures immediately behind the prostate, if the operator had the boldness to carry his incision through the gland and its capsule. In a case of intra-peritoneal rupture Mr. Partridge cut into the bladder and found it empty. The procedure has been strongly advocated by Dr. Stephen Smith and Dr. John A. Liddell (b) in America, and Mr. Bryant in England.

To be continued.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 72.)

V.—THE SYMPTOMS.

FOR the convenience of examination and description of symptoms, hip-joint disease may be divided into three stages, with clinical features characteristic of each. Dr. Davis, of New York, ridicules the idea of division of this affection into stages, and thinks we might speak with equal propriety of the first, second, and third stages of a burning house." (c) It is clear, however, that the rupture of a capsular ligament marks a distinct change in a case of joint disease, and it is to be presumed that before the capsular ligament ruptures the joint is full of fluid, and that at a period antecedent to this the joint contains no fluid at all. A case may, therefore, reasonably be described as having a stage prior to effusion, a stage of effusion ending either in absorption of the fluid or rupture of the capsule, and lastly, a stage following rupture of the capsule. In the first stage the synovial membrane is in a state of active inflammation, hyperæmic from distension of vessels, all movements causing pain, and the patient feverish. In the second stage the synovitis has increased, and the joint distended with fluid, which is either synovia, pus, serum, or a mixture of these. In this stage there are all the local signs of a distended joint, and all the constitutional effects of continued fever. In the third stage, the capsule having ruptured, the contained fluid escapes into various tissues, damaging these; and within the joint, the cartilages, and later, the bones suffer from exposure to the inflammatory action; while the constitution exhibits the effects upon it of prolonged

(a) See Max Bartel's paper, case 38.

(b) "St. Bartholomew's Hospital Reports," 1868, p. 117.

(c) *Med. Times and Gazette*, 1853, vol. ii., p. 59.

(a) "Lectures on Urinary Diseases," p. 321.

(b) See Liddell on "Rupture of Abdominal Viscera" for some valuable practical remarks, *American Med. Journ.*, April, 1867, p. 358.

(c) "Conservative Surgery," p. 216.

confinement to bed and continued disease. The symptoms, therefore, may be reasonably classified and described in three stages.

Symptoms of the First, or Pre-effusive Stage.—These are mainly—1, local tenderness or pain; 2, alteration in posture or gait; 3, increase in local temperature; 4, constitutional changes.

1. *Local Pain or Tenderness.*—An inflamed synovial membrane produces great pain, and this is increased if the inflamed membrane be compressed or moved. In the earliest stage, therefore, of hip-disease, the patient generally complains of pain or tenderness about the joint, increased when the inflamed surfaces are rubbed against one another, as when the joint is moved, and also when they are brought into violent contact, as by tapping the heel or knee. Pain in the knee in this, the pre-effusive stage, is, in my opinion, rare, and in the proper place I shall endeavour to show that this symptom is dependent upon a distended capsule.

2. *Alteration in Posture and Gait.*—To lessen friction in walking, and pressure in standing, the patient touches the ground with only the toes, or the anterior half of his foot, and does not plant the whole of it firmly on the ground. By so doing the knee and hip are both flexed. This flexion produces vertical shortening of the extremity. To compensate for this shortening, the pelvis is lowered upon the affected side, and "apparent lengthening" is produced; that this is apparent, and not real, is shown by measurement. As a result of the lowering of the pelvis on the affected side, the spine takes on a compensatory curvature to keep the head and trunk erect.

3. *Local Heat.*—There is in most cases a rise in temperature around the joint, but its estimation requires considerable care. Mr. Macnamara, who has taken some pains to examine this condition, uses a Dupré's surface thermometer, and finds that there is generally an increase of one, two, or three degrees.

4. *Constitutional Disturbance.*—In the earliest stage of hip-disease the constitutional symptoms are principally listlessness, loss of appetite, sleeplessness, thirst, &c. Until attention has been attracted to the local cause for these symptoms much misconception may arise, and a child with incipient morbus coxæ has been regarded as suffering from "growing pains," or "worms," or "bad temper," and appropriately treated.

Symptoms of the Second Stage (Stage of Effusion).—In this stage there is continuation, with aggravation of the symptoms of the first stage, to which are added those due to the collection within the joint of a gradually increasing quantity of fluid. The symptoms, therefore, special to the second stage are local swelling and pressure symptoms.

1. *Local Swelling.*—This, as might be supposed, is extremely difficult to detect at its onset, yet much may be done by careful examination. If the patient be laid flat upon a couch a difference in the two hips, more or less distinct, will be observed, and verified by manual examination. One of the best methods for detection of fluid in the joint is to palpate with the fingers of one hand in front of the joint, and with the fingers of the other behind the great trochanter. If the patient be thin, slight distension may in this way be detected, and if effusion be considerable its discovery is easy. Mr. Barwell recommends the following method, which he practises, he says, with considerable success. The thumb of one hand is placed in the subpubic fossa, that is, just behind the origin of the adductor longus, and the fingers of the same hand are placed just behind the great trochanter. By pressure between thumb and fingers the surgeon can detect swelling by marked and unmistakable signs. In making this examination the surgeon should place himself directly in front of his patient, and examine both hips at the same time.

2. *Pressure Symptoms.*—By the pressure of the dis-

tended capsule upon the vessels and nerves definite symptoms are produced. The effects upon the arteries is to lessen the vigour of the pulse in the ham, and at the ankle, and the surface veins become distinct, and œdema may follow. Pressure upon the nerves produces pain of a neuralgic character, which may be felt wherever the nerves are distributed. One pain peculiar to this disease, namely, pain at the inner side of the knee, deserves especial examination and description.

Pain in the Knee.—Many and various opinions have been, and still are held, as to the cause of this characteristic pain. Prior to the publication by Sir Charles Bell (a) of his views, the general belief was that this pain was due to irritation of the anterior crural nerve. Sir C. Bell, however, originated the opinion which has since been generally held, that the obturator nerve was the nerve through which pain was transmitted, irritation of the articular branch of this nerve by the joint disease causing pain to be felt by reflection in that branch going to the inner side of the knee. Ford, a great authority, in his work upon hip disease, published 1794, mentions this symptom without speculating as to its cause. Chelius does not mention it. Coulson, referring to Sir C. Bell's opinion, says, "This explanation is not of itself sufficient to account for the symptom, for we very commonly find the pain extending along the middle, and even in the outer part of the thigh. It has struck me," he adds, "that from the intimate character of the long head of the rectus femoris with the outer edge of the acetabulum, and with the capsular ligament, the fascia of this muscle may take on the inflammatory action, and the pain in this way may be conveyed down the limb to the thigh" (knee?). Another authority, Richet, thought the pain due to irritation transmitted along the medullary canal of the femur from its upper to its lower end. Bonnet thought that a strain upon the ligaments from malformation would cause it; while Stromeyer attributes it to strain upon the iliacus and psoas muscles. Barwell considers that in some cases this knee pain may be caused by muscular spasm. The same author, and with him the writers Walthar and Fricke, think the pain may also be caused by a sympathy between the two ends of the bone. Hilton, Macnamara, Erichsen, and other modern authorities support the view of Sir C. Bell, that the pain is reflected from one branch to the other of the obturator or accessory obturator nerve.

I would venture to assert, however, that this pain is mainly, if not wholly due to the pressure of the distended capsule upon the trunk of the obturator nerve. In support of this view I would point out that, whereas the hip-joint is supplied by many nerves, the pain is felt in connection with only one. Now if it were due to reflection we should expect to find it reflected by all of them. In ascertaining why the obturator nerve alone should cause this pain we discover that in its passage from the pelvis it passes very closely to the under part of the capsule of the joint. At this particular part the capsule is unsupported by any cotyloid cartilage, whose continuity is here broken by the cotyloid notch, and when the capsule is distended by fluid it would of course bulge into this notch, and so press upon the obturator nerve passing beneath. This view as to the causation of the knee pain seems to me to be supported by clinical evidence, for it is present only when there are signs of joint distension; and Ford, who was unable to account for the pain, noticed that it always disappeared when the limb became shortened, that is, when dislocation occurred after rupture of the capsule and escape of its contents; and "continued as long as the diseased limb was longer than the sound one" that is, while the femur was thrust downwards by a distended capsule. I would therefore hold that this peculiar pain will be found to begin with distension of the joint capsule, continue as

(a) London Medical Gazette, vol. 1.

long as that distension lasts, and terminate with either the liberation or the absorption of the fluid, and that the knee pain is caused in the great majority of cases by the simple pressure of the distended capsule upon the trunk of the obturator nerve.

Clinical Records.

WEST LONDON HOSPITAL.

Case of Glossitis—Treatment by Calomel.

Under the care of Dr. THOROWGOOD.

House Physician, Dr. SCHACHT.

WILLIAM P., stableman, æt. 35, admitted under Dr. Thorowgood, November 9th, 1882. Patient can assign no cause of present illness; is not aware of exposure to any source of contagion in his occupation among horses.

November 9th.—On admission he is scarcely able to open his mouth sufficiently to allow of a good view of the tongue, but this organ can be made out as much swelled, and coated with thick milky mucus, which runs out between the teeth. One side of the tongue looks yellowish, but the rest of the organ is dark and congested. Voice is weak and nasal, and power of swallowing limited to liquids only. Temperature, 103°. The patient was ordered a powder of

Hydrarg. subchlorid, gr. ¼;
Sacc. albi., gr. iij. M. 4tis. horis.

And a gargle of ℥ij. of glycerine of borax in ℥vj. of water.

13th.—Temperature normal, and patient able to eat a thick piece of bread and butter. To omit powders, and take a mixture with chlorate of potash and tincture of perchloride of iron.

16th.—Able to leave perfectly cured.

Remarks by Dr. Thorowgood.—The condition of the patient on admission, though not dangerous, was one of acute discomfort. The parotid and submaxillary glands were tender, but not very much swelled; and it seemed to be the state of the enlarged tongue that prevented his opening his mouth or taking solid food. No ulceration could be made out, and there was not at any time any purulent discharge. The nature of the man's employment among horses, the nasal tone of his voice, and the yellow patch seen at one side of the tongue, suggested the possibility of glanders; but there was no eruption about the lips, and the constitutional depression was not marked. With regard to treatment, it was clearly important speedily to arrest the swelling, and, with a view to promoting secretion from the various glandular structures, calomel was given in powder with sugar. To this treatment the disease soon yielded, with rapid fall of temperature. Similar cases of glossitis have done well under treatment with iodide of potassium—a salt which, like mercury, acts as a promoter of secretion from the salivary and buccal glands.

CASE OF COMPLETE INVERSION OF THE UTERUS, PRODUCED BY A MIDWIFE.

Under the care of Dr. W. HASTINGS BURROUGHS,
Paris.

I was called lately to a case of complete inversion of the uterus, produced by an ignorant midwife drawing on the cord. Upon arrival I found the woman in an unconscious state—pale, cold, and with a quick, thready pulse. The uterus was between the thighs, of the volume of a child's head, and the placenta was adherent. Blood was oozing from the corrugated walls of the womb in abundance, and the perinæum was torn to within a half-an-inch of the anus. Before attempting reduction, the placenta was detached by the fingers as well as possible, and then the womb was pushed into the vagina, where the reduction, after much difficulty, took place. The patient did not recover consciousness for three hours, and although the uterus suffered much from manipulation, the metritis that succeeded was but very slight. Ergotine and quinine were given, with injections of phenicated water, and the pulse never went beyond 120.

On the third week following the accident the patient was up and about. From first to last there was not a bad symptom. A fortnight after the occurrence, a speculum examination was made, when the uterus was found well in position,

but the os was considerably congested, and there was abundant leucorrhœa. Astringent injections were ordered, and in ten days the uterus assumed its normal appearance, although there was a tendency to prolapsus, which probably will remain.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

AUTOPSY ON M. GAMBETTA.—Although the official report on the disease to which M. Gambetta has succumbed is not yet issued by the medical men who attended him, some interesting details are given in *L'Union Médical* from the pen of one of the surgeons who was consulted by the illustrious statesman in his last malady. On the 13th December, sixteen days after receiving the pistol wound, and after a copious repast, M. Gambetta experienced a very sharp pain in the inguinal region on the right side, which lasted half an hour, and then gradually disappeared. For several years, it appears, this pain manifested itself frequently, and about an hour after meals, which generally passed off when pressure was made on the part. But this last time the painful sensation did not pass away so quickly, and the part remained sensitive longer. On the 16th M. Gambetta, surrounded by a few friends, remained a little late in the garden, and when he retired he was taken with a shivering which was very pronounced, the temperature rose to 104°, and the abdominal pain became very sharp. Signs of perityphlitis manifested themselves on the following days, and soon the inflammation attained the peritoneum, the iliac fossa became gangrenous, and death supervened the 31st December. At the autopsy, which was made forty-eight hours after death, putrefaction of the liver and kidneys prevented a proper examination of these organs. The peritoneum was slightly inflamed in the region of the ascending colon, in the right hypochondriac region there was subperitoneal inflammation, especially around the large intestine (pericolitis); the biliary vesicle was adherent to the angle of the colon; the same adhesions were discovered between the vermiform appendix and the cæcum, and, what was more important, this last lesion undoubtedly was the one which contributed the most to the fatal *dénouement*; the ileum was found to be constricted about two inches from its termination, and this constriction, which was of old standing, was so narrow that the end of the little finger could not be passed through. The pain that M. Gambetta experienced after meals evidently proceeded from the effort made by the digested aliments to pass from the ileum to the large intestine. Pressure on the part at this moment would have evidently aided the matter to squeeze through; and the ease that generally followed the act was proof of it; and the copious repasts that M. Gambetta generally made, although causing a certain amount of uneasiness, yet must have acted in a salutary manner on the stricture itself, as such an amount of matter passing through once or twice a day must have prevented the constriction from increasing, on the same principle as the sound. But when he was put on a *régime* after the wound in the hand, the stricture gradually narrowed, and constipation having resulted from the prolonged recumbent posture, a collection of matter must have formed above the ring, which had not been subjected to this forced dilatation for several days; hence the more than ordinary acuteness of the pain, which lasted longer because the dilatation was brusque. It is probable that the phlegmon that was discovered a few days afterwards originated in a slight tear in the intestine effected at this moment. The other organs were healthy, and the brain, whose convulsions

were very perfect and symmetrical, did not weigh more than 1160 grammes, which is the weight of an ordinary small brain. However, it is now acknowledged by the best authorities that the development of the intelligence is not necessarily in proportion with the weight of the brain. The conduct of the surgeons who had charge of the case has been variously criticised on account of their expectant attitude, and for not having gone boldly in search of the purulent matter; but, given the state of M. Gambetta's constitution (obesity, albuminuria, &c.), it is very probable that the operation would only have hastened the end.

Special.

OPHTHALMIC NOTES.

AMBLYOPIA, ALCOHOLIC AND TOBACCO.

SINCE Mackenzie first directed attention to the influence of tobacco on vision numerous observations have been made in different countries confirming his views. At the meeting of the British Medical Association, 1879, Dr. Herschberg, Berlin, opened a discussion on this subject. He said that whilst Von Graefe and many of his followers in Germany were drawing out the symptomatic differences between progressive atrophy and benign amblyopia, other observers, and especially Hutchinson and his *confères* in England worked at the natural history of the latter class of affections and established the fact that abstinence from tobacco is followed by cure in most cases. Förster, uniting these two points of view, has given much greater attention to the subject, and shown that tobacco causes a symmetrical defect in the central part of each visual field which accounts for all the symptoms and which disappears partially or entirely when smoking is abandoned.

Herschberg had confirmed and amplified Förster's observations; he maintained that tobacco is the cause of the majority of cases of amblyopia; in a minority of cases alcohol alone appears to be the cause; but the defect of the field in these is thought to be more truly central than in the tobacco cases.

In the discussion on this paper,

Swanzy (Dublin) admitted that tobacco amblyopia was very common among the lower orders in Ireland, as they smoked Limerick twist, a very strong and moist tobacco. He thought the amount of nicotine and other deleterious substances contained in various tobaccos had been lost sight of, explaining the difference of tobacco amblyopia in various countries.

Mr. Walker (Liverpool) said he had repeatedly seen complete blindness result in cases of tobacco amblyopia. For its cure complete abstinence was not enough. Mercurialisation seemed also to be largely employed later on; the neutral sulphate of strychnia might be employed by instillation into the eye.

Mr. Nettleship (London) was of opinion that tobacco amblyopia did exist, but he did not think that alcohol gave rise to an amblyopia similar to that of tobacco. Tobacco never caused complete blindness. He could confirm Förster's observations. He considered total abstinence the only essential point in the treatment.

Nettleship has contributed a very useful paper "On the Diagnosis of Tobacco Amblyopia" to the St. Thomas's Hospital Reports, vol. ix., page 51. In the Royal London Ophthalmic Hospital Reports, p. 45, Dr. W. Berry has a paper on the subject of central amblyopia.

COLOUR-BLINDNESS.

So associated is this with the name of the great English chemist Dalton that the term has now become not only a medical, but a popular name for colour-blindness. A large amount of attention has been paid in the past three years to the subject. It is strange that its national importance has been so long overlooked, considering that Wilson wrote about it in 1835. Lives are dependent on the recognition of the colour of a lamp, both on land and sea, and yet we have not secured compulsory examination of our sailors and railway officials to test their colour sense. The activity of the past year has been great. We have pamphlets and treatise by Holmgren, Jefferies, Herman, Cohn, Kalisher, Wolfe, Michel, Fontenoy, Hugo Magnus, Stilling, Dane, and numerous communications made to our medical societies and journals.

At a meeting of the British Medical Association, August 6, 1879, Dr. H. R. Swanzy very clearly laid down some of the conditions for testing colour-blindness. He said that a good test for the colour sense should fulfil the following desiderata: 1. It should be capable of rapidly detecting the existence and nature of the anomaly; 2. It should make the least possible demand upon the intelligence of the patient; 3. It should render deception, whether intentional or unintentional, impossible—hence, every method which depends upon the correct name being given to a colour is bad; 4. The possibility of any interference of the judgment must be excluded in order that the sensations to be tested alone come into play. The spectroscope employed alone does not answer any of the above requirements, and can only be employed in conjunction with other methods. The method by means of coloured shadows, an application of an old experiment as suggested by Dr. Stilling, is very beautiful, and goes far as an argument in favour of Harvey's theory of perception of colour. Dr. Stilling's pseudo-isochromatic tables have not met with universal favour. They consist of figures and letters in red, and pink upon a brown background. Red and brown appear to the red-green blind as similar colours, consequently in such cases the figures and letters should not be distinguishable. Dana, of Kagiro, has published a table with coloured wool, arranged in rows, which are to be recognised by the persons examined as being composed of similar or of different colours. The method of Professor Holmgren, of Upsala, has received the greatest meed of popularity. It is conducted by means of coloured wools, which are to be sorted according to a system, the two chief tests being by a skein of green and a skein of purple wool. By this means the colour sense of an individual may be tested in the space of a minute or a minute and a-half, while no word need be uttered on either side, and a large roomful of people about to be tested may look on without vitiating the tests.

There is also a method much in use in these countries upon railways, &c.; it consists of a card with four squares, red, green, yellow, and blue, to which the correct names are to be given. This is a bad method, for colour-blind persons are often able to name colours correctly by virtue of a certain brightness which one colour possesses as compared with another. Again, some uneducated people are not familiar with the names of colours, and in this way many people with such a test appear to be colour-blind, when not so. Holmgren, Cohn, Magnus, and Joy Jefferies have been the principal observers; as to the frequency of colour-blindness Donders, Fontenoy, and others have also examined large numbers. The percentages given by these observers were, amongst men, from 2.87 to 6.6. Amongst women, colour-blindness is extremely rare, the highest percentage given to them by Dr. Nunder is 1.3. Cohn, in 1,061 females, did not find one colour-blind; Magnus

only 1 in 2,216; and Joy Jefferies in 7,942, only 4. Mr. Swamy had examined 1,320 persons by Holmgren's method: of these 90 were women, and none were colour-blind. Of the 1,230 males he examined, 82 were more or less colour-blind, being a percentage of 6.6. (a)

Wolfe (Glasgow) has published a pamphlet giving the results of an inquiry by himself, Dr. Cummins, and Dr. Pickering. The results of the Glasgow Commission showed that there are 3 per cent. colour-blind, whilst 6.5 per cent. see colours with difficulty.

Hirschberg and Nettleship consider Holmgren's test the best.

Mr. E. Chevreuil has proposed spinning discs as tests for colour-blindness, on the following principle: If a circle one diametrical half of which is painted with any colour (A), and the other half left white, be made to revolve at a speed between sixty and one hundred and sixty turns per minute, the complimentary colour of A appears on the white half.

COLOUR-BLINDNESS AND THE MEDICAL PROFESSION.

Herbert Page (*Brit. Med. Journ.*, October 25, 1879) proposed the examination of the British Medical Association at Cambridge in 1880. This was done, with the following results:—In 700 members twelve were completely colour-blind, six green blind, and six red blind, and two were incompletely colour blind—one red and one green. Four were feeble in their chromatic sense. Joy Jefferies had previously examined 465 physicians, of whom fourteen were red blind, two green blind, and six incompletely colour blind. Joy Jefferies insists upon the necessity of testing a large number of people. He believes 4 per cent. would be found to be the result.

Favre (Lyons), out of 10,000 males, found that 10 per cent. were incapable of distinguishing one or several of the five elementary colours, two were Daltonian's, and eight suffered from chromatopseudopsia.

One of the most valuable communications (at the Cambridge meeting, 1880) was made by Professor Donders, embracing the theory of colour perception, methods of testing, &c. Few have more profoundly studied the colour sense, and he exhibited an apparatus designed by himself. This paper should be read in full.

Transactions of Societies.

YORK MEDICAL SOCIETY.

A MEETING of this Society was held on January 18, Mr. W. H. JALLAND, F.R.C.S., President, in the chair.

Mr. SPENCER read notes of "A Case of Croup, in which Tracheotomy was performed; the child did well for three days, when Broncho-pneumonia commenced, and rapidly proved fatal."

Mr. JEFFERSON read a paper

ON SOME OF THE USES OF PLASTER OF PARIS IN SURGERY. After drawing attention to a few practical points in the preparation of plaster splints, such as the warming of dry plaster, the use of tiffany bandages, and of strips of Bavarian flannel, the latter covered on both sides with moist plaster for the purpose of giving additional strength, Mr. Jefferson said that the plaster splint was to be preferred to the glue, starch, and others in the treatment of fractures, because it dries and sets quickly, thus securing immobility within a few minutes of its application. This splint was invaluable in fractures of the lower extremities and in all compound fractures. Ununited fracture of the humerus was probably best treated by the same splint carried from the hand to the axilla, the arm being kept extended. In simple fracture of the lower extremities,

whether attended with much, little, or no swelling, the plaster splint could always be applied at once. In fracture of the femur, where the hip must be included, some difficulty would be experienced unless something resembling the crane of a hospital bed existed, by which the patient could raise himself. When all swelling had subsided, the splint should be lined with a thick layer of cotton wool, re-applied, and fixed by an ordinary roller. The method of cutting a window in the splint, in the case of compound fracture, was described, with the precautions necessary for rendering and keeping the wound aseptic. With this object, the use of salicylic wool beneath the splint, instead of the ordinary flannel roller, was recommended.

Mr. JEFFERSON also read notes of

TWO CASES OF COMPOUND FRACTURE OF THE UPPER EXTREMITY,

treated at the York County Hospital in the manner described. He also referred to twenty-four cases in which osteotomy had been performed by Mr. Jalland at the County Hospital. None of these latter cases required a second dressing, and at the end of three or four weeks, when the dressings were removed, the wounds, with one exception, were found to be healed. In disease of the joint, where splint-rest is required, whether in the early stages or after operation, plaster of Paris affords the necessary support, while it permits the patient to get about with ease. In the early stages of fungous synovitis of the knee it had been found especially valuable after the limb had been straightened under an anæsthetic, the icebag-like action during drying preventing fresh inflammatory effusion. Mr. Jefferson quoted cases illustrating its utility in this disease. In illustration of the value of Sayre's jackets, Mr. Jefferson mentioned the case of a boy who had just had one of these jackets applied for the fifth time within eighteen months. Eighteen months ago he had acute pain and tenderness in the lower dorsal region, with slight displacement backwards of two vertebræ. Two large psoas abscesses, one on each side, were opened; these have now quite healed, and there is not the least pain or tenderness in the affected region of the spine—in fact, he may be said to be well.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Brighton 12, Leicester, Bristol 16, Portsmouth, Huddersfield 17, Birkenhead, Derby, Nottingham 18, Cardiff 19, Bolton, London 20, Bradford, Edinburgh, Preston 21, Newcastle-on-Tyne, Oldham, Birmingham 22, Norwich 23, Leeds, 24, Wolverhampton, 25, Salford, Halifax 26, Sheffield 27, Manchester 28, Blackburn, Glasgow, Plymouth 29, Hull, Sunderland 30, Liverpool 31, Dublin 34.

FROM diseases of the zymotic class in the large towns last week the highest annual death-rates per 1,000 were— from whooping-cough, 2.9 in Cardiff and 3.6 in Hull; from scarlet fever, 1.2 in Liverpool, 1.4 in Blackburn, and 1.5 in Leeds; from measles, 0.9 in Liverpool; and from "fever," 1.1 in Liverpool and in Preston, and 2.4 in Blackburn. The 47 deaths from diphtheria included 24 in London, 10 in Glasgow, 2 in Portsmouth, and 2 in Birmingham. Small-pox caused 8 deaths in London, 1 in Nottingham, 1 in Sheffield, and 1 in Newcastle-upon-Tyne.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 43, Bombay 27, Madras 39, Paris 25, Geneva 21, Brussels 24, Amsterdam 28, Rotterdam 28, The Hague 25, Copenhagen 27, Stockholm 28, Christiania 18, St. Petersburg 41, Berlin 21, Hamburg 30, Dresden 22, Breslau 30, Munich 29, Vienna 29, Prague 30, Buda-Pesth 27, Trieste 36, Venice 37, New York 26, Brooklyn 22, Philadelphia 23, Baltimore 30. No returns were received from Rome, Naples, or Turin.

(a) *British Medical Journal*, August 80th, 1879.

REGISTERED FOR TRANSMISSION ABROAD.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1883.

ULTRA-PECULIARITY.

We have, on other occasions, had forced upon us the unpleasant necessity of animadverting somewhat strongly on the proceedings of a certain class of human fatalists who rejoice in the well-deserved cognomen of Peculiar People. But a few months ago, one of these self-indulgent interpreters of scriptural promises found himself summoned to answer a charge of having, by neglecting to invoke medical assistance on his dying child's behalf, thereby contributed to its death. In this case, as in one of a similar nature within the past few days, the graver accusation was not maintained; and in each instance the fathers have been liberated with the fiction of no worse punishment than a homiletic indication from a coroner of the estimate which judicial functionaries are disposed to form of eccentricities involving sacrifice of life.

In matters affecting individuals or numbers, and where by respecting the sentiments of a few these may be allowed to gratify their vanities or their fads without attendant injury to other, and often helpless, members of society, we have at all times advocated a policy of non-interference. The vagaries of the "Peculiar People," however, do not come within the category of harmless foibles; on the contrary, we have now more than one or two illustrations of the grievous damage they inflict on those least able to remove themselves from the fateful influence of ignorant superstition; and with the evidence of two actual deaths to prevent which every attempt that might have been made was burked

by the influence of peculiar views, it becomes our imperative duty to call aloud for the exercise of such power as shall prevent future repetitions of a dread farce like that recently enacted with the assistance of a War Office clerk, his wife, and a sister of the latter. These lights of peculiarity had apparently been members of the sect but eighteen months, and this has been their first appearance in connection with death unattended by measures for its prevention. The victim in this case was a delicate child, who had been ailing for some time, and though the parents are said to have been uniformly kind and careful themselves in dealing with their offspring, they yet, in obedience to their "religion," omitted all other endeavours to save the little life plainly on the wane. To those practical persons who are not able to view such proceedings in the light shed on them by "peculiarity," there is something of a very disagreeable nature about a creed that enables the most sacred claims upon our humanity to be thus unconcernedly discarded. To a great many people the revelation that nineteenth century English law not only permits but even encourages the inculcation of principles that would be considered enormities in a savage, will come with a shock of painful and incredulous surprise. And yet the fact is so: it is open to any father of a family to suddenly discover himself overborne by "peculiar" views, and under their influence to migrate with his young and possibly burdensome dependents to some fever-stricken neighbourhood, where it will be quite compatible with "peculiar" views for him to be the sorrowful witness of a succession of deaths among his offspring, the while he neither asks assistance from a doctor, nor does aught to ward off the deadly visitor, beyond placing his hands in "laying-on" position on the bodies of his dying children. Such a father has a right to expect that the verdict of manslaughter righteously returned against him by the coroner who sits to inquire into the cause of the unregistered deaths, will be set aside as being incapable of support; and "peculiarity" will grow in consequence in popularity and greatness with every additional proof of the law's adaptability to its eccentricities.

It may, of course, be urged that such a consequence as has been suggested above is impossible; that the existence of any circumstances pointing to suspicion of preconcerted intentions would swiftly bring upon the offender a well-deserved punishment. Hitherto, we admit, there has been nothing of a kind to suggest maleficent proceedings in the several cases in which "Peculiar People" have been unpleasantly interested; but what we wish to insist on is, that by as much as the knowledge is spread among the masses that "peculiarity" in respect to religion may be relied on to exonerate from blame where negligence is evident, then both the ranks of the "peculiar" will become inconveniently crowded, and the proportion of unregistered deaths will grow to such an extent as to necessitate a very decided attitude on the part of the Government towards its principal cause.

The remedy is, of course, not difficult to see; but it cannot be applied without such co-operation on the part of intelligent jurors as these seem at present disinclined

to proffer. The fact, however, that within a short time no less than two indictments have arisen from the existence in our midst of a false religion that savours most strongly of convenient superstition, ought to afford a warning of the possible mischief it is capable of; and measures should be formulated with a view, at least, to the preservation of innocent life in the future, even if no direct repressive steps can be sanctioned which might appear to deal too harshly with that much-abused mystery, "the liberty of the subject."

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY THE ATTENDING PHYSICIAN.—
No. VII.

We pointed out in our last article that the decision of the Select Committee of last session to confirm the notification clauses of certain local Acts was based upon an *ex parte* statement furnished by a number of Town Clerks and Medical Officers of Health at the instance of the English Local Government Board. Even as a statement of the case by these gentlemen, the evidence before the Committee was, as we pointed out, scarcely worthy of consideration, because it was nothing but a chorus of "satisfaction" on their part, and contained no facts or statistics to show whence that satisfaction arose. The question to be answered is not whether corporate officials are satisfied with the notification system, but whether or not the public is protected against infection by that system? The notificationists come to Parliament and ask for powers, admittedly without precedent, and confessedly an interference with individual liberty, and they claim these powers on the ground of experience of the benefits resulting from their exercise; but they altogether fail to show the gain derived from the system, though there are sufficient means of ascertaining with reasonable certainty whether such benefits have really accrued. To do this the Local Government Board might have advantageously asked the Medical Officers of Health the following questions:—

a. Can you show by a comparison of the *death register* of your town, before and since the introduction of the notification system, that the zymotic mortality has been materially reduced in the latter period independently of other causes?

b. Can you prove by statistics of the number of persons who died within your town *unattended by a qualified medical practitioner*, that the notification system has not caused concealment of disease or driven the population into the arms of quacks and prescribing chemists?

There should not be the least difficulty in giving definite replies to these queries, and without such replies no one can judge of the value of compulsory notification.

By the law of Death Registration—

a. Every registered medical practitioner in attendance on a deceased must give to the person who is to give the information for registering the death a certificate of the cause.

b. The person who gives the information must deliver the certificate to the Registrar, under penalty of 40s.

c. The Registrar must state cause of death when so certified in his record; but when the deceased has been

attended by no one, or by an unqualified practitioner, he must enter the death as "uncertified."

d. The Registrar must give gratuitously a certificate for burial.

e. Every such certificate must be handed to the person who buries, under penalty of 40s.

f. If no burial certificate is produced, the person who buries must at once inform the Registrar-General thereof.

g. No child's body shall be buried as still-born without special precautionary certificates.

It will be observed that under this law every information desired is available, and that it is, therefore, easy for a Medical Officer of Health to compare, day by day and year by year, the mortality from any class of disease, and to illustrate the actual results from notification by proving that zymotic deaths have been reduced in number by its agency.

One only out of the twenty-two Medical Officers of Health (Huddersfield) has made any attempt to produce this evidence; they have given abundant proof of a reduction in the number of cases of infectious disease reported under the notification system, and they have most illogically argued that because reports have become fewer since the compulsory notification system was adopted, disease must also be less prevalent. We say that a falling off in the number of reported cases proves the exact reverse; that it shows that the public and the medical profession who, at first, sent in their notifications because they knew nothing of the consequences, and feared punishment if they omitted to do so, have since learned that punishment is improbable, and that notification is the father of all sorts of inconveniences, and consequently disease is kept secret. We believe that the sanitary authorities of the notification towns are living in a fool's paradise, mistaking decrease in notification reports for decrease in disease, and that they either designedly or neglectfully ignore the sources of information afforded by the death returns.

It is easy to evade notification—impossible to cheat death—and therefore, in our opinion, a comparison of *death-rates* before and after the introduction of the notification system would have been far more reliable as a test of improved health than any comparison of semi-voluntary notification reports. Moreover, an examination of the death certificates would afford valuable information of another sort; it would show to what extent persons dying from infectious disease had been attended by quacks or prescribing chemists, or left without attendance, and if it appeared upon investigation that the percentage of persons who died without the ministrations of a qualified practitioner had materially increased as a sequence of the introduction of the notification system, we should then be entitled to assert that the public was being driven to resort to unqualified practitioners—who are not amenable to notification law—in order to conceal the existence of the infection, and *ergo*, that the disease was being secretly disseminated in spite of the notification law.

This form of evidence is, unfortunately, not at our disposal. We have addressed to the English Registration Department a request for information whether any series of documents exists which would enable us to form a judgment on these matters, and we have been answered that no local mortality statistics are to be had except in the reports of the local authorities. The Medical Officers of Health, however, have this evidence in their hands,

and, notwithstanding repeated challenges to them to prove their case in this way, they have refused or omitted to do so, but have paraded quantities of figures to show that compulsory notification has reduced the number of cases of reported disease, being apparently unconscious that thereby they have to a certain extent proved the case against themselves.

The Report laid by the Local Government Board before the Select Committee gives us, however, some information. In the first place, it proves to us beyond doubt that, in many towns in which all sorts of benefits are alleged to have resulted from compulsory notification, the system has really no existence, and yet the supposed gain to the public health is as palpable as in those towns in which the system is rigidly enforced.

The following table sets forth the number of notifications for each 100 of the population of various towns in the year 1881-2:—

Rotherham ...	3.40	Oldham ...	0.59
Preston ...	1.57	Derby ...	0.57
Leicester ...	1.50	Norwich ...	0.53
Jarrow ...	1.25	Reading ...	0.52
Warrington ...	1.08	Blackburn ...	0.40
Manchester ...	1.05	Burton ...	0.42
Barrow ...	1.01	Bradford ...	0.38
Stalybridge ...	0.92	Lancaster ...	0.34
Llandudno ...	0.63	Huddersfield ...	0.22
Bolton ...	0.63	Stafford ...	0.075

Comparing by this table the number of cases reported in individual towns with the population of those towns, we find that in Rotherham the proportion was 3.4 cases per cent. of the population; in Preston and Leicester, 1.5 per cent.; while in Stafford, the percentage was only 0.075; and in Huddersfield, only 0.22. In other words, notification was forty-five times less active in Stafford than in Rotherham, yet we find it officially stated that the local authorities were just as well "satisfied" in the former as in the latter town, except that the Rotherham Town Council object strongly to pay the doctors for the reports which they force them to make. Again, in Manchester and Huddersfield, the local authorities are, as they say, thoroughly "satisfied" with the working of the system, although, in these towns, the Acts do not produce one report for every half dozen which are sent in in other towns. It must, in fact, be taken as proved by this table, that, though the diversities of system and the variations in the extent to which notification is in activity in different towns, make the system an absurdity, nevertheless, all the Medical Officers of Health are equally "satisfied" with their own method of using the law, and the public health of all the towns seems to be equally benefited. This conclusion is quite enough to discredit the whole of the reports upon which the Select Committee formed its judgment.

(To be continued.)

In the *Gaz. Hebdom.*, M. Vigier states that camphor may be perfectly suspended, and become easily divisible, by the following formula:—Camphor 15 grains, gum arabic 30 grains, one yolk of an egg, and 2 ounces of decoction of linseed.

DR. RICHARDSON ON MEDICAL MEN.

In an admirable address delivered before the Medical Union Society, at the annual *conversazione* of that body, on Wednesday last, Dr. Richardson urged the necessity that exists for medical men to become each day more and more entirely masters of the details relating to their profession, because of the increasing interest exhibited in questions and sciences allied to medicine by the ever-growing band of workers who are making themselves masters of these sciences. On this account, too, he insisted that it is much more difficult now than it formerly was for a man to signalise his claim to distinction, for where once there were none to dispute it with him, there are now a succession of discoverers, no one of whom can hope or expect to occupy for more than a most limited time the attention of his contemporaries before he is eclipsed by a yet more brilliant claimant for notice. In addition, also, to the competition thus introduced Dr. Richardson instances as hindering the progressive influence of medicine the exceedingly small representation it enjoys in the ruling bodies of the nation. Thus, he declares that medical interests are altogether unrepresented in the Upper, and barely represented in the Lower House. In the Commons' House the aristocratic interests have 272 representatives; the fighting interests, 168; the landed interests, 267; the law interests, 122; the liquor interests, 18; the moneyed interests, 25; the literary and scientific interests, 80; the official interests, 113; the railway interests, 113; the trading, commercial, and manufacturing interests, 155; the medical interests, 4; the labouring interests, 2.

The subject of professional etiquette caused Dr. Richardson to give expression to most decided opinions antagonistic to the custom now so prevalent, by which different medical men accept the treatment of cases which they know to be in the hands of other practitioners at the time. It is easy to understand how strongly the danger arising from neglect of due professional relationships would strike an observer of Dr. Richardson's perception, and most of us who reflect at all on the consequences that will arise from a continuance of existing irregularities will agree with him that they are very bad for the "dignity and sterling interests of the profession of medicine, and that if they must go on without any change, they must lead rapidly to loss of respect and confidence in medical opinion and practice." Nor can we for a moment think that this picture is overdrawn, for Dr. Richardson has illustrated the evils of the present system too plainly for us to entertain so pleasant a delusion. He says: "I remember the time perfectly when if a patient had consulted a physician or a surgeon it was accepted as a definite rule that if another one were to be consulted the first should be informed of the fact, and the two should hold a conference personally or by letter. In these days that rule, as a fixed rule, is broken continually; broken, as it seems to me, by a kind of tacit consent which the public may take advantage of to any extent. I have had, for instance, a patient, my patient, if I may strictly use the words in their old meaning, who has been at the same time under the care, if I may call it the care

in the old meaning of that term, of three other physicians, not one of whom has had a word of communication either with each other or with me on the case, and not one of whom has seemed to be either surprised or offended. There are scores of wealthy sick people who are being treated under precisely similar circumstances and not a few who in the self-same day make their visits on different practitioners, and afterwards, in conversation with friends and acquaintances, discuss every word that has been told, and comment on the differences of statement, manner, and opinion, as if they had been to the Royal Academy and were giving their opinions of the differences of style and manner and skill of the different exhibitors."

The cure for this undesirable state of things is given in the adoption of such unity of act and thought and word as shall ensure that all the future profession shall possess a common standard of intelligence, and of the science and art of medicine. We could devoutly wish this may be so, but coming generations of schoolboy medical students must be vastly different from those that are met with now if the commonality of them are to reach the intellectual status of the picked men of present day entries. When a University degree in Arts is held to be the only sufficient test of preliminary education, a degree conferred after at least two years' actual residence and training within University precincts, then we may begin to look for unanimity of thought and action and word; but the idea is wholly incongruous with the mixture of men and boys highly educated, half-educated, and not educated at all, who now constitute an average year's entries into the medical profession.

Dr. Richardson, though perhaps a little carried away by the occasion on several points, nevertheless afforded the Medical Union Society an admirable outline of the course of action they should pursue. His speech will, we trust, be productive of successful results in amount to justify the importance lent to the Association by his approval of its aims and objects.

THE ARMY MEDICAL SERVICE.

LITTLE by little the tendency of opinion of the committee now sitting at the War Office seems to be oozing out. A short time ago a statement appeared in the daily journals to the effect that that committee was extending its inquiry to the nature of medical arrangements adopted in other campaigns than that so recently ended; and still more lately the statement occurs that the old regimental system, as regards the medical officers, is certain to be re-established, at least to some extent. *Apropos* to these points an important statement occurs in a *brochure* relating to the war now ended: it is that "once your men go to the field hospital, and you seldom see them again; in this way many of our regiments melted away after we reached Cairo." So it was in Abyssinia; so in the Mutiny campaign; in the Crimea; and still earlier in the present century, during the Peninsular war. It was for this very reason that Sir James McGrigor broke up the system of general hospitals as they then existed,

instituting in their stead regimental hospitals, from which the regimental surgeons, energetically seconding him, succeeded in returning so many convalescents to the ranks of their regiments that it has been stated that "the extraordinary exertions of the medical officers of the army might be said to have decided the day at Vittoria, for their exertions had undoubtedly added a full division in strength to Lord Wellington's army, and without these 4,000 or 5,000 men it is more than doubtful if his lordship, with all his unrivalled talents, could have carried the day. Perhaps, without that material addition to his force, he would not have risked an action." The circumstance here related is matter of history, and of itself surely sufficient argument in favour of regimental hospitals in war service. On the occasion alluded to, field hospitals were also employed, but only for the first treatment of wounded, the men injured being subsequently distributed as far as possible to the regiments to which they severally belonged. For the ordinary medical duties of garrisons in times of peace, the experience of "unification" already acquired has demonstrated that it is less adapted than was that combined staff and regimental system which it has superseded. In consequence of the frequent changes of medical officers at a given place which the present system demands, officers are driven to consult, and, as a matter of course, pay private practitioners rather than inform a succession of strange medical officers the nature of the illness from which they, or other members of their family, happen to suffer. Soldiers, and, when married, their families, are, when ill, under the necessity of submitting to the very things against which their officers go to expense and otherwise put themselves to much inconvenience to avoid. The soldier, his wife, and children have not only in many instances to tell their ailments to different strangers in quick succession, but to take as many different kinds of physic from the prescribers, each of whom has his own special theory as to the nature of the "case," and of the particular method of treatment to be followed. Let the several members of the War Office committee place themselves under circumstances such as are thus indicated, and at the end of the ordeal let them say what they think of it.

Notes on Current Topics.

The Medical Union Society.

THE Medical Union Society, the formation of which we noticed in November, held its first annual *conversations* on Wednesday last at the Holborn Town Hall, Gray's Inn Road. The interest of the occasion was increased by the fact that an address was delivered to the members of the Society by Dr. B. W. Richardson, F.R.S., who indicated the mode in which the work of the Society could best be carried out. The chair was taken by Mr. Henry Power, F.R.C.S.; and a vote of thanks subsequently passed to Dr. Richardson was moved by Mr. Gresswell, student of Westminster, and Mr. Reade, student of St. Bartholomew's, respectively. Mr. Hulke, of University College Hospital briefly indicated the aims of the Society, and welcomed the visitors present to the meeting prior to the delivery of

Dr. Richardson's address. This last was followed by a vocal and instrumental concert of unusual excellence, to which the following ladies and gentlemen contributed: Madlle. Noemi Etty and Misses M. Lennon, Maynard, and Marie Hayward, Signor Salviani, Mr. Viotti Collins (violinist), Mr. H. Gordon, and Dr. Armand Semple. Signor d'Havet Zuccardi and Mr. W. R. Cave directed the vocal and instrumental parts respectively, the latter being contributed by the West London Orchestral Society. It says a good deal for the influence the new society possesses, and for the interest it excites, that such an admirable performance as that provided for its guests could be secured with the aid of purely voluntary services; in the direction of scientific objects there was exhibited, under the management of Messrs. Alfred Stokes and George Stevenson a noteworthy array of microscopical specimens and of surgical and other instruments, Messrs. Arnold and Sons, Baker, and Watson contributing to this part of the display. The attendance of guests was very numerous, from six to seven hundred ladies and gentlemen having accepted the Society's invitation. Among the more eminent members of the profession present were—Dr. Sieveking, Dr. Southey, Dr. Danford Thomas, Dr. Meadows, Dr. Forbes Winslow, Dr. Spencer Cobbold, Dr. Broadbent, Dr. J. Milner Fothergill, Mr. A. E. Durham, Mr. Henry Power, &c. Much interest was excited about half-past ten by the introduction to the meeting of Chang, the Chinese giant, and his wee companion General Tiny Mite. The pair made the tour of the room, conversing with many ladies before finally retiring.

Teetotalism in the Army.

MEDICAL officers in regiments know very well that, however excellent a thing in the abstract total abstinence may be for soldiers, there are occasions on which "a tot" of spirits is not only far more relished by them than would be either tea, coffee, or chocolate, but that it also has a more distinctly physiological action than either of the latter in giving an impulse to the powers of the body under fatigue, and exhaustion under certain circumstances. Of this examples are of nearly every-day occurrence in campaigns. In Abyssinia it was found that, after a time, the soldiers were unable to digest the coarse and imperfectly-cooked rations issued to them; that, as a natural result, physical strength was rapidly giving way; but that as soon as an allowance of spirits was given to them, all this became changed; their digestive powers were restored; and men who were about to become non-effective in the ranks, enabled to continue in their places—in other words, military efficiency of the soldiers was maintained on that occasion by rum. It is on record, also, that during the Ashantee campaign a taste of Navy rum helped a favoured regiment on an occasion when, but for the ration, many of the men would have broken down completely. It is the abuse of spirits and other strong drinks in the army that is to be condemned. Against this medical officers have ever been loud in their protests; but in regard to the proper use of these, as well as the times and circumstances when and in which they are advisable, medical officers are the proper judges.

Sir James McGrigor, writing of the Expedition to Egypt

in 1801, remarks upon the great extent to which on that occasion drunkenness prevailed among the British soldiers. He observed, however, that experience then gained had demonstrated how very little spirits are required in a hot climate to enable the soldier to bear fatigue, and how necessary regular diet is ("Medical Sketches," p. 86). Among the medical instructions issued for the preservation of health of the troops in Walcheren in 1809 was this:—That "on the evenings of the nights on which they mounted guard an extra allowance of spirits to each man would be essentially beneficial;" also, that in the sickly season "a small portion of unmixed spirits might be usefully allowed early every morning." We read also that during the American War of the Secession one noted division of the army consisted of temperance men. No spirits were issued to them. Morning and evening a tonic was given to them, this tonic chiefly composed of whisky flavoured with wild cherries!

The Vacant Chair of Physiology at University College.

THE Jodrell Professorship of Physiology at University College, vacated by Dr. J. Burdon Sanderson on his appointment to the Waynflete Professorship at Oxford, has been conferred on Mr. Albert Schäfer, F.R.S. Mr. Schäfer has for a long time assisted the Jodrell Professor to carry out the work of instructing his classes; and his reputation as a physiologist and histologist is so well established both in this country and abroad that general satisfaction will be felt with the decision of the electors in this case. It is, moreover, a graceful and appropriate recognition of the valuable services already rendered to English science and English students by Mr. Schäfer's assiduous efforts to advance the one and instruct the other.

Health Lectures at Cheltenham.

ON January 27th, Dr. B. W. Richardson, F.R.S., delivered a lecture on "Health in a Health Resort" at the Assembly Rooms, Cheltenham. This was the first of a series of three lectures to be given in the same place, the second being fixed for February 15th, when Professor de Chaumont, M.D., will discourse on "The Health of Armies in Peace and War." The concluding lecture of the series will be delivered on March 14, by Dr. Thorne Thorne, who has selected as his subject "Channels for conveying Infection to Households: how they may be recognised and dealt with."

Dublin Hospital Sunday Fund, 1882.

THE Honorary Secretaries have published a full list of the subscriptions, collections, and donations to this Fund for 1882. The total amount collected was £4,174 6s. 10d., of which about £4,000 will be available for distribution amongst the participating institutions. Considering the state of Ireland, and the relative scarcity of money resulting therefrom, this is a very satisfactory outcome of the collection, and reflects the greatest credit on the Honorary Secretaries, Lord Brabazon, Dr. Grimshaw, and Messrs. Robert O'Brien Furlong and Thomas Pim.

Homœopathy.

A FEW weeks since we called the attention of our readers to some vile compounds which are described in the Homœopathic Pharmacopœia—the gonorrhine, leucorrhine, and other nasty filth put into the mouths of dupes by crack-brained practitioners of medicine. The *Philadelphia Medical Times* now states that the remaining portion of this Homœopathic Pharmacopœia was in great part stolen *verbatim* from the United States Dispensatories, and that after a very brief law suit the whole edition has been suppressed under the copyright laws. But was there ever a more telling proof of the assumptions of modern homœopathy than the fact that for the guidance of its votaries the leading business firm devoted to such speciality should provide stolen extracts from recognised standard scientific therapeutic treatises?

The Irish Intermediate Examinations as Preliminary to Professional Study.

APROPOS of the results of the preliminary examination of the Irish College of Surgeons, we remind our readers that it is now open to all intending students to pass their preliminary examinations without coming to Dublin, even before leaving school. The Council of the College has recognised, as equivalent to their own examination, the pass of the Irish Intermediate Education Board in all those subjects which are required by the General Medical Council. These subjects are as follows:—

1. English language, including grammar and composition. 2. Arithmetic. 3. Algebra. 4. Geometry. 5. Latin translation and grammar. 6. And any one of the following optional subjects—*a.* Greek, *b.* French, *c.* German, *d.* Natural Philosophy.

All these subjects can be passed in *any grade* before the intermediate examiners at the local centres of examination throughout Ireland or in Dublin, and masters can send their pupils to such examinations direct from the school. It is to be recollected that it is necessary to produce to the College a pass in *all these subjects*, as the College will not allow students to supplementalise in a deficient subject.

Indian Corn.

Is the use of Indian corn as food really pernicious to health? A "fashionable" journal contains the somewhat alarming statement that those who eat Indian corn go mad; that this result is well known in Northern Italy; and that in Venice one-third of the persons in the lunatic asylum are there owing to having been nourished with this food. To say the least of it, the statement so made requires confirmation; and yet it is of sufficient importance to indicate the propriety of its being investigated. Our readers scarcely need to be informed that the cultivation of maize is more extended than that of wheat, rye, or sorghum; that in a part of France, almost the whole of southern Europe, a great part of the East, and Africa, and almost the whole of North America, this grain furnishes the chief food of the people; moreover, that in Great Britain and Ireland it is extensively used in various forms, of which *Oswego* meal is one. Hitherto it has had the reputation of being wholesome and nutritious as food, and hence the propriety of the grounds being inquired

into on which the reputation of Indian corn is now assailed.

Royal College of Surgeons of England.—Lecture Arrangements, 1883.

PROFESSOR PARKER, F.R.S., commenced his course of nine lectures, "On the Metamorphosis of Suctorial Fishes and Batrachia," on Friday last. Professor Flower, F.R.S., F.R.C.S., will afterwards give nine lectures, "On the Anatomy of the Horse and its Allies," commencing on Monday, February 26th. The lectures will be resumed in June by Mr. Frederick S. Eve, F.R.C.S. (Erasmus Wilson Lecturer), who will deliver three lectures, "On Cysts and Cystic Tumours in General." Professor Jonathan Hutchinson, F.R.S., F.R.C.S., will then give six lectures, "On Certain Diseases of the Tongue." The entire course for the year will be completed by Mr. Henry Power, F.R.C.S., who will deliver three lectures, "On the Lachrymal Apparatus and Accessory Organs of the Eye."

Investigations into the Origin of Whooping Cough.

SOME degree of interest attaches to the recent investigations of Dr. C. Burger, of Bonn, who in the *Berliner Klinische Wochenschrift*, of January, 1883, describes at length the special micro organisms of pertussis, which he states can be found in any specimen of whooping-cough sputum. Dr. Burger says: "the course and symptoms of the whole disease are best explained by the development of this fungus."

In the recent Fothergillian prize essay, on "whooping-cough" by T. M. Dolan, F.R.C.S., the fungoid nature of the disease is clearly and boldly insisted on; very convincing proofs are brought forward to support the views of the writer. In fact, short of actual demonstration, Mr. Dolan may be said to have established the fungoid nature of pertussis.

Verification of his theory has come from the work of Dr. Burger. Considerable interest has been excited in England over the bacillus tuberculosis. We trust attention will now be directed to the bacillus of pertussis, and that some of our investigators such as Drs. Heron, Charnley Smith, &c., may verify the observations of Dr. Burger. According to Dr. Burger micro-organisms appear under an immersion lens vii, ocular D of Seibert Krapf, as small elongated elliptical bodies of unequal length, the smallest being double as long as broad. Under a very strong power transverse subdivision can be detected in the longest of the specimens. They may form chains or groups, but are generally isolated and scattered singly all over the fluid. They bear a certain resemblance to leptothrix buccalis, the spores of which are often found in whooping-cough symptoms, but the latter are larger and stouter, and near them the filiform matured leptothrix is always present.

Occasionally some of the specific bacilli are found to be inside the mucus cells in the sputum. The bacillus is easily prepared; they can be readily recognised if coloured in the usual way by watery solutions of aniline. Fuschin and methyl-violet were employed by Dr. Burger.

As in the case of bacillus tuberculosis, this micro-

organism is best studied when mounted in the dry way. Dr. Burger concludes that this bacillus is the actual produce of pertussis, because it is not found in any other kind of sputum, because it is so abundantly produced in whooping-cough that its influence cannot be doubted, because its abundance increases in direct proportion with the severity of the disease. The discovery of the bacillus tuberculosis marks an important era in the study of the pathology of phthisis, and similarly it may be said that the substantiation of the views in the Fothergillian essay also revolutionise and mark a new epoch in the pathology of pertussis.

The Adulteration of Food Act.

THE Act to prevent food adulteration must be very laxly administered, otherwise it would not happen that falsified articles of food and drink are sold wholesale in the London markets. It appears that last week a very large quantity of adulterated pepper was sold by auction in Mincing Lane, and in spite of the indignant remonstrance of a section of the trade. A sample of this pepper was, on analysis, found to consist of an inferior kind of pepper mixed with 44 per cent. of sand and dirt; nevertheless, it realised a good price, the buyer intimating that it would be used for feeding poultry. We are curious to know whether this mixture of pepper, sand, and dirt paid the same duty as the genuine article? If it did, then all we can say is that the officers of Excise must either be very remiss or careless, or they must wink at the fraud about to be practised upon retail dealers and the public. Only a few weeks ago we had occasion to complain of the enormous adulteration of coffee with chicory. The falsification of an article of every-day home consumption as that of coffee was carried on with the knowledge of the Government officials because it paid duty and was said to be innocuous, or in no way injurious to health. Turning to drinks, brandy and wine are no better off. Scarcely a genuine sample of Cognac brandy is to be had. In most instances the spirit sold under the name of brandy is nothing more than a raw kind of beet, or potato spirit, with a flavouring of the genuine article, or more frequently with some flavouring material which imparts a bouquet and effectually disguises the unwholesome compound. The trade is no doubt a profitable one, but it is a very improper one, for in place of a cordial we get a spirit in many ways prejudicial to health.

The Mullein Plant.

A CONTEMPORARY contains an account of a therapeutical research into the alleged virtues of this plant in the treatment of pulmonary consumption. The *Verbascum thapsus*, or great mullein, is a weed found in this country, in Ireland, and in the south of Scotland. In Ireland, however, it has always been cultivated on a rather large scale, in answer to a steady demand for it by phthisical sufferers; and our daily contemporaries contain frequent advertisements offering it for sale. It is difficult to imagine that this could have gone on so long unless there was some practical benefit obtained; and we therefore notice the matter in the hope that some of our readers may be induced to look into it. The inquiry was conducted in St. Vincent's Hospital, Dublin, by noting the weekly

weights of consumptive patients in various stages, who were treated on mullein solely, and to the exclusion of cod-liver oil, koumiss, or any other weight increaser. The mullein was given in the old Irish way, by boiling an ounce of the leaves for ten minutes in a pint of milk, straining, and administering it warm with or without a little sugar. This does was given twice daily, and was found grateful, and after a little time palatable—much more so than either the watery infusion or the juice of the leaves. The inquiry is still progressing; but Dr. Quinlan finds that in pre-tubercular and in early stages a decided increase in weight is obtained; and the cases certainly appear to establish this. In the advanced stages the disease progressed and the weight diminished, in spite of the mullein, which, however, appeared to afford great relief to the cough and dyspnoea. Phthisical diarrhoea, moreover, when present, was completely checked by it. In phthisical perspirations it was found utterly useless, and these had to be controlled by the hypodermic use of atropia sulphate. The patients were all much gratified at the mullein treatment, in which they had great faith, and this might have induced them to imagine a greater amount of relief in the advanced stages than they really obtained. Still, the increases of weight in the early stages look promising, and, upon the whole, we think the subject is worth inquiry. We see by the recent Lettsomian Lecture of Dr. A. E. Sansom that extract of the *Convallaria majalis* (the well-known lily of the valley) has properties in the treatment of cardiac disease and dropsy equal, and in some respects superior, to digitalis. This was introduced by Prof. Sée, who found it employed by the Russian peasantry. It is a pity that these popular remedial simples are not more looked into.

Dr. Littlejohn and the Dublin Physicians.

THE following resolution in reference to Dr. Littlejohn's recent letter to the *Glasgow Herald* has been unanimously adopted by the Council of the Irish Medical Association, and sent to us for publication:—

Resolved:—"That this Council repudiates the unfounded imputation upon Dublin physicians contained in a statement publicly made by Dr. Littlejohn, Medical Officer of Health for the City of Edinburgh, in a recent letter to the *Glasgow Herald*, to the effect that 'the profession (in Dublin) protests loudly against a loss of fees where any of their patients, however badly housed, are removed to hospital so as no longer to be a source of danger to the community.' That this Council expresses its surprise and regret that Dr. Littlejohn should have publicly attributed such motive to the members of his own profession in Dublin without attempting in any way to substantiate the accusation. That a copy of this resolution be forwarded to Dr. Littlejohn and the weekly medical journals."

No Chinese Need Apply.

THE American Treasury Department has decided that a Chinese wet-nurse must be considered as a labourer, and as such is excluded from admission to the United States, under the provision of the Act restricting Chinese immigration. This is a perfectly consistent decision. If there are good reasons to restrict the immigration of male Chinese labour, so are there to place the same embargo on the female. Wet-nursing is practically a labour, since the woman is pecuniarily rewarded for her work.

The Irish County Infirmaries.

WE observe with much satisfaction that the surgeons attached to county infirmaries in Ireland have reorganised their Association, which did such good service in former years in protecting these valuable institutions. A meeting of the Association was held on the 30th ult., at the Irish College of Surgeons, at which Dr. Brunker occupied the chair, and there were present—Drs. D. Jacob, Knott, Johnston, Minchin, Mackesy, Falkiner, Ridley, Bradshaw, Russell, Carte, Middleton, Mayne, Cullinan, Young, and MacDonnell. Letters of regret at not being able to attend were received from Drs. Kinkead, St. George, Palmer, Cabalan, Jordan, Hamilton, Moore, Bellew Kelly, Barton, Rawson, Chaplin, Lawlor, and Sir W. Millar. A discussion took place in which reference was made to the throwing out at Road Sessions of the Presentment for the County Kildare Infirmary. The present insecurity of many county infirmaries was also considered, and the desirability of attempting to remedy defects in the present system, and initiating improvements so as to anticipate hostile action in the future, was also fully discussed. It was resolved—

“That this meeting desires the Committee of the infirmary surgeons to take steps to protect the interests of the infirmaries in the proposed County Government Bill. That the Committee seek the advice and assistance of friendly M.P.’s and others with a view to the introduction of such clauses as shall enlarge and secure the benefits of the county infirmaries.”

We claim with confidence the warm support of the profession for this movement, especially as we are aware that the circumstances which have brought it together are most urgent. Increasing difficulty has been experienced from year to year in obtaining the necessary grants for the maintenance of these institutions because of the gradual lowering of tone of the bodies with whom the voting of the grant lies. This difficulty has been recently illustrated in the case of the Kildare Infirmary, which, during the absence of the surgeon from the Road Sessions in consequence of illness, was deprived of its grant by the influence of a local agitator. Moreover, Ireland is threatened with a County Government Bill in the coming session of Parliament, which, if passed, will commit the fiscal powers of the existing grand juries to elective boards of no higher standard than the present boards of guardians. Should this be so, the county infirmaries of Ireland which, since the year 1766, have been the centres of provincial surgery throughout Ireland, will be dependent for maintenance upon a class who will have little hesitation in shutting them up, if by so doing they can save a few hundreds a year or serve a politico-religious purpose.

We, therefore, highly commend the activity displayed by the infirmary surgeons, and we anticipate that, if the organisation is properly worked, it will receive, as it deserves, the hearty support of the Colleges and professional associations in Ireland.

THE *Sanitary Record* mentions the prosecution of a New York grocer for selling as pure cream of tartar a mixture consisting of 92 per cent. of ground gypsum and 8 per cent. of tartaric acid.

House Builders' Eccentricities.

AT the present time, when in every quarter of “greater London” dwelling houses innumerable are being erected to meet the presumed demand for this class of property, a good deal of instructive information respecting the peculiar estimate of sanitation entertained by builders can be gathered by any one curious enough to examine the houses recently built, or in course of erection. We have latterly given a good deal of time to the inspection of such premises, and with results confirmatory of the opinion so often expressed that a much more rigid supervision of these works is demanded than is generally given. One of the most striking instances in point is afforded by the construction of a great number of the new houses in course of completion at Bedford Park, Chiswick. The elevation of these dwellings is both neat and attractive, and, as a rule, the rooms they contain are sufficiently spacious for ordinary comfort; but the arrangement of the domestic offices is frequently carried out with almost perfect neglect of all sanitary precautions. We particularly refer to the fact that the “larder,” in which the food of the unfortunate families destined to live in the houses is placed, is almost invariably next to a water-closet, and in the majority of cases the doors opening into the two receptacles, for ingesta and ejecta respectively, are directly contiguous, while in even the best constructed only a partition wall divides the two compartments. Such a disposition cannot be at all a necessary arrangement, as the merest inspection suffices to indicate; and in a district which appears to be growing very rapidly in public favour, and to be each year more thickly populated, immediate steps ought to be taken under authority to prevent the repetition of blunders so glaringly detrimental to the preservation of health. We trust that by calling attention to the error we may be the means of remedying a conspicuous mistake.

The Proposed Abolition of Coroners in America.

THE Medico-Legal Society of New York having remitted to a committee to consider the reform of coroners' courts, has had before it its report, recommending: 1, the abolition of coroners' juries in most cases; 2, the substitution of salaried medical examiners, who are to act in lieu of coroners till there is reason to suppose that a crime has been committed, and report in duplicate to the coroner—who is to be a lawyer—and to the District State Attorney; 3, the reduction of the number of coroners, since the duties of these will in great part be transferred to the medical examiners; 4, power to be granted to the medical examiners to call in the aid of skilled chemists to make analyses.

Testimonials.

THE practical expression of gratitude is of too uncommon an occurrence between the public and our profession not to induce us to chronicle the fact when it assumes a tangible form. Occasionally we have the gratification of announcing that a certain practitioner has been presented with a silver salver by a few grateful patients, and that a house-surgeon, or the medical officer to a Friendly Society has received a framed parchment on leaving his post in token of appreciation of services

faithfully rendered. But it does not often take the practical and eminently serviceable form as was the case at Sidmouth (Devon) a few days ago, when Dr. Pullin of that town was presented with a magnificent microscope, a purse of one hundred guineas, and his wife with a silver urn and a silver casket by a few patients and friends "as a token of their esteem and confidence, and especially of their respect for the kind and conscientious manner in which he has discharged his duties to the poor during the last twenty-seven years." The gifts to Mrs. Pullin bore the following inscription:—"Presented to Mrs. Pullin as an expression of sincere regard from a few old and grateful patients of her husband." From the local papers we learn that Dr. Pullin has practised in Sidmouth for over thirty-two years, during which time he has never taken a week's holiday, that he has been health officer for many years, and has been foremost in every good and useful work in the town. Such a spontaneous expression of gratitude and appreciation of services rendered must be singularly gratifying to the recipients, and we have much pleasure in congratulating our *confrère* thereon.

The Medical Society of London.

ON Monday evening, 29th ult., Dr. Whipham, physician to St. George's Hospital, opened an interesting debate upon "The Association of Tubercle and Bacilli." The discussion was carried on with much energy, and in the end had to be adjourned to February 12th, at 8.30 p.m. On that occasion Dr. C. T. Williams will re-open the discussion, so that another full and instructive meeting is anticipated. The Society, which has undergone many vicissitudes since its foundation 110 years ago, is now apparently gaining strength and energy, and is probably at the present time in a better condition than that to which it has hitherto attained. The retiring President, Mr. Francis Mason, may be congratulated on the good and steady work which has been accomplished during his year of office.

On Monday last Dr. Sansom delivered the third Lettsomian Lecture; *subject*: "Mitral and Aortic Disease," which will appear in our next number.

Gresham Lectures.

FOUR lectures will be delivered in Gresham College by Dr. E. Symes Thompson on "Alpine Health Resorts." The lectures will be given on Monday, February 5; Tuesday, February 6; Thursday, February 8; and Friday, February 9—commencing each evening at six o'clock.

The Rectorship of the Edinburgh University.

THE *Medical Times and Gazette* says that among the names favoured by the Liberal students of Edinburgh University for the office of Lord Rector are those of Earls Granville, Rosebery, and Selborne; Viscount Sherbrooke, Mr. Trevelyan, and Mr. Campbell-Bannerman. A proposal, which emanates from a section of the Conservatives, that the Duke of Albany should be unanimously elected to the Rectorship, finds no favour in the Liberal ranks.

The Seat of Instinct.

THE curious theory has been put forward recently by Dr. W. A. Hammond, of New York, that the seat of instinct is in the medulla oblongata, his argument being based among other observations upon the capacity in acephalic monsters for suckling and similar instinctive acts, providing the medulla be present.

Personation.

IT is not an uncommon practice for quacks and other impostors to assume the names, and even the titles and degrees, of deceased eminent members of the profession for the purposes of imposing upon an indiscriminating public; but such tactics are not often resorted to during the lifetime of medical men. Such a case, however, occurred last week in the South of London (9 Winster Terrace, Peckham), where a man was discovered to have assumed the name of Dr. A. Hamilton Jacob, of Dublin, advertising himself as M.D. T.C.D., F.R.C.S., &c., and not content with that gentleman's speciality as an oculist, he added as extra attractions, and as evidence of his wide-spread accomplishments, "the cure of Consumption, Paralysis, Palsy, Gout, Asthma, Sciatica, Lumbago, and Neuralgia." But the Medical Alliance Association were unwilling to believe that a former ship's cook could embody so many healing virtues in his sacred person, and on Saturday last they summoned this gentleman before the Lambeth Police Court. Being, however, busily engaged in his philanthropic enterprise, he had no time to attend a common summons, and a warrant was accordingly issued for his immediate arrest. For the present, Dr. A. H. Jacob's prototype will probably cease from troubling and leave the pockets of a much-enduring public at rest.

Fæcal Gas as an Illuminant.

AN ingenious German has conceived and carried out a plan for the manufacture of gas from human fæces. "These are put in a retort, where they are not only dried, but decomposed by heat, the chief products being a light yielding gas, carbonic acid, tar, oil, and ammonia. As in ordinary gas works, the tar and oil are separated, the gases washed by being passed through water, the carbonic acid fixed, and the light yielding gas purified for use. There remain in the retorts the ash-constituents with a portion of carbon, which the inventor designates coke." The authority for this description, *Der Techniker*, informs its readers also that a Breslau Hotel has already been successfully lighted by means of this novel and presumably economical gas.

MR. SPENCER WELLS, the President of the Royal College of Surgeons of England, will deliver the annual Hunterian Oration in the theatre of the College on Wednesday next, at 3 o'clock. Members of the profession will be admitted on presentation of their private cards.

BRIGHTON now enjoys the enviable reputation of having the lowest death-rate of any of the large towns in the United Kingdom. According to the Registrar-General's returns last week, the death-rate was only 12 per 1,000 of the population, without a single case of a zymotic character.

The Irish Gaol Commission.

THE meeting of the Association of Surgeons of Infirmaries and Gaols in Ireland, which took place at the Irish College of Surgeons last week, had under consideration the relations between the Prisons Department at Dublin Castle and the medical officers, which have recently been so strained that the service in some districts has only with difficulty been carried on. It may be recollected that when the Prisons Act of 1878 was passed—which preserved to the fullest extent the rights of the prison surgeons then in office—a totally illegal attempt was made by the Irish Prisons Board to reduce salaries, remove the apothecaries without compensation, and force the medical officers to do the apothecaries' work gratuitously. A more audacious effort by a public department to over-ride the law and oppress a class of officers whom Parliament had carefully protected was never made, and owing to vigorous organisation and determined assertion of their rights by the medical officers, the Board was obliged to withdraw its scale of payment and reinstates the apothecaries, or else compensate them and pay extra for the performance of their work. Recently the same tyrannical spirit has shown itself in marked degree in the Castle administration of Prisons. All sorts of petty annoyances were put upon medical officers, and the determination was clearly shown to put "the doctors" under heel if it could possibly be done. The Board was, however, taught a lesson by one of its medical officers whom it tried to dismiss contrary to law, and it was obliged, after taking the advice of its legal advisers, to subside into a dignified silence, and withdraw all its arrogant manifestoes.

As the Irish Prison system is now administered it is plain that individual officers must oppose a concrete resistance to the aggressions of the Board, and the opportunity is now afforded for them to present their case to the Irish Prisons Commission, which has just held its first sitting, of which Dr. Robert MacDonnell and Dr. Sigerson are the medical members.

We observe, therefore, with satisfaction, that the Association, which met last week, appointed six gaol surgeons to represent them before the Commission, viz.—Drs. Carte, D. Jacob, Kinkead, Middleton, Falkiner, and Mac Donnell.

The points upon which opinions and information are requested by the Committee are as follows:—1. The supply of instruments and medicines. 2. Compulsory attendance on warders and their families, who reside outside the gaol. 3. Compulsory daily attendance on extra diet prisoners. 4. The necessity for trained hospital warders. 5. The increase of duties by order of the G. P. Board. 6. Suggestions for alterations in the dietary, sanitary, or hygienic improvements.

We hope that there will be no hangers back from this movement. We note the absence of a few names from the meeting, and trust that their abstention had a good excuse.

THE Municipal Council of Paris has voted the sum of £120,000, two-thirds of which are to be expended in the improvement of existing hospitals, and the remaining one-third to be expended in the erection of new establishments for the relief of the sick poor of that city.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH.—ROYAL DISPENSARY MEETING.—The annual meeting of the contributors to this institution was held in the Council Chambers, Edinburgh, on the 27th ult., Lord Provost Harrison presiding. The annual report stated that the Dispensary still continued in an efficient state. There had been over 8,000 patients treated at the institution, while no fewer than 691 infants had had the beneficial operation of vaccination performed during the year. The subscriptions last year were slightly less than in 1881. The medical report stated that during the past year 8,382 patients had sought the benefits of the institution. Of that number 5,594 attended personally at the Dispensary, 1,808 were visited and treated at their own homes, 245 poor women were attended during their confinements, and 691 infants vaccinated.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 27th ult., the mortality in Edinburgh fell from 100 to 93, and the death-rate was 21 per 1,000. There were 17 deaths under 1 year, and 17 above 60, of which 4 were above 80, and one above 90 years. Diseases of the chest accounted for 50, and zymotic causes for 10 deaths.

EDINBURGH HEALTH LECTURES.—The subject of Dr. J. Halliday Croom's last lecture, under the auspices of the Edinburgh Health Society, was on "Nursing the Sick." The audience was a large one, and the discourse was made additionally attractive by practical demonstrations illustrative of the points sought to be impressed upon those present. Certain is it that if "preaching and practice" were synonymous, the sad results due to ignorant nursing would be unlikely to occur in the hands of those who heard Dr. Croom's sermon. But, unfortunately, nurses and the general public equally are afraid of air; and cleanliness and light, especially in poor homes, are not among the remedial measures generally adopted in "nursing the sick." Dr. Croom touched so ably, yet so simply, on so many topics about which the public should be well informed, that we hope to hear that his lecture has been printed for gratuitous distribution.

SCHOOL OF MEDICINE, SURGEONS' HALL, EDINBURGH.—At a meeting held on the 31st ult., the lecturers in the School of Medicine at Surgeons' Hall, Edinburgh, met for the purpose of appointing a lecturer in room of Dr. Keiller, resigned, when it was unanimously resolved that Dr. Angus Macdonald be appointed to fill the vacancy.

WEST KILBRIDE.—DEATH OF A CENTENARIAN.—Considerable doubt exists on the part of certain authorities as to whether the duration of life extends to 100 years, and yet from time to time instances of such longevity are recorded. A few days ago, at West Kilbride, the death took place of a woman at the advanced age of 104 years.

GLASGOW DEATH-RATE.—During the week ending with Saturday, the 27th ult., the death-rate of Glasgow was 30 per 1,000 per annum, the same as in the previous one, the death-rate of the corresponding weeks for 1882, 1881, and 1880 respectively being 22, 46, and 30.

EDINBURGH.—THE SICK CHILDREN'S HOSPITAL.—The annual meeting of the friends of and subscribers to the Hospital for Sick Children, Edinburgh, was held on the 29th ult., the Lord Provost presiding. From the annual report, which was read, it appeared that the children treated in the wards during the past year numbered 584, being 46 more than in the previous year, and that the number treated at

the dispensary was 6,270, an increase of 228. 192 of the cases in the wards were fever patients—the most expensive kind of case—whose cost was over £1,000 annually. The annual contributions were found insufficient to meet the expenditure, and in consequence the reserve fund was being gradually extinguished, and the directors earnestly appealed for enlarged contributions. Exclusive of legacies, the income amounted to £1,718, including—subscriptions, £1,242, and donations, £321. The expenditure was £2,519, showing an excess of £801 over the income.

GLASGOW ROYAL INFIRMARY.—The annual meeting of the qualified contributors and subscribers to the Glasgow Royal Infirmary was held on the 29th ult., in the Chamber of Commerce, Glasgow, the Hon. the Lord Provost presiding. In the course of his remarks his lordship drew attention to the fact that in the medical and surgical wards of the Infirmary last year, a much larger number of cases came under treatment than in any previous year—and that with a very low average rate of mortality—but, on the other hand, the necessary expenditure, although proportionally less than in previous years, had not been met by the annual ordinary revenue; and the managers had again been obliged to resort to the reserve fund to make up the deficiency, which he sincerely deplored. He also remarked upon the non-subscribing qualities displayed in the well-paid artisan, who received all the benefits of such charities as the Royal Infirmary, but contributed nothing to their support.

Literature.

CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN. (a)

A WORK so well known as that before us needs no lengthened review. We shall therefore content ourselves with pointing out some of the changes which we notice in the present edition. Firstly then, the type is larger, and this, together with the introduction of a large amount of new matter, accounts for the increase of the volume to 393 pages. The chief additions are to be found in connection with sub-involution, laceration of the cervix, fibrous tumours, and inversion of the uterus. The first of these subjects is treated at much greater length, and the symptoms, as well as the different modes of treatment adapted to different stages of the affection are entered into in more detail. Emmet's operation for the cure of lacerated cervix is mentioned, but in our author's opinion the evils resulting from this condition have been exaggerated, and the cases demanding operative interference are but few. Hysterotomy and the removal of both ovaries are added to the methods of treating cases of fibrous tumour of the uterus. The chapter on inversion of the uterus is, perhaps, the most interesting in the book. Dr. Atthill's observations upon the causation of this displacement, are, we believe, both new and original. Total extirpation of the uterus is permissible in some cases of cancer. In one such case, the fundus only was removed by the author, the disease being apparently limited to that region. In a similar case, however, he would perform Freund's operation. In the performance of ovariectomy, all antiseptic precautions are observed, excepting that the spray should not play directly on the abdomen. Chloroform administered by Junker's inhaler is preferable to ether. We observe also that the arrangement of some parts of the work has been changed, and also some new illustrations added, amongst which we notice Dr. Galabin's pessary for prolapse, the name is, however, said to be known as Galbanum's pessary. With this, and a few other exceptions, the book is free from even typographical errors.

Brief as our notice necessarily is, we have, we hope, said enough to show that the author has spared no pains to keep pace with the advance of this branch of medical science. We heartily congratulate him upon the success of this work, which has, in a little over ten years, not only reached a seventh edition, but has been republished in America, and also translated into French.

(a) "Clinical Lectures on Diseases Peculiar to Women." By Lombé Atthill, M.D. Dublin: Fannin & Co.

EASTBOURNE. (a)

MR. MOSELEY has collected a great deal of useful information regarding the advantages possessed by Eastbourne as a place of residence, and a winter resort for invalids. The town, he tells us, rests on a substratum of sandstone, the intermediate stratum of soil being light and porous; the beach is clear and absolutely devoid of mud or other impurity; the locality presents two varieties of climate—the one bracing and invigorating, the other mild—and what our author calls "emulsive." The mean winter temperature is $41\frac{1}{2}^{\circ}\text{F}$.; highest in July, about 75° ; the mean for that month, 60° ; annual number of rainy days, 168; annual rainfall, 31.6 inches. The neighbouring drives, and open spaces provide ample breathing space for visitors. The water-supply is abundant and good. From its position, Eastbourne enjoys a large amount of sun light. It is extolled by the author as a residence both in summer and in winter for invalids, and as indicating its advantages as such, he states that on an average of eleven years, 1871-81, the rate of mortality there was only 15.6 per thousand persons.

NOTES FROM SICK ROOMS. (b)

FROM this little brochure we can plainly see that Mrs. Stephens has been patient as well as nurse, and that she knows all the feelings and wishes of patients. For ourselves, we never really understood the views of the sick until we had undergone a long and painful illness; and therefore, we have read this little volume with sympathy and interest. The notes of nursing are careful and useful, and ought to be in the hands of all that band of educated ladies who have, to the great benefit of humanity, ousted Mrs. Gamp from her position of licensed torturer of the afflicted.

Mrs. Leslie Stephens gives excellent instructions *enent* the making of beef-tea, and to these we would add a supplement:—Should the chronic sufferer tire of beef-tea, add to each pint four oysters (if the month contain an R) and their liquor. This will entirely change the flavour, and render pleasant and appetising the drink which previously palled. Let the nurse make the beef-tea on her own fire, instead of sending the meat to the kitchen. She will find a wonderful improvement in the quality.

DIET FOR THE SICK. (c)

THIS is a very handy little cookery-book for the sick room, and contains a number of very useful and plainly expressed receipts. Reasonable economy seems to be studied throughout, and efficiency is always kept in view. In making this remark we would except No. 5^b, p. 41, for lentil soup. This is done with lentil flour, and is one of the worst receipts we ever saw. We give from personal experience a really good one:—Take of *German* lentils $1\frac{1}{2}\text{lb}$.; of raw meat bones (from the butcher, 20d. a stone) 7 lb.; of pot-herbs and salt, q.s.; of water, one gallon; put all these down to simmer on the hob, or on the cover of a close range, until the lentils have disappeared. This will take many hours, but will produce, with occasional additions of water, five pints of succulent, nutritious, and meat-tasting soup. It is filling and appetising, and we commend it to both the sick and to large families. The exact price of the five pints of soup thus produced is, excluding fuel, a fraction less than fifteen pence.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College on Tuesday January 30th:—

Green, Henry, L.R.C.P. Ed., Norfolk Crescent, London.
Halliburton, W. Dobinson, Upper Norwood.
O'Kane, Michael, L.S.A., Camberwell.
Parsons, Charles William, L.S.A., South Hackney.
Treasure, W. B. Crawford, L.S.A., Crewkerne.
Trinder, Alfred Probus, Highgate.
Watson, Robert Walker, L.S.A., Highbury New Park.
White, Thomas Harry, L.S.A., Lincoln.

(a) "Eastbourne as a Residence for Invalids, &c." By George Moseley. London: J. & A. Churchill. Eastbourne: W. Leach and T. S. Gowland.

(b) "Notes from Sick Rooms." By Mrs. Leslie Stephens. London Smith, Elder, & Co. Crown 8vo, pp. 52.

(c) "Diet for the Sick." By J. J. Ridge, M.D. Second Edition. London: J. & A. Churchill. Foolscap 8vo, pp. 51.

Correspondence.

THE CHEMICAL ANALYSIS OF DRINKING WATER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—The steps taken by the United States Board of Health, referred to in an editorial note of last week in the *Medical Press and Circular*, and which have for their object the determination of the relative value of the several methods employed in the analysis of drinking waters, are well deserving the notice of the Local Government Board of this country. The divided opinions of chemists at the present moment serve only to confuse, mislead, and unsettle the public mind. Some effort will surely be made by the new President of the Local Government Board to put an end to the scandal engendered by the monthly publication of two or three chemical analyses of the water supplied to London, which are not only directly contradictory, but are often apparently intended to discredit each other.

Although it is uncertain when the question of a pure water supply will form the subject of discussion in Parliament, it nevertheless continues to occupy the attention of all classes of intellectual and intelligent men both at home and abroad. As an evidence of this I would refer you to an interesting discussion, extending over two or three ordinary meetings of the Institution of Civil Engineers, concluded only a week ago. The paper which originated the discussion was one on "The Antwerp Water Supply." It appears that the inhabitants of this town had for years drawn their water supply from shallow wells, most of which were polluted by neighbouring cesspools, and it was therefore thought desirable to bring in a better and safer supply. It was proposed to draw the future supply from the river Nethe, but the great obstacle to carrying this into effect was that the water is so turbid and muddy that no ordinary method of sand filtration would render it clear enough, or remove the suspended organic and mineral matters. The inhabitants of Antwerp preferred their polluted well waters—which were clear and sparkling to the eye—to the dirty-looking, unpalatable, river water of the Nethe. Subsequent trials made with spongy iron as a filtering material proved to be more successful, and ultimately the water was, in appearance at least, so much improved that three eminent chemists to whom it was submitted certified to its efficient filtration, and also averred that "it possessed the power of destroying organic impurities and destroying the germs of putrefaction, of bacteria, and probably those of epidemic diseases."

This remarkable statement deserves somewhat closer scrutiny, and the natural inquiry is, what is spongy iron? Spongy iron is iron prepared by reducing hematite ore at as low a temperature as possible by means of carbon. The ore not being submitted to as high a temperature as is the case in the ordinary blast-furnace, the resulting metal is not homogeneous in structure, is vesicular and spongy, and can be easily broken up. Its action over water is said to be chemical—not mechanical. It exerts a reducing action, diminishing the quantity of organic carbon and nitrogen. It undoubtedly has a deoxidising effect upon water, and for this reason it has been found necessary, after passing water through spongy iron, to send it once more through a layer of sand. It is also said that the spongy iron employed in filtration in no way deteriorates—that is, so far as can be determined by the filter beds which have been in use for eighteen months. A remarkable property in itself, no doubt.

I have experimented with a house filter, and find some of the statements in no way borne out; with regard "to the complete destruction of bacteria and their germs," this is certainly not a fact. On submitting a number of samples of spongy-iron-filtered water to Dr. Koch's gelatine process and the microscope, I have had ample proof of the presence of myriads of living bacteria. It is not pleasant to chemists to have their results questioned and their analyses pronounced worthless, but as this is a matter which greatly concerns the public health, the truth should be told. It is but fair to say that, as my experiments proved to be unfavourable to spongy iron, the supporters and advocates of this material question my results. It is urged by them that the outer air was not carefully excluded, and, therefore, that the water became infected after it was

drawn from the filter, or that some infective germs had obtained access to my test tubes, and so forth. My answer to any objectors on these grounds is simply that it is a part of the filtering process as pursued at Antwerp, to expose the water, after it has passed through the spongy iron, *freely to the air* before it is delivered to their customers; and, furthermore, that samples of pure distilled water submitted at the same time, and under exactly the same conditions, to the gelatine process, show no sign whatever of any change. The gelatine test must, therefore, I think, be accepted as conclusive.

The results obtained by Koch's gelatine process are, to a great extent, palpable to the naked eye, and indisputably show the comparative vital activity of the organisms contained in each specimen of water examined; and in such a way that they can be photographed, and made a perfect record of the intensity of life in the liquid. The microscope subsequently employed removes every doubt, and enables us to designate the genus and species to which organisms may belong. In a little time I hope we shall have accumulated sufficient evidence of the fact that this mode of examining water is far more important to the profession and the public than any mere chemical analysis.

I am, Sir, yours, &c.,

1 Bedford Square,
Feb. 3, 1883.

JAMES HOGG.

Obituary.

JAMES STARK, F.F.P.S.G.

ON the 30th ult. there died at Glasgow, aged 69, a surgeon to whom is due the adaptation of thermo-cautery to many purposes it has served in modern times. Mr. James Stark was born at Camelon, near Falkirk, in 1814, and was educated at Glasgow, being admitted a Licentiate and Fellow of the Faculty of Physicians and Surgeons of that city on completion of his curriculum. Mr. Stark has at various times introduced several improved forms of surgical instruments to the profession, but the chief of these is undoubtedly the electric thermo-cautery, by which, with the aid of platinum points and a battery of manageable size, all the advantages of the cautery could be secured with a minimum of inconvenience. The deceased surgeon has always, since he commenced to practise his profession, enjoyed a generous share of public support; as a Temperance advocate he was well known and respected; and in connection with the Volunteer movement, he has from its inception been a staunch supporter of it. His loss is very greatly deplored, not only by his professional brethren, but by all who enjoyed his friendship.

DR. GEORGE FAIR.

THE death of this gentleman is announced as having occurred at Buenos Ayres. Deceased had only attained to middle age, having graduated at the University of Edinburgh in 1850. As soon as he was qualified, he volunteered for military service during the Crimean War, and after enduring the privations and sufferings entailed on all engaged in that campaign, he was honourably mentioned for his especial care of the wounded when under fire and in hospital, and received the Legion of Honour. Soon after the close of the war, he decided to settle in practice at Buenos Ayres, in South America, where his father had formerly owned a large tract of land and his two elder brothers were merchants. His general manner and marked abilities soon gained for him a wide circle of friends and an extensive practice. One of the South American journals, in summing up the record of his life, says:—"Whether as the director of the British Hospital or as a private practitioner, he was as distinguished in his profession as unceasing in his beneficence. While the rich gained health under his hands, his gratuitous services to the poor equally occupied his time. Latterly, when in weaker health, he was usually accompanied by his devoted wife, who went hand-in-hand with him in the work of his life, and in death they were not divided, and 'after life's fitful fever, sleep well' on the banks of the great water."

Notices to Correspondents.

CORRESPONDENTS requiring a reply in this column

ularly 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.

"MEDICAL REFORM."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The appalling fate of the unfortunate Dr. Edwardes, your truthful rendering of the incidents and characters of the actors, including "the man Garrett," connected with the tragedy, and the apparent drowsiness of the legal authorities and the country at large now that the inquest is over, compel me to ask what is the General Medical Council doing, or about to do, with the evidence collected by its recent "Commission" under the chairmanship of Dr. T. K. Chambers?

There was some noise and blowing off of steam when the Commission commenced its inquiries; but judging from results so far, one is tempted to say of it—*Ex nihilo nihil fit*. Perhaps Egypt, Ireland, and the alleged "conspiracies to murder" have blocked up "Medical Reform" for another decade. Well, be it so. Let us hope on, or sleep on, and "rest and be thankful."

I am, Sir, yours truly,
J. O'F.

Houghton-le-Spring, Durham,
Jan. 30th, 1883.

P.S.—Since writing the above, a prescription by a "doctor's doctor" (unqualified) has been handed to me. I send a copy of it, as the original is too valuable to be parted with, as other colliery doctors might wish to treat bruises, broken bones, &c. on the same lines:—
℞ Tinct. fer. perchlor., ʒiij;
Aque ad ℥ss.

Sig.—A teaspoonful in water thrice daily.—F. H. C.

THE FOUNDER OF COTTAGE HOSPITALS.—The Hon. Secs. to the Napper Testimonial Fund request us to announce that the presentation will take place in the Rooms of the Society of Arts, on Saturday next, at 4 p.m., Mr. Erichsen, F.R.S., in the chair. All subscribers are invited to attend.

THE ARMY HOSPITALS INQUIRY.—A special meeting of the members of the Committee, under the presidency of Lord Morley, was held yesterday at Aldershot, when all the Commanding Officers of Regiments and Corps in the Garrison were examined.

DELIRIUM TREMENS.—A telegram from New York states that a terrible scene was witnessed in the Alcoholic Ward at the Bellevue Hospital. A machinist of immense muscular power, during an attack of delirium, killed another patient with repeated blows from a stool. Subsequently there was a fierce fight between the maniac and seven keepers, pieces of furniture being used, until the maniac was finally bound and subdued. His injuries are likely to prove fatal.

O. K. M., DR. S., and J. T. will please accept our best thanks for the trouble they have taken in obtaining and forwarding information concerning the subject of our recent notes on objectionable advertisements.

DR. ROBERTS.—The Society possesses rooms of its own, which are situated at 10 Adelphi Terrace, and afford the ordinary club accommodation. The annual subscription is one guinea, and members incur no liability whatever beyond this amount.

DUBITANS enters on a question in his letter which is at present closed for discussion, and cannot be reopened until certain points have been definitely settled.

H. N.—See reply to Dr. Roberts above.

LISMORE UNION.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been directed to a "Note" in your paper of the 24th ult. headed, "The Lismore Union Case," in which my conduct is arraigned, together with that of the Local Government Board and the Guardians in general in relation to the late removal of the medical officer of the workhouse.

As far as these strictures relate to myself, though wholly unwarranted, I desire to pass them without further notice; but I think it right to correct an error into which you have been led through a mistake in the report of the recent proceedings of the Board of Guardians from which you quote.

It is alleged in your remarks that the medical officer was got rid of "ostensibly" because "he could not get on" with the fever hospital nurse and the master of the workhouse; and a late charge made against the fever hospital nurse is referred to as showing how unworthy she must be of the confidence of the Board. In point of fact, the charge of misappropriating the workhouse property was made, not against the *fever hospital nurse*, but against the *infirmary nurse*—an official who always enjoyed the full confidence of the late medical officer, and as regards whom it is only right to say no previous complaint had been made.

I am, Sir, your obedient servant.

Lismore, Feb. 1st, 1883.

F. E. CURREY.

[We should be interested to know whether it is the fact that the gentleman who was recently acting as *locum tenens* for the medical officer of Lismore Workhouse, who resided four miles away, was obliged to resign office because of the frequency of the calls which he received from the master? and whether it is also the fact that the said gentleman had previously declined to recommend the Guardians to put the workhouse officers on a money allowance in lieu of the meat supply to which they were entitled?—Ed.]

MEETINGS OF THE SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), Feb. 7th, at 8 p.m. Annual Meeting. Election of Officers and Council. Specimens will be shown. President's Address.—Dr. Godson, Clinical Cases of Interest, with Remarks thereon.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—This evening (Wednesday),

Feb. 7th, at 8 p.m., Deputy Surgeon-General A. C. C. De Renzy, The Sanitary State of the British Troops in Northern India.

PHARMACEUTICAL SOCIETY OF LONDON.—This evening (Wednesday), A. W. Gerrard, A Research on the Alkaloid Gelsemine and some of its Crystalline Salts.—Dr. Thresh, Aromatic Spirit of Ammonia.—W. R. Dunstan and F. W. Short, An Apparatus for Continuous Extraction; the Assay of Nux Vomica.—W. R. Dunstan and F. Ransom, The Constitution of Liquor Sodæ Chloratæ; the Action of Chlorine upon Solutions of Sodium Carbonate.

ACADEMY OF MEDICINE IN IRELAND (Sub-Section of State Medicine).—Thursday, Feb. 8th, Opening Address by the Chairman.—Dr. Grimshaw, On Some Points concerning the Relations between Census Statistics and Health Statistics.—Dr. C. A. Cameron, On Antiseptic Experiments in a Mortuary Vault.—For Exhibition: Models and Specimens illustrative of Recent Sanitary Improvements, explained by Mr. W. R. Maguire. The collection includes the following: Patent Safety House Drain; Model Sections of Dwelling-house, showing arrangements, sanitary and insalutary.

CLINICAL SOCIETY OF LONDON.—Friday, Feb. 9th, at 8.30 p.m. Mr. Shuter, On Subperiosteal Amputation at the Hip-joint.—Mr. B. May, On a Case of Nephrolithotomy; Stone weighing 478 grains; Complete Recovery.—Dr. J. K. Fowler, On Two Cases of Pseudo-hypertrophic Paralysis in Adults (patients exhibited).—Mr. Godlee, On a Case of Fracture of the Radius and Dislocation Forwards of the Ulna at the Wrist, in which the Lower End of the latter Bone was removed to effect Reduction (patient to be shown).

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—Friday evening, Feb. 9th.—Living Specimens: Mr. H. Swamy, A Case of Cure of Glaucoma by Sclerotomy.—Dr. J. H. Benson, A Case of Diffuse Hypertrophy of the Breasts.—Mr. Stokes, Ununited Fracture of Humerus treated by Resection and Metallic Suture.—Mr. Croly, Cases of (1) Excision of Shoulder; (2) Excision of Wrist; (3) Excision of Elbow; (4) Excision of Knee; (5) Double Hare-lip, without Cleft Palate.—Mr. Wheeler, Cases of (1) Excision of Knee; (2) Excision of Elbow.—Mr. Kendal Franks, Case of Excision of the Elbow.—Specimens exhibited by card: Mr. Thornley Stoker—1. Cast of Compound Dislocation of Ankle, requiring Amputation; 2. Cast of Bilocular Patellar Bursitis.—Mr. Wheeler, Portions of Tibia, Femur, and Patella removed from living specimen present; 2. Portions of Ulna, Radius, and Humerus removed from living specimen present; 3. Head of Humerus excised for Carious Disease.—Mr. Thomson—1. Large Fatty Tumour removed from the Arm; 2. Nasal Polypus removed by Lateral Section of the Nose.—Mr. Croly, Casts of Rectangular Flap Amputations (Teale) of Thigh, Leg, and Arms; Syme's and Chopart's Amputation of Foot.—Mr. Kendal Franks—1. Sarcoma of the Foot; 2. Mammary Tumour; 3. Portions of Humerus, Ulna, and Radius removed by Excision.—Mr. Stokes—1. Greater Portion of Lower Jaw removed by Excision for Epithelioma; 2. Photograph of Patient after Operation; 3. Photograph of Case of Ununited Fracture of the Humerus.—Papers: Mr. T. E. Little, On a Case of Ligature of the Subclavian Artery.—Mr. M. Kilgariff, Cases of Strangulated Hernia.—Mr. Kendal Franks, On Spontaneous Dislocation of the Elip.

HARVEIAN SOCIETY OF LONDON.—Thursday, Feb. 15th, at 8.30 p.m. Discussion on the Report of a Committee of the Society appointed for the purpose of inquiring into the Mortality referable to Alcohol, to be opened by Dr. Morton.

ROYAL INSTITUTION.—We are requested to announce that Dr. W. H. Stone will give the first of three lectures on Singing, Speaking and Stammering, on Saturday, Feb. 17th; and Professor R. S. Ball will give the first of four lectures on the Supreme Discoveries in Astronomy on Tuesday, Feb. 20th.

Vacancies.

Kensington Dispensary.—Resident Medical Officer. Salary, £135, with apartments, &c. Applications to be sent to the Hon. Sec. 20 Stanford Road, Kensington Square, by Feb. 10th.
Salford Royal Hospital.—District Surgeon for the Pendleton Branch Dispensary. Salary, £80, with board and lodging. Applications to be sent to the Secretary on or before Feb. 15th.

Births.

DUKE.—Jan. 25th, at 74 South Circular Road, Dublin, the wife of Mansergh P. Duke, L.R.C.S.I., of a daughter.
EVANS.—Feb. 1st, the wife of Dr. Lewis Evans, 11 Crescent Place, Clapham Common, of a son.

Marriages.

POETT-SHERIDAN.—Jan. 29th, at St. Audeon's Church, Dr. P. M. Poett, of Terenure Road, to Thomasina, daughter of the late Henry Sheridan, Esq., Usher's Island.
WHITE-FERROTT.—Jan. 30th, at Monkstown Church, Hugh Brady White, Surgeon-Major, A.M.D., to Marlon Isabella, only daughter of John W. Perrott, Esq., of Thorncliffe Monkstown.

Deaths.

BROWN.—Jan. 28th, at his residence, Ryde, Isle of Wight, Richard Brown, M.D., late of Cobham, Surrey, aged 61.
DUGAN.—Jan. 25th, at Gainsborough, J. P. Dugan, M.D., aged 61.
GAUNT.—Jan. 19th, at his residence, Alvechurch, Worcestershire, John Smith Gaunt, M.R.C.S., aged 65.
JOHNSTON.—Feb. 2nd, at Tunbridge Wells, W. Woods Johnston, M.D., late of Java, and of Prince's Square, London.
SAVAGE.—Jan. 27th, at Dover, Johnson Savage, M.D., Deputy Inspector-General of Army Hospitals, aged 79.
SINCLAIR.—Feb. 1st, at Capenhurst, near Chester, Helen Gertrude, daughter of James Sinclair, M.D., Lytham, aged 24.
THOMAS.—Jan. 16th, at The Cliff, Goodwick, Fishguard, John Richard Thomas, Surgeon-Major, F.R.G.S.

dilated, but hypertrophied. The wall of the auricle may be increased in thickness from its normal of about 3-20ths of an inch (Bouillaud) to $\frac{1}{4}$ of an inch or more. I have found it $\frac{1}{4}$ of an inch thick in the case of mitral stenosis in a child. On the other hand it is occasionally found dilated rather than hypertrophied. In one case I found it extremely dilated, and the walls almost as thin as an ordinary visiting card. The dilatation and hypertrophy of the left auricle are also in accord with *a priori* consideration, for the cavity becomes over-filled on account of the obstruction to its outflow and the muscle has a heavier task than the normal in aiding the filling of the ventricle. When dilatation is in excess it is through an unusual failure of muscular power.

I turn now from the morbid anatomy to the *clinical history* of mitral stenosis, and I shall ask your indulgence if I seem to dwell too long upon points which may not seem at first sight to have a very distinct bearing upon treatment. I feel sure that I shall have your concurrence when I say that no disease is well treated that is misunderstood. We have a great deal to learn as to mitral stenosis; it is, I feel quite sure, in many instances unrecognised, not from any fault in observers, but from their misfortune. It is only comparatively recently that our pupils could be taught in our hospitals the methods of discriminating between cases of mitral stenosis and those of mitral regurgitation, and it is unwise to conceal the fact that difficulties in differential diagnosis do occur. But it has, to my mind, been too hastily assumed that the consecutive changes and collateral phenomena in the two conditions are so closely similar that a plan of treatment for the one is equally applicable to the other. I need not ask you to concur with me in deprecating the plea of *cut bono*? It is our bounden duty to know all we can of the disorder we have to treat, even if the immediate influence of such knowledge upon treatment be not so very apparent.

Let us consider the signs by which we may recognise the condition of mitral stenosis. 1. *The murmur.* This is heard in the neighbourhood of the apex of the heart, in the mitral area, but according to my experience usually rather to the right of the apex. It occupies the diastolic period—the long pause—usually the concluding portion of it, and then it terminates abruptly with the first sound. It is chiefly M. Fauvel, of Paris, and Prof. Gairdner, of Glasgow, that we have to thank for accurately describing this murmur and making it available for the practical purposes of diagnosis. The distinction between a murmur indicating mitral stenosis, and that indicating mitral regurgitation is to be made partly by the character of the sound and partly by the rhythm. The stenosis-murmur is usually of a rattling and rolling character, but its chief characteristic is its abrupt termination—it ends with a sudden stop as the murmur of regurgitation *never* does. Even when the murmurs of stenosis and regurgitation are combined there is usually a spot in the neighbourhood of the apex at which the former is heard to stop suddenly, and the systolic murmur to “tail off” from it. The rhythm is determinable by ascertaining the relation to the second sound, and to the impulse of the heart. In approaching the apex from the base one may be convinced of the commencement of the murmur after the second sound. Near the apex one may hear that the termination of the murmur is with the impulse of the heart as felt upon the chest wall or where this cannot be determined with the pulsation of the carotid in the neck. Such are very briefly the chief characters of the murmur which is so commonly known as the presystolic murmur that has been considered to be almost, if not absolutely, pathognomonic of mitral stenosis. And now as to its mode of production and position, which is really of practical importance. Professor Gairdner and others have considered it due to the muscular contraction of the auricle urging the blood through the stenosed aperture into the ventricle. It is well known that Prof. Gairdner proposed the term auriculo-systolic to describe the murmur. Dr. Wilks, however, (a) considered that the murmur might anticipate the auricular systole; that it might occur “not only during the contraction of the auricle, but also during the heart’s diastole and pause.” Dr. Galabin came to a like conclusion from the evidence afforded by the cardiograph. I am able to afford the crucial proof of the view that the causation of the presystolic murmur may be independent of the auricle—*first*, because in many cases I have observed that, though there has been present a prolonged presystolic murmur commencing in the long pause almost immediately after the second sound, cardiographic

evidence has shown the auricular systole to occupy its normal position, just anterior to the commencing contraction of the ventricles; (a) secondly, because I observed a case in which a murmur occupied at one time a portion of, and at another almost the whole of, the long pause, and the autopsy showed that the auricular systole would have had no share in producing such a murmur, for not only was the left auricle *so* dilated that it could have exerted no appreciable muscular power, but it was lined by a closely-adherent old laminated blood-clot. I consider that it is clearly proved that the so-called presystolic murmur may occur during the diastolic as well as the presystolic period, and that it may be due to the entrance of blood into the ventricle directly diastolic relaxation permits, the blood being urged through the stenosed aperture owing to the tension under which it has been retained in the elastic and distended auricle and the pulmonary veins. The contraction of the auricle may reinforce the murmur, and make it loudest just before the ventricular contraction. This consideration explains why, in exceptional cases, the murmur of mitral stenosis is post-diastolic, and ceases with a distinct pause before the first sound, the auricular systole in such cases being weak or imperfect. It is certain that in a large majority of instances the presystolic murmur serves to indicate with precision the existence of mitral stenosis. The late Dr. Hayden has said: “It is *never* present where mitral narrowing does not exist, and it is *never* absent, and that only for a very limited period in cases of that lesion.” (b) I am sorry that I cannot concur in so positive a statement. In a few cases I have found the presystolic murmur closely simulated by the murmur of aortic regurgitation when this is conducted towards the apex, and especially, as is sometimes the case, when it is heard *only* in the mitral area. Cases have been recorded in which a presystolic murmur has been noted during life, and the autopsy has demonstrated not mitral stenosis, but aortic regurgitation. Another possible source of error is the existence of pericarditis, when friction may be occasioned by the auricle, and cease at the moment of systole. Again, I think most observers will agree that, in some cases, the presystolic murmur is extremely variable. It may be inaudible during repose, and yet very evident when the patient is made to manifest some slight exertion. Again, it may be absent for considerable periods, and then be readily discoverable. Although, therefore, I consider that in the great majority of cases the presystolic murmur declares with precision the existence of mitral stenosis, it is necessary to consider other signs before committing oneself to a positive opinion.

Another auscultatory sign of great importance in indicating the obstructive lesion is *reduplication, or a seeming reduplication, of the second sound of the heart.* This phenomenon is to be noted in at least a third of the cases of mitral stenosis, and only rarely in other conditions. It becomes, therefore, a valuable aid to diagnosis. I have formerly developed before the Society at length my views as to the mode of production of this seeming reduplication. (c) I will only say here that I believe it to be due, not to any want of synchronism in the closure of the aortic and the pulmonary semilunar valves, but to the normal second sound followed by another sound, due to a sudden tension of the mitral valve itself. The blood, accumulated under pressure in the auricle, rushes through the stenosed aperture as soon as diastolic relaxation permits, and jerks the mitral curtains, or the thickened material which represents them on the ventricular aspect; this gives rise to a sound of tension which, coming closely after the normal second sound, appears like a reduplication of the latter. The great anterior flap of the mitral valve is normally on the stretch in diastole; in Dr. Macalister’s words, “it does not hang loosely down; it is stretched taut from basal ring to muscle tip.” (d) It does not seem difficult to realise that in the condition of stenosis, and for the reasons given, this diastolic tension may be so increased as to give rise to sound.

A third sign of importance in establishing the diagnosis of mitral constriction is *thrill.* A thrill at the apex is rarely met with in mitral regurgitation, but very commonly in mitral stenosis. Its rhythm is determinable in like manner with that of the murmur, and if it be presystolic the diagnosis of mitral constriction is assured. I have observed presystolic thrill where there has

(a) “Manual of the Physical Diagnosis of Diseases of the Heart.” Third edition, p. 278. London: J. and A. Churchill. 1881.

(b) “Diseases of Heart and Aorta,” p. 898.

(c) “Proceedings of the Medical Society of London.”

(d) *Cf. British Medical Journal*, Oct. 25th, 1882, p. 825.

(a) “Gay’s Hospital Reports.” Third series, vol. xvi. March, 1871.

been no presystolic murmur, and where the condition of stenosis has been indicated by other signs.

A fourth means of differentiation is the determination by percussion of the outline of the heart. If this be done accurately, by means of a pleximeter, and marked upon the chest wall with a copying pencil, a transfer may readily be taken upon paper and kept for reference. By this method I have shown in some cases—1. An abnormal bulging in the situation of the left auricle; 2. A dilatation of the right cavities and of the pulmonary artery; 3. An absence of dilatation of the left ventricle. The concurrence of these signs has strongly suggested the diagnosis of mitral stenosis when other signs have been obscure.

Lately, a valuable aid to diagnosis may be received from the employment of the sphygmograph and cardiograph.

Very contradictory opinions have been put forth as to the pulse of mitral stenosis. Dr. Hayden considered that "the pulse of mitral obstruction is usually quite regular, not above ninety in the minute, but small," that is, until the later stages when failure commences, and Dr. Fagge thought that in the majority of cases in which a presystolic murmur was heard the pulse gave no indications of the existence of disease. A large number of diseases, however, have noted irregularity of the pulse as pertaining to mitral constriction. (a) My own observations point to a notable irregularity of the pulse in mitral stenosis; and this in such degree as to afford valuable diagnostic evidence. In mitral regurgitation the pulse is usually regular until compensation is beginning to be imperfect, and the right chambers begin to yield. In mitral stenosis, however, irregularity may be evident when compensation is perfect. It is true that many observations may be made with a record only of an even and regular pulse; but then the peculiarity of mitral stenosis becomes manifest in the trace, a double or even a triple pulse is recorded before the base line of the sphygmographic trace is reached. These pulsations are due to repeated systoles, the normal correlation between auricle and ventricle being disturbed. In the later stages when the right side of the heart commences to fail, irregularities in volume of the pulse may be observed, and in a case where there was great dilatation of the auricle, I found the pulse become extremely slow, its rate falling from 80 to 56, and then to an average of 40 per minute. At one time it was 36.

The evidence afforded by the cardiograph, when mitral stenosis is suspected is, in my opinion, extremely valuable. The trace enables one to judge of the relative length of systole and diastole. In free mitral regurgitation a very short interval separates the systoles; the duration of the systole, instead of being as in the normal, less than that of the diastole, is greater. In stenosis, on the other hand, the interval between the systoles may be greatly prolonged. Or in stenosis the diastolic intervals may be observed to vary greatly in duration, several systoles may occur with no appreciable diastolic interval, and another interval may be abnormally protracted. Much more characteristic, however, is the appearance of a number of vibrations in the diastolic part of the trace—in fact, the vibrations which are heard by the ear as murmur, or felt by the finger as thrill, may be written on the smoked paper by the needle of the cardiograph. I show you many examples. In some it will be seen that the diastolic portion is serrated and there is no indication of the elevation indicating the auricular systole preceding the main upstroke indicating the grasp of the ventricle; in others, vibrations are seen to precede a defined systole of the auricle; in a third set, the auricular systole is well marked and the sonorous vibrations of murmur, though murmur existed, are not recorded. So I think we have a means of determining in some measure the degree of constriction. If such were considerable it is unlikely that the auricular systole would be readily transmitted and recorded; on the other hand, it is likely that the finely serrated line of vibrations would be produced by the extrusion of blood through the narrowed aperture. Some of my tracings show in a marked manner the effect of effort in rendering evident vibrations in the diastolic portion which were not visible during repose. By a comparison too of the characters of the systolic and diastolic portions, I think we are enabled to obtain some indication whether in combined stenosis and regurgitation the former predominates over the latter, or otherwise, or whether or not hypertrophy predominates over dilatation of the ventricle.

Such are the chief means at our command for arriving at a diagnosis of mitral constriction, and though I do not think we are justified in coming to a conclusion from obser-

vation of one sign alone, I think by a judicious combination of methods of observation no case of mitral stenosis ought to go unrecognised.

I pass on now to consider the clinical evidence as to the origin and course of the morbid changes which bring about the obstructive lesion. We are at once met by a body of evidence which shows that mitral stenosis, like mitral regurgitation, has a strong relationship with rheumatism. From the morbid anatomy standpoint it has been supposed that, at least in some cases, the lesion might have been congenital. The smooth surface of the septum between auricle and ventricle, with its symmetrically-edged aperture, might *prima facie*, support this view; but we do not find the lesion commonly associated with those which are undoubtedly congenital, and these are, moreover, infrequent in the left, though frequent in the right chambers of the heart. In one of the twenty post-mortems, however, which I have recorded, a large permanent foramen ovale was present, the subject being a female, *æt.* 50. It is known that such congenital disease, as Dr. Peacock formerly pointed out, predisposes to endocarditis, and it is probable that such was the sequence in this case, for we are met by many observations to show that those lesions of stenosis, which in appearance suggest a congenital causation, are met with in cases which are undoubtedly rheumatic.

Dr. Dyce Duckworth has collected the records of 264 cases of mitral stenosis from various sources, including eighty observed by himself, and the figures show that 141, or 60·8 per cent., manifested in some form rheumatic antecedents. Of sixty-four cases observed by myself, and of which I have records, exactly thirty-two (50 per cent.) had been the subjects of rheumatic fever, subacute rheumatism, and rheumatoid pains. The association, therefore, of mitral stenosis with rheumatism is an intimate one. When we come to inquire, however, as to the degree of such association comparatively with that subsisting between mitral regurgitation and rheumatism, I think we shall find the relationship less marked in the one case than in the other, and I hope that the inquiry will not be unfruitful as regards the determination of the nature of the change which induces mitral stenosis. If I take the cases of mitral regurgitation derived from the same sources (*viz.*, private and hospital practice) from which I obtained the cases of mitral stenosis which I have mentioned, I find that of 123 cases 73 or 59 per cent. presented evidence of rheumatism in their history. But it must be recollected that in a considerable number of the cases of regurgitation organic disease was not present or not proved, whilst mitral stenosis is always due to organic change. It follows that the figures do not sufficiently express the relation between rheumatism and the organic change which induces regurgitation at the mitral orifice. In the analysis of cases of cardiac disease prepared from the records of the London Hospital by Dr. Gabbett for the year 1880, it will be seen that whilst 53 per cent. only of the cases of mitral stenosis presented history of rheumatism, 77 per cent. of the cases of mitral regurgitation were rheumatic.

And now, to push this question further, let us inquire as to the degree of manifestation of rheumatism in the two classes of cases. First, as to the relation with acute rheumatism. If we examine the records of acute rheumatism in the London Hospital for 1880 and 1881, we find that the proportions of cases of mitral stenosis (including those in which stenosis was combined with regurgitation) stand thus: Proportion of all cases in a first attack of acute rheumatism, 5·6 per cent.; in patients suffering a second attack, 3 per cent.; in those with a history of two or more previous attacks, 1·7 per cent. It is obvious that this relationship differs very widely from that existing between mitral regurgitation and acute rheumatism, where the proclivity to the lesion increases with the attacks. It is obvious, therefore, that a close relation does not obtain between mitral stenosis and the acute forms of rheumatism, and that repeated attacks do not tend to produce the lesion.

As a further step towards the elucidation of the question, I will now ask you to follow me in the inquiry as to the etiology of mitral stenosis in the cases of children. I think you will agree with me that a considerable light can be thrown on the subject from this source. Contradictory opinions have been enunciated as to the proclivity of children to the affection. Dr. Hayden thought that it was to be met with most frequently in children; while Dr. Fagge had no patients under 10, and the youngest observed

(a) See list in Balfour's "Clinical Lectures on Diseases of the Heart," Second Edition, p. 123. London; J. & A. Churchill, 1882.

by Dr. Dyce Duckworth was 14. The cases I shall now ask your attention to were all under 12 years of age; I have had many who were seven years old. I have tabulated these cases according to the degree of manifestation of rheumatic symptoms. In those who suffered from *acute rheumatism* I found 24 cases of mitral regurgitation to 1 of mitral stenosis. In those classed as subacute rheumatism, 13 of mitral regurgitation to 2 of mitral stenosis. In those who suffered only rheumatoid pains, 6 of mitral regurgitation to 2 of mitral stenosis. So far as this evidence goes, therefore, it tends to show that it is not the more severe but the slighter forms of articular rheumatism which were attended with the obstructive lesion; whilst the opposite is the case as regards the regurgitant. To pursue the point where the rheumatic tendency is not so obvious, but where, as I have said in my first lecture, a rheumatic form of endocarditis is, nevertheless, manifest, we will consider the cases occurring after scarlatina and measles. In cases presenting a history of scarlatina, I found 13 cases of mitral regurgitation to 2 of mitral stenosis. In those with a history of measles, 12 of mitral regurgitation to 2 of stenosis. Lastly, in the case of children in whom no history of rheumatism was manifest, nor any disease which we might suppose to be likely to induce endocarditis. In these I found 24 cases of mitral regurgitation to 14 of mitral stenosis. It is obvious, therefore, that the proclivity to the obstructive lesion is in a very marked manner greatest where articular phenomena are not manifest at all. It might be thought that this was evidence rather against the view that rheumatism is a cause of mitral stenosis; but, as I have shown in my former lecture, the advent of endocarditis having the essential characters of that associated with rheumatism may be so insidious that no subjective sign marks its onset; and we have found in many instances that the course of the affection in the non-articular cases, and the morbid changes as shown by post-mortem examination on the fatal cases, do not differ in any appreciable way from those which are manifest in cases that have a distinct history of rheumatic causation. It would, therefore, appear most probable that the correct conclusion is, not that mitral stenosis is independent of rheumatism, but that it is associated with the less pronounced forms of it—with its insidious, and not, so to speak, with its *explosive* varieties.

And now let us consider the evidence which clinical observation affords us of the mode of onset of the obstructive mitral lesion. I will give, as briefly as possible, some cases illustrative of the various ways in which the clinical signs indicate the disease to arise.

(To be continued.)

DANGEROUS HÆMORRHAGE FROM THE EXTERNAL GENERATIVE ORGANS DURING LABOUR. (a)

By PETER YOUNG, M.D., F.R.C.P.E.,

Lecturer on Midwifery and Diseases of Women in the Edinburgh School of Medicine; Physician Accoucheur to the Edinburgh Royal Dispensary.

In the great majority of cases, bleeding during or after labour is intra-uterine, and is readily controlled by supra-uterine pressure. Sometimes, however, when this bleeding has its origin from a tear in the cervix, this treatment does not suffice, and plugging of the vagina in the first instance, at all events, is urgently required. Occasionally, but still more rarely, alarming and even fatal hæmorrhages may occur from laceration of the vulvar orifice at the vestibule. The submucous tissue between the urethra and the clitoris consists largely of spongy erectile structure, and when torn, even to a moderate extent, is apt to bleed profusely. Of the latter form of hæmorrhage he gave the histories of two cases.

In the first case, a multipara, which was attended by a midwife; he was called in owing to persistent bleeding after the child and placenta were expelled. When seen,

the patient was almost pulseless and deadly pale. The uterus was firmly contracted, and the bleeding had ceased. To ensure immunity from further loss of blood the vagina was plugged, and a firm compress laid on the vulva. Notwithstanding the vigorous application of the usual restoratives, the woman died in a few minutes, and before arrangements could be made to perform transfusion.

On post-mortem examination the source of bleeding was found to be a tear at the upper margin of the vulvar orifice, extending from the left side of the urethra up towards the clitoris. Numerous venous sinuses and two or three small arteries were lacerated.

In the second case, a primipara, the child was born a few minutes before Dr. Young's arrival. The patient was pale and anæmic, and in a fainting condition. The uterus was firmly contracted round the placenta, and the bed-clothes saturated with blood. On exposing the vulva, blood was seen flowing freely from the neighbourhood of the symphysis, which was at once checked by placing the finger on the spot and exercising steady pressure against the subjacent bone. The expulsion of the placenta was proceeded with in the usual way, the finger being still kept applied to the bleeding part. On careful examination the vestibular tissue was found lacerated much in the same way as in the first case. To prevent further hæmorrhage a couple of metallic sutures were inserted, and a compress of cotton applied. The sutures were removed on the seventh day. The patient made a good but slow recovery. In these cases it is to be noted that pressure on the uterus increases the hæmorrhage, owing to the free anastomoses of the veins of the generative tract and the absence of valves; local pressure and the application of styptics in the slighter cases are the only means of stopping the bleeding. With regard to the etiology, the lacerations were probably due partly to the rapid expulsion of the child's head, but chiefly to a friable condition of the vulvar tissues.

43 Heriot Row, Edinburgh.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S. Eng., M.S. Lond.,
Surgeon to the London Hospital.

PART II.—*Reported Cases of Recovery—Treatment—Conclusion.*

(Continued from page 115.)

6. ABDOMINAL SECTION and sewing up the rent in the bladder were discussed by Benjamin Bell and warmly advocated by Dr. Blundell. (a) The latter proposed that cases of intra-peritoneal rupture of the bladder should be treated by opening the abdomen, washing out the peritoneal cavity with water at a temperature of 98° Fahrenheit, fishing up the bladder, putting a ligature round the aperture in its wall and allowing one end of the ligature to hang out of the abdominal wound. To determine the value of his suggestion, he experimented on rabbits. Four ounces of urine were injected into the peritoneal cavity, and allowed to remain an hour. The fluid was then withdrawn, and the cavity well washed out with tepid cistern water. Three out of four rabbits died with general peritonitis, and one lived. In another class of experiments he tied up the fundus of the bladder, afterwards cutting the fundus away. The ligatures came away in a few days, leaving the bladder closed. In 1857 Dr. Gross proposed abdominal section for the removal of the effused urine; and more recently Mr. Holmes has suggested opening the abdomen, removing the urine, and sewing up the rent in the bladder. Mr. Willett (b) and Mr. Heath (c) have

(a) *Op. cit.*, and Lectures in the *Lancet*, 1829.

(b) "St. Bartholomew's Hospital Reports," 1876, p. 209.

(c) "Med. Ch. Trans.," 1879, vol. lxxl., p. 335.

(a) Abstract of paper read before the Obstetrical Society of Edinburgh, January 31, 1883.

put this method in practice without saving the patients. Both cases are valuable and instructive in the highest degree. In Mr. Willett's case an incision, five or six inches in length, from the umbilicus to the pubes was made in the mesial line through the parietes; and at once several ounces of dull brownish fluid, with strong urinous odour escaped. The intestines greatly distended, bulged out of the wound, and were protected by warm flannels. About half-a-pint of urinous fluid was removed from the pelvis, but a small quantity seems to have eluded the operator in the upper part of the cavity. The intestines were carefully cleaned before they were replaced. The rent in the bladder, which was a straight tear above, but jagged and uneven below, was sewn up by means of eight interrupted sutures of fine Chinese silk, placed at intervals of rather less than half-an-inch. The sutures appeared to close the rent completely. A carbolised drainage tube was passed into the pelvis through the lower angle of the abdominal wound, and secured in that position. A Thompson's catheter was introduced and retained in the bladder. After the operation the patient remained free from pain and sickness till the following day, when both recurred. He died rather suddenly twenty-two hours after the operation. At the post-mortem examination Mr. Willett found that, notwithstanding the care he had exercised, the rent in the bladder had not completely closed; for between the two posterior stitches there was an orifice, through which water injected *per urethram* escaped very freely. Except at this spot the edges of the wound were adherent. Mr. Willett thinks that the patient's life was not prolonged, but shortened by the shock of the operation.

Mr. Heath's case was operated on at 4 p.m.—42½ hours after the accident. "An incision was made in the middle line just above the pubes for two inches, and the tissues were divided down to the peritoneum, which appeared blue; the recti muscles, which were firmly contracted, being held aside by retractors with difficulty. The peritoneum was then picked up, and a cut made into it, when a gush of fluid like that drawn off by the catheter came out. A large quantity of clots was then taken out from the peritoneal cavity. Mr. Heath having introduced his finger found a long rent in the posterior wall of the bladder, high up. *It was proved to be a rent in the bladder by passing a catheter through it from the urethra.* The rent was then sewn up in the following way:—The first stitch was put in at the lower end of the opening by means of a needle set at right angles to the handle, and was then firmly tied; one end of the catgut being then used by an assistant to pull the bladder up out of the pelvis, Mr. Heath threaded the other end into an ordinary needle, and carefully sewed the opening up with a continuous suture, a great part of which is still visible in the preparation. The clots were removed as far as possible from the peritoneum, and the cavity sponged out after injection with warm water; and a long, large-sized drainage tube was inserted at the lower angle of the wound, which was brought together by deep and superficial sutures. The carbolic spray ceased working before the operation was completed. A catheter was passed into the bladder, to which was afterwards attached some india-rubber tubing leading into a vessel under the bed. Patient being put back to bed, a hot poultice was applied to the abdomen, and opium was administered—*gr. j., in pil. 4tis horis.* At 11 p.m. patient expressed himself as much better. His anxious Hippocratic aspect had passed off; pulse had improved; no sickness; abdominal pain much less; distension relieved." He passed a quiet night, almost free from pain, and lay with his legs outstretched. The drainage tube was removed the day after the operation. The improvement in the patient's condition was maintained till the third day after the operation, when he complained of being blown up with wind. The following night he was very restless; constant vomiting set in, and he passed several

motions in bed. He got rapidly worse, and died rather more than four days after the operation, and six days after the accident. At the post-mortem, the recto-vesical pouch of peritoneum was found to contain about six ounces of clotted blood, black in colour, and moderately offensive in odour. The catgut suture had given way at the lower part of the rent in the bladder, which was gaping. The mucous membrane of the bladder was blood-stained.

Mr. Willett's patient would have had a far better chance of recovery if he had been operated on when first seen after admission into the hospital. Owing to a natural and laudable desire to be fully certain concerning the nature of the lesion, and to be morally supported by his colleagues in the application of an unusual procedure, Mr. Willett deemed it advisable to wait twenty-four hours. The operation then performed was, undoubtedly, a far more severe operation than Mr. Heath's; the incision being two or three times as long, and the intestines much exposed and handled. Moreover, the object of the operation was partly defeated by the small aperture left between the two lower stitches, much to Mr. Willett's annoyance and regret. To obviate this occurrence in any future case, Mr. Willett suggests distending the bladder after the insertion of the sutures and before closing the abdominal wound. A moderate injection of fluid would probably suffice for the purpose; a large quantity might put a dangerous strain on the stitches.

In Mr. Heath's case the operation was done at the earliest opportunity, but rather longer after the accident than in Mr. Willett's case; and its want of ultimate success may have been due partly to the unavoidable interval, partly to the presence of six ounces of decomposing clot left in the recto-vesical pouch, and partly to the giving way of the catgut sutures. Most probably the suture gave way on the third day after the operation, when the patient's condition markedly deteriorated. But though the patient died, the advantage of abdominal section is strikingly demonstrated by the great relief afforded to the patient. My second patient, who was treated only by the intermittent use of the catheter and opium, lived six days; but how remarkable the contrast between his suffering, restless state, with the constant vomiting and the condition of Mr. Heath's patient—almost free from pain, entirely free from sickness, passing quiet nights and days, and dozing with limbs outstretched. Surely this is a solid gain, and I am sorry that Mr. Heath, having all but attained the success which he deserved, instead of directing his attention entirely to the improvement of the method which he adopted with courage and sagacity, should, in a moment of discouragement, pin his faith to the airy fabric of washing out the peritoneum through the rent in the bladder, erected on the unstable foundation of Dr. Thorp's equivocal case. Abdominal section has not yet been fully and fairly tried. Twenty or thirty cases may be needed before the value of the method can be determined. Much will depend upon points of detail, the promptitude with which it is applied, the age and condition of the patient and severity of the injury, the more or less complete removal of urine and blood from the peritoneal cavity, the length of incision, the treatment of the wound in the bladder, washing out the peritoneum, and the establishment of drainage. It is necessary to insist on the earliest possible formation of a diagnosis and performance of the operation, and a thorough removal of urine and blood from the peritoneum.

(To be continued.)

WE have pleasure in stating that Dr. Palfrey, senior Obstetric Physician to the London Hospital, who has been confined to his room for the past two months, in consequence of a serious indisposition, has now completely recovered, and has resumed his professional duties.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

*(Continued from page 117.)*V.—THE SYMPTOMS *(Continued)*.

3. *The Symptoms of the Third Stage.*—The local symptoms of the third stage are of two kinds: those referable to the changes in the joint after the fluid has escaped from it; and those referable to the changes in the tissues outside the joint, into which the escaped fluid passes. The constitutional symptoms of the third stage are such as may be caused by prolonged confinement to bed, or from protracted suffering, or from secondary complication of internal organs. The change from the second to the third stage in the local symptoms may be either sudden or gradual. Sudden, if the capsule gives way by a large rent, and the tissues outside the joint in a condition to receive the fluid; gradual, if only a small opening be made, and the tissues outside are matted together so as to hinder the escape of the fluid.

The cavity of the joint being empty, the articular surfaces come into contact; and then ensue those destructive changes in the cartilages, bones, and ligaments which characterise the advanced stage of the affection. The cartilages, at the time of rupture of the capsule, are probably destroyed by ulceration to some extent, and their protection to the underlying bone to the same extent lost. The bone is, therefore, attacked by the morbid process at every available spot. When the bones have come into close contact, perforation may occur if the head of the femur press upon the floor of the acetabulum, but dislocation if it press upon the rim. Contact of the carious bony surfaces gives rise to the peculiar grating produced by friction. Friction of the carious surfaces causes the greatest of pain, so that the patient is more than ever desirous of keeping the joint at rest; and in order to do this, he maintains the muscles of the thigh in a state of tonic contraction, and in this way the head of the femur is pressed firmly against the acetabulum. If this were permitted to continue, ankylosis would follow and a cure effected, but with the limb probably fixed in an awkward position.

When dislocation takes place, its evidence is, as a rule, plain. It occasions a visible change in the contour of the joint; the hip is widened and flattened; the head of the bone is to be felt in its new position; the movements of the limb are rendered more imperfect; abduction and rotation outwards are nearly impossible, and the limb is shortened, the amount of shortening being sometimes as much as two or more inches. Here it will be convenient to notice a subject which seems to have excited more attention than it deserves, and to have given rise to much curious speculation. I refer to the causation of real and apparent lengthening and real and apparent shortening.

Shortening and Lengthening, "Real" and "Apparent."

—To give an idea of the amount of attention which has been bestowed upon this subject, the following is reproduced from Chelius's "Surgery":—"The most different reasons have been assigned for the lengthening of the extremity, consequent upon the supposed expulsion of the head of the thigh-bone from its socket—for instance, accumulation of synovia (Pettit, Camper, and others); swelling and degeneration of the mass of fat, improperly called the synovial gland, in the hip socket (Valsalva, Monro, Van der Haar, De Haen, Vermandois, Schwenke, Oallisen, Fluck, Portal, Ficker, &c.); inflammation and swelling of the joint capsule (Duverney, Closius); swelling of the cartilage, round ligament and mass of fat (Boyer); swelling of the cartilage and periosteum of the head of the thigh-bone and of its socket (Falconer); swelling of the head of the bone from caries centralis (Rust); destruction of the lower edge of the hip socket (Langenbeck—in destruction of the upper

edge shortening is said to occur); relaxation and unnatural extension of the ligaments and muscles (Richter Schreger, Larry, Chelius); relaxation of the muscles (Fricke)." The above, then, are the opinions which have been held as to the causes of lengthening and shortening; but I would venture to suggest that all probable causes are contained in the short table below:

Probable causes of alteration in length of limb—

LENGTHENING.

<i>Real.</i>	<i>Apparent.</i>
Displacement downwards of head of femur.	Lowering of pelvis on affected side.

SHORTENING.

<i>Real.</i>	<i>Apparent.</i>
1. Dislocation upwards.	Pelvis raised on affected side.
2. Separation of epiphysis of head; rest of bone drawn upwards.	

Abscess, its Position and Symptoms.—A feature peculiar to the third stage is the presence of pus in the tissues, having formed there either without communication with the interior of the joint, or having passed there after rupture of the joint capsule. In its position an abscess may be either within or outside the pelvis.

(a) *Extra-pelvic Abscess* occupies principally the places of areolar tissue in the hip or thigh; and if the matter has escaped from the joint, then the direction the matter may take seems to be determined by the part of the capsule ruptured.

The situation of sinuses is a matter of some interest. It will be noticed that an abscess "points" by preference in certain places. Matter will travel along an inter-muscular layer of connective tissue for some distance to find an outlet to the surface, rather than perforate the muscle that lies above it. It therefore frequently approaches the surface at a point where two muscles diverge. Thus, pus escaping from the anterior part of the hip-joint passes downwards between the pectineus and psoas magnus, over the crureus, and beneath the rectus femoris. The rectus is, then, the only muscle which hinders the escape of the matter to the surface of the limb. To reach this it escapes either by the outer or the inner border of the muscle. Two muscles prevent this in the upper part of the thigh—viz., the tensor vaginæ femoris on the outer side, and the sartorius on the inner side. Where these two muscles diverge from the rectus the matter has a chance of escaping to the surface, and it is at places corresponding to the divergence of these muscles that sinuses will be found. In the nates the sinuses are over the lower border of the gluteus maximus, beneath which the matter escapes.

An extra-pelvic abscess may point in an unusual place, as upon the outer side of the knee, near the ankle, or by the side of the tendo achillis. The course an abscess may take is sometimes remarkable. In a case recorded by Dr. Adams, of Dublin (before referred to), the matter escaped through a perforation in the rim of the acetabulum, entered the substance of the psoas muscle, and passed upwards to the spine. And in the same case a second abscess passed into the pelvis through the thyroid foramen, and was traced as high as the bifurcation of the abdominal aorta, and here it was found to have perforated the vena cava, and in this way blood had appeared in the pus. Mr. Smith states that Sir Astley Cooper also had a case in which blood was mixed with the pus, the cause here being penetration of the femoral artery.

(b) *Intra-pelvic Abscess.*—Pus generally enters the cavity of the pelvis through a perforation in the acetabulum, but it may do so also through the sciatic notch, or through the thyroid foramen. Pus probably does not pass through a perforation in the acetabulum as soon as such perforation has been made, for this is blocked at the time by the head of the femur, the

pressure of which has caused it. It is not until dislocation has taken place that the matter can pass into the pelvis, and then it does so by regurgitating into the cavity of the joint through the capsule which has been ruptured by, or prior to, the dislocation. Once within the pelvic cavity pus may pass in various directions. As pointed out in the chapter on the anatomy of this region, the destination of the pus is determined by the position of the perforation. It is sufficient here to say that pus may pass into the rectum, producing purulent stools, or accumulate around it, producing tenesmus; it may burst into the bladder and appear in the urine, or pass upon it and cause retention; it may ascend and point in the groin, or, rising still higher, open into the colon; or it may pass backwards and escape again from the pelvis through the sciatic notch. Sir Astley Cooper mentions a case in which the vagina was perforated. As to perforation of the rectum, an interesting specimen of this is to be found in the museum of the Royal College of Surgeons. (a) In this case the head and part of the neck of the femur have been destroyed. The acetabulum is much wasted, and contains two fistulous openings in its floor. One of these openings, extending obliquely backwards, communicates with the rectum by an orifice much larger than that in the acetabulum. The catalogue states that the rectal aperture is one-third of an inch in diameter, and is situated two-thirds of an inch above the anus. "The patient was a boy fourteen years old. The disease of the hip-joint was of long standing, and air used to pass with a quantity of foetid, thin discharge from a fistulous opening at the back of the thigh" (Catalogue). In St. Thomas's Hospital Museum is another specimen (b) showing perforation of the rectum. Here the bowel has become adherent to the pelvic wall opposite the aperture in the acetabulum.

Sympathetic Abscess.—It appears to be possible for an abscess to form upon the inner side of the pelvic wall at the same time as, but without connection with, that within the joint. Possibly this may simply be the result of irritation, or it may be caused by the passage of septic matter through lymphatic channels. Of abscesses of this kind there is an example in the museum of Guy's Hospital. (c)

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Case of Acute General Tuberculosis.

Under the care of Dr. C. E. ARMAND SEMPLE.

J. H., *et.* 4½ years, admitted Nov. 29th, 1882.

History.—Was healthy until eighteen months ago, when he had a scarlatinal rash (but no definite fever). He had measles three months ago, and was getting well over this, when some water was thrown over him. After this he had diarrhoea and cough. Has now had the cough two months, and has been getting thinner. There are six other children—healthy. Both father and mother suffer from chest affections. No history of phthisis in family.

On admission.—Pale and thin; tongue red in centre, white at back and edges. Pulse irregular; chest contracted laterally. No marked dulness over front of chest, but rhonchus all over. *Behind.*—Suprascapular regions somewhat dull, with loose crepitation; rhonchus and harsh breathing over rest of both lungs; coughs slightly. Abdomen enlarged; spleen felt below margin of ribs. Urine contains lithates; no albumen; no sugar.

R. *Misturæ olei morrhuæ*, ʒj.,

Vini ferri, ʒj. t.d.s.

Dec. 3rd.—R. *Misturæ ammoniæ cum ipecacuanhâ*, ʒss. 4tis horis. Milk and beef-tea diet. Chest poulticed.

(a) Preps. 934 and 935.

(b) Prep. D. 35.

(c) Prep. 1317^o.

6th.—Tongue dry, furred, and tremulous. Sordes on lips. Right arm rigid. Not any increase of cough.

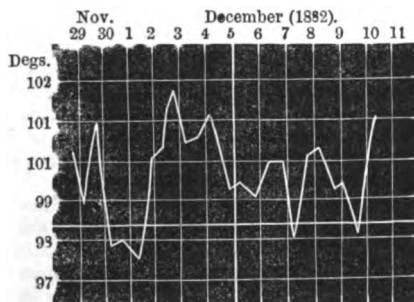
7th.—Seems dull and heavy. Has a tendency to lie with all the limbs flexed. Makes no noise when moved, and does not answer when spoken to. Right arm markedly colder than the left, and there is much less power of resistance on this side, the arm falling helplessly on being raised; less resisting power also in right leg than in left. Hardly any sign of plantar reflex. It needs a decided prick with a pin to cause right leg to be drawn up, and the act is performed very feebly. No marked dulness over front of chest or in axilla, but harsh breathing all over, with rhonchus and coarse crepitation. Breathing somewhat tubular under right clavicle. *Behind.*—Flattening of percussion note in suprascapular regions. Rhonchus and crepitation at both bases. Liver extends about two fingers' breadth below margin of ribs. Edge of spleen felt below ribs. Patient showed signs of discomfort for the first time while spleen was being handled. Cannot sit up without support, and struggles to regain the recumbent posture. Ribs markedly beaded, and chest contracted laterally. Heart's action irregular. No bruit.

8th.—Last night and this morning difficulty of swallowing. Breathing somewhat laboured; lips dry; sordes on tongue and gums; pulse irregular; face flushed; skin over abdomen inelastic. No *tâche cerebrale*; no tenderness. Plantar reflex more marked. Eyes examined with ophthalmoscope. Discs swollen and hazy. No hæmorrhages.

9th.—In same condition. Fauces congested.

10th.—Pulse rather more irregular—full and strong; sighs a little. Plantar reflexes well marked. Slight cough at times.

11th.—At midnight breathing became laboured. Hands clenched. Cannot swallow since 4 a.m. Inspiration now difficult, shoulders being drawn back, and arms working convulsively. Right arm more affected than left; wrist flexed, and thumb turned in, but both can be extended with ease. Right lower limb extended throughout (toes pointed) with considerable rigidity. No plantar reflex. Died in the afternoon.



Autopsy.—On removing skull-cap, very little fluid found under dura mater. Surface of brain on both sides of median longitudinal fissure studded with tubercle. On the left hemisphere, close to the fissure, was a small collection of pus, under the arachnoid, in the pia mater, corresponding roughly in position to the back part of the superior or first frontal convolution. On removing this, the brain beneath, over an area of about one inch long and half an inch wide, and somewhat oval in shape, was found to be soft and of a greyish-red colour. After the removal of a slice of brain substance the following appearances were noted:—At several points patches were found at the bottom of the sulci, yellow in colour, and of a firm consistency. These patches were irregular in shape, the largest being half an inch long, and about two lines wide, and each was perforated by a vessel (the largest by two vessels), which appeared to be occluded. Around the yellow patches the grey matter was reddish, apparently from infiltrated blood. On making sections, it was found that these patches were continuous along the course of the vessels. The appearance of the patches suggested that tubercular growth round the vessels had taken place to an unusually large extent, so as to form considerable masses, which, nevertheless, could clearly be proved to have started from the vessels as their centre. The anterior part of the white matter in the centrum ovale was soft, but the softening did not appear to extend to the large ganglia. Tubercle was found in the vessels on microscopical examination.

Lungs.—No adhesions of pleura. Surfaces studded with tubercle, which also dotted the surface of the pleura. No other definite changes in the lungs. Bronchial glands large and cheesy.

Heart.—Normal throughout.

Liver.—Also studded with tubercle.

Spleen.—Very thickly covered with tubercle.

Kidneys.—Appeared to be healthy.

Nothing abnormal noted as regards intestinal tract.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 9TH.

ANDREW CLARK, M.D., F.R.C.P., President, in the Chair.

Mr. SHUTER on

SUB-PERIOSTEAL AMPUTATION AT THE HIP-JOINT.

(Illustrated by Cases.)

On Oct. 16th, 1881, I held a consultation with Dr. Samuel West and Mr. Rose on a patient, set. 18, in whom I diagnosed acute necrosis, without suppuration, in the lower end of the left femur. This had led to septicæmia and secondary inflammation of the left hip-joint. Although my diagnosis was not supported, we were agreed that nothing but amputation at the hip-joint would save the boy's life. The next day the following operation was performed:—A circular amputation through the junction of the middle and upper third was done, followed by a longitudinal incision on the outer side of the femur down to the bone, the periosteum stripped off, and left in the flaps, and the whole of the bone enucleated. The patient made a good and rapid recovery. A little more than two months after the operation, he had a movable stump, and within six months of the operation he was wearing an artificial limb, on which he could get about very satisfactorily, and continued to do so until a few weeks ago, when I made him discontinue the use of it in order to get a sinus to heal. In 1859, Prof. Ollier, of Lyons, after performing many experiments on the lower animals, devised sub-periosteal operations on the human subject, with the view of getting bony supports to flaps cut for disarticulations. Among his suggestions was an operation similar to the one I performed on the hip-joint. My case, however, is the first successful sub-periosteal amputation at the hip-joint which has been attended with the formation of bone in the stump, and in which the patient has been able to wear an artificial limb satisfactorily.

Mr. BRYANT declared that he did not think he had ever seen a better stump than that possessed by Mr. Shuter's patient, but he was disposed to dissent from the supposition that it had a bony core of any amount. The periosteum itself afforded a good firm attachment for the muscles. He regarded the operation as first cousin to that devised by Mr. Furneaux Jordan, although this surgeon did not insist on preservation of the periosteum, to remove which, moreover, would not always be so easy as it was found to be in Mr. Shuter's case. The latter was a typical subject for the operation which had been performed, but in a fair proportion of cases in which amputation at the hip was found necessary it could not apply on account of the difficulty experienced in peeling off and preserving the periosteal covering. In those instances where the operation could be resorted to, however, it should certainly be preferred.

Mr. CROFT considered the case to offer an admirable illustration of sub-periosteal excision of the femur, which had been described as impossible of achievement. He would ask how Mr. Shuter had succeeded in denuding the great trochanter, for at the age of his patient this process would be almost completely ossified to the top of the femur, and consequently sacrificed. Did this happen, or was any difficulty experienced in removal of the attached muscles? He thought it right to leave a periosteal support for muscles when possible, but regarded the occurrence of such cases as being rare. He believed there was bone present in the stump, but its amount was uncertain. He congratulated Mr. Shuter on the admirable result of his operation.

Mr. BARKER testified to the excellent success of the operation, which, he explained, was similar to one he had

performed in February, 1881, and had recently published an account of. In this case, the patient was also provided with a good and serviceable stump, in which the same kind of hard core was present as in Mr. Shuter's case, the sub-periosteal method having been pursued in performing the operation.

Mr. CRIPPS did not think that any new bone had formed in the stump left after Mr. Shuter's operation, but that whatever seemed to have this appearance was simply necrosed bone. Both Mr. Shuter's and Mr. Jordan's operations occupied much longer time to execute than the old rapid transfexion method; and the danger of hæmorrhage, in dealing with which Mr. Jordan claimed advantages for his mode of proceeding, could now be removed by the employment of Mr. Davy's rectal lever. Under all the circumstances he doubted whether the new operation proposed by Mr. Shuter could be considered as an improvement.

Mr. PICK observed that the great advantage gained as the result of Mr. Shuter's operation was the readiness with which an artificial leg could be adapted to the stump. He instanced a case in his own practice six years previously, in which amputation had been called for on account of sarcoma, and which would have been admirably suited for the performance of Mr. Shuter's operation. Had this been resorted to, a much better result would have been secured; it was possible, however, that it might not have been feasible to perform it, the femur being a healthy bone with adherent periosteum. In such cases of amputation there was much difficulty in procuring fitting instrumental aid to locomotion, and consequently it was a great advantage to Mr. Shuter's patient to be able with his improved stump to walk with comparative facility.

Mr. HOWARD MARSH suggested the appointment of a committee to investigate the nature of the stump in Mr. Shuter's patient, and the characteristics of locomotion shown by him. He doubted whether there was any power to advance the limb by direct muscular effort. Mr. Cripps had raised an important question as to the superiority of Mr. Jordan's operation. The danger of hæmorrhage attending operation by the old method had been overcome since the introduction of the rectal lever by Mr. Davy, and he had himself witnessed the efficiency of the instrument on several occasions. Consequently, it would have to be considered whether on other grounds the newer mode of proceeding possessed advantages to encourage its employment. Having twice operated after Mr. Jordan's method he was able to testify to its tedious nature, and was inclined to regard the older and more expeditious plan as preferable.

Mr. BUTLIN pointed out the necessity for deciding how far preservation of the periosteum helped to secure a more useful stump, inasmuch as under the older method of proceeding sub-periosteal operation was impossible. He thought there was bone present in the stump of the limb amputated by Mr. Shuter. This stump was a much better one than was usually seen after such operations; and as Mr. Barker had added another successful instance to the same effect, the usefulness of the improved operation was unquestionable.

Mr. DAVY, while agreeing that no efficient result was obtained, as a rule, from the employment of apparatus to assist the locomotion of patients after amputation at the thigh, urged that, by Mr. Shuter's method, a focus was left for the action of the limb muscles. After nine years' experience, he found it very difficult to obtain any useful instrument for adoption to stumps left after amputation. On the subject of the rectal lever, he felt it his duty, as the responsible inventor of the instrument, to record a misfortune following its use, and occurring during an amputation on the right side in which he assisted by applying the lever to arrest bleeding. This was the thirtieth instance in which he had used the lever, and nothing untoward happened while the operation was in progress. In the evening, however, peritonitis set in, and death occurred on the next day. Post-mortem examination revealed a linear rent in the rectum [the specimen was exhibited] which had been produced by the lever, in consequence of its being caught in a fold of the gut at this point, the existence of a short meso-rectum explaining how it originated. Mr. Davy thought it highly important that the profession should have information as to the possibility of such a danger; and although his faith in the lever remained unshaken—it had been used in forty amputations (twenty on each side),

with recoveries in 65 per cent.—still it was desirable that surgeons should exercise the utmost possible caution in its employment.

Mr. M. BAKER had amputated at the hip in three cases, all of which recovered; but in none was there a stump at all equal to that possessed by Mr. Shuter's patient, nor would it be possible to enable either of them to walk as well as the latter by any artificial aid whatever. He considered, however, the good effect following the operation to be due to the length of flap employed, to which cause existence of bone was but secondary in importance. The site selected for amputation was the chief element of success.

Mr. H. MORRIS considered the appearance of the patient and his exhibition of locomotive power afforded the best proof of the excellent result secured by the operation, since there was evidence that the thigh was advanced in walking. He did not think the sub-periosteal method added either to the difficulty or tediousness of the operation; and cited two cases in which he had recently operated sub-periosteally, and with the result that the periosteum was easily removed, and good results were obtained. He was fully convinced of the advantages possessed by the method recommended in the paper.

Mr. C. LUCAS advocated the appointment of a committee to examine the case. He thought the bone present in the stump was exceedingly small in amount, and agreed with Mr. Baker respecting the advantage of long flaps.

Mr. SHUTER replied that he was of opinion there was bone in the stump of his patient, because in another case where death occurred three months after operation it was found, post-mortem, that a mass of bone was developed in the stump. He saw no reason to associate his operation with Mr. Jordan's, since the former originated in 1869 with Prof. Ollier—that is, long before Mr. Jordan's was devised. The periosteum had not been removed from the great trochanter in his own case, but it had been so in the fatal case referred to—that of a man 29 or 30 years old—in whom, consequently, it was not difficult to detach it. His operation was done October 17th, 1881. It need not be much longer in process than by Mr. Jordan's method; its advantages, however, were much greater so far as regarded the limb. After inquiry among instrument makers, who informed him that, though a good many new instruments were sent out, none ever came back to be repaired, he had come to the conclusion that even patients operated on by the long flap method are not able to make much use of artificial aids to progression.

The PRESIDENT nominated as a committee to investigate the case presented by Mr. Shuter the following members of the Society:—Messrs. Howard Marsh, Clement Lucas, and John Croft.

Mr. BENNETT MAY (Birmingham)

ON A SUCCESSFUL CASE OF NEPHRO-LITHOTOMY.

This case shows an advance on previous ones in point of size and weight of stone removed, this being 3 inches long and 473 grains in weight. The diagnosis rested on the prominent symptoms of pain, hæmaturia, and pus in urine. The patient is a coal-miner, æt. 34, and the history leaves no doubt that the stone must have been present and growing in the kidney for eighteen years. For the past year he has only been able to live in comfort by avoiding every exertion. The attacks of nephralgia were very severe, always in the left loin, and followed by hæmaturia for a day or two. Examination of the loin showed complete absence of swelling or hardness, or tenderness on palpation. Operation was done Oct. 20, 1882, the incision differing from an ordinary colotomy one in being higher up, so as to skirt the rib. Manipulation failed to make out a stone, but acupuncture detected it at once. The kidney substance was incised in a vertical direction until the wound appeared large enough to permit the extraction, which was accomplished entire by a sweeping action of the forefingers. Bleeding of a venous character was profuse, but controlled by pressure. The parenchyma of the kidney appeared healthy; there was no sign of pus or a sac. Urine came through wound on following day, and continued to flow till the 21st day, when it ceased entirely. The wound was soundly healed at the end of the fifth week. The urine has slowly returned to a nearly normal standard. For some time after operation it was strongly ammoniacal and turbid. It is now almost clear, acid, of sp. gr. 1020. He has tested his recovery by active exercise, &c. He feels perfectly well, free from pain, and fit for

ordinary work. The principal interest of the case surrounds the question of recovery. There is every indication of this being complete, and of the kidney having regained its functions as a healthy working organ. This is no doubt due to the fact, as pointed out in previous discussions at this society, that no destructive processes had been established in it.

(Patient shown with stone. Paper was preceded by an expression of indebtedness to the Society's published Reports, whence the writer had derived the information which enabled him to treat the case.)

Mr. HOWSE said he had performed this operation on the preceding Tuesday, and removed a small oxalate stone weighing 56 grains. The diagnosis of so small a stone was assisted by the history of the case:—Patient, a sailor, æt. 57, suffered six years ago from pain in the right side, which was very severe for twelve hours, and accompanied by vomiting. It ceased suddenly, and next day a quantity of sand was passed in the urine. These attacks occurred periodically each seven months until two years ago, when the pain grew continuous, and no sand was passed by the urine. On his entering Guy's Hospital the bladder of the patient was sounded without result, the pain being acute in right lumbar and iliac regions, and being described as "like needles in the kidney." There was tenderness behind, which was relieved by pressure, but pressure anteriorly created intense pain. The urine was of sp. gr. 1025, deposited no crystalline sediment, and but a small amount of mucus. The stone was felt by passing the finger to the anterior face of the kidney through a lumbar incision, but in order to remove it the lower part of the kidney was liberated, and the calculus freed by a finger aided by a forceps thrust into the wound made to admit its being reached. The temperature had once been 102° since the operation, but had receded to 99.4°, and the result was expected to be favourable. Mr. Howse instanced this case in support of his suggestion to explore the kidney from the front in all cases, as thus stones not discernible *a posteriori* would be revealed.

Mr. LUCAS observed that, in the major proportion of cases where large stones were found, the kidney structure was degenerated or destroyed by dilatation. If much degeneration, excision would be the better course to pursue. In Mr. May's case the diagnosis was unmistakable. Mr. Lucas supported Mr. Howse's suggestions.

Mr. BUTLIN commended Mr. May's modesty in speaking so unassumingly of his operation, the stone removed by him exceeding twice the united weights of the three largest stones previously exhibited to the Society. That it was good practice not to remove a diseased kidney unless absolutely necessary had been proved by the fact that his patient had experienced no return of disease in the organ, from which a large stone had been extracted. Mr. Butlin described at some length a case in proof of the doubtful diagnosis of stone in the kidney under some circumstances. In this particular case the symptoms appear to have been feigned with a view to trading on the feelings of religious enthusiasts.

Mr. H. MORRIS asked if Mr. Howse would advise the plan he had recommended in all cases. He feared to do so before diagnosis had been confirmed or attempted by exploring from behind and by puncture would be a dangerous proceeding. By supporting the loins, he thought the difficulty consequent on the non-resisting surface in front of the kidney would be removed. Mr. Howse's suggestion, however, offered a means of more complete investigation when other methods failed, and would be serviceable in future operations. The benefit sometimes following puncture of the kidney might be due to fixation of the loose organ consequent on its contraction.

Mr. MAY explained that he had brought forward the case in order to show the power of the kidney to return to a quiescent condition after removal of even a very large calculus. It would have been impossible to reach the anterior face of the kidney in this case, owing to the depth at which it was. He had tried in vain to fix the kidney by support, as suggested by Mr. Morris.

On the motion of the PRESIDENT, the thanks of the Society were conveyed to Mr. May for his excellent paper.

Communications on new tests for albumen in urine were read by Dr. Favy, and Dr. Oliver, of Harrogate.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TREATMENT OF TYPHOID FEVER.—The question of typhoid fever and its treatment is far from being exhausted; the subject is brought before every meeting of the Académie de Médecine. At the last *séance* M. Sée passed in review the different methods of treatment, but without eliciting anything new. However, he promised to continue the subject next week. According to him the curative methods might be divided into three classes—expectation, antiseptic methods, and anti-thermic methods. The official type of the expectant method comprised beef-tea, a lemonade of citric acid, a little wine and water, and enemas, with poultices upon the abdomen. He was a partisan of this mode of treatment, if treatment it may be called. The antiseptic method had for aim the destruction of the microbes with their spores. These microbes were undoubtedly the bacilli of Klebs, or those of Eberth, but they commenced in the intestinal glands, and rarely in the lungs. The bacilli reside at the bottom of the glands, and gradually the mesenteric ganglions and the lymphatics of the abdomen. Consequently it was difficult, if not impossible, to attack them in the intestine. After enumerating the different antiseptics and antipyretics, M. Sée pronounced himself in favour of quinine, which he considered more effective than cold baths or salicylic acid and its preparations. As to digitalis, veratrine, and phenic acid, he considered them dangerous, as was also the treatment of Brand, which consisted in immersion in cold water at the first symptoms of the malady. The Lyons doctors, who adopted this treatment more frequently, have seen pneumonia complicating the fever as a result of the refrigeration. Intestinal hæmorrhage was also not rarely observed. The Lyons doctors, although they gave a bath at 73° or 75° Fahrenheit every two hours, confessed that the results were not favourable to the treatment. M. Moutard Martin thought that the principal aim in the treatment should be to prevent auto-infection, and that end might be best attained by repeated purging with saline purgatives and enemas. As to antiseptic agents, he accepted them only on the condition that they were not toxic, and he considered that sulphate of quinine at the dose of forty or sixty grains, if absorbed, was toxic. He rejected, for the same reason, phenic acid, as in small doses it was useless, and in large ones it was dangerous. He agreed with M. Sée that the best way was to treat symptoms.

HYPODERMIC INJECTIONS OF ETHER IN CASES OF IMMINENT DEATH FROM HÆMORRHAGE.—M. Georges Hayen, of the St. Antoine Hospital, read a paper on the "Value of Hypodermic Injections of Ether in Cases of Imminent Death from Hæmorrhage." In his report he said that transfusion of blood, although frequently practised abroad, had but few partisans in France; yet if medical men would only give it a fair trial he was sure their verdict would be in favour of it. He could not help thinking that the criticism made upon the operation was much exaggerated. His colleague, M. Verneuil, gave it as his opinion that transfusion of blood was a difficult, dangerous, useless operation; that the blood, acting only as a stimulant, could be easily replaced by subcutaneous injections of ether. Emanating from such a high authority, this assertion gave him food for reflection. Could it be true that transfusion could be replaced by an operation as easy and relatively as inoffensive as the injection into the cellular tissue of a few drops of ether? Immediately he determined to put the merits of the proposition of M. Verneuil

to the test, and for that purpose he experimented on a lot of ordinary street dogs, and the result was completely in favour of transfusion. He bled until convulsions commenced, indicating the approach of death, and although he injected ether four times, the dog died. In an exactly similar case he performed transfusion, and the dog recovered. Other experiments continued to prove the uselessness of ether, and, on the contrary, the exceeding great value of transfusion, which in nearly every case operated complete resurrection. As to the danger of the operation, it was greatly exaggerated, but he insisted on the absolute necessity of employing non-defibrinated blood. On the contrary, he considered that blood injected without its fibrine was not safe, and did not give good results.

IODINE BLISTERS IN TABES MËSENTERICA.—In *tabes mesenterica*, Dr. Bouchut, of the Children's Hospital, recommends the application of blisters, or the tincture of iodine, upon the abdomen, and if ascites were present tapping should be employed without hesitation. The *régime* to be followed should be very severe—beef-tea, eggs, raw milk, and claret. If diarrhoea be present, enemas of borax, one drachm each time, should be given, and three or four teaspoonfuls of glycerine in the day, by the mouth. Bismuth, or phosphate of lime, would be very useful. Your correspondent tried this treatment in an apparently hopeless case, and a rapid recovery ensued. The disease was far advanced, and the child was abandoned by its ordinary medical attendant.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 40, Bombay 28, Madras 42, Paris 26, Geneva 20, Brussels 27, Amsterdam 26, Rotterdam 28, The Hague 28, Copenhagen 29, Stockholm 27, Christiania 17, St. Petersburg 43, Berlin 21, Hamburg 26, Dresden 23, Breslau 30, Munich 25, Vienna 32, Prague 35, Buda-Pesth 29, Trieste 39, Venice 38, New York 28, Brooklyn 19, Philadelphia 22, Baltimore 34.

The annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Portsmouth 17, Bristol, Brighton 18, Edinburgh, Cardiff, Derby, Nottingham 19, Leicester Bradford 20, London Salford, 21, Norwich 22, Huddersfield, Wolverhampton, Newcastle-on-Tyne 23, Plymouth 23, Birkenhead, Birmingham, Bolton 24, Preston, Hull, Leeds, Sheffield 25, Halifax, Glasgow, Oldham, Liverpool 30, Manchester 32, Dublin, Blackburn 34, Sunderland 35.

FROM diseases of the zymotic class in the large towns last week the highest annual death-rates per 1,000 were— from scarlet fever, 1·7 in Sunderland, and 2·3 in Leeds; from whooping-cough, 2·7 in Wolverhampton, and 3·3 in Hull; and from fever, 1·1 in Preston and in Salford, 2·1 in Liverpool, and 4·3 in Blackburn. Six fatal cases of measles were recorded in the Birmingham Union Workhouse. The 43 deaths from diphtheria included 20 in London, 10 in Glasgow, 2 in Edinburgh, 2 in Birmingham, 2 in Sheffield, and 3 in Nottingham. Small-pox caused 5 deaths in London, 2 in Newcastle-upon-Tyne, and one in Liverpool.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 6d. Post free, 5½d.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 14, 1883.

STIMULANTS AND NARCOTICS.

An inquest was held by Sir John Humphreys at Poplar on the 6th inst. in a case of a kind with which we are now only too familiar. It was that of a surgeon, who died somewhat suddenly on board the ship in which he had returned from New Zealand, and whose death was traced to an overdose of chloroform. An examination of the medicine case of the ship, which had been well stocked at the beginning of the voyage, showed that every drug of a narcotic and sedative nature had been used up, although there had been no sickness on board calling for their employment. It was, therefore, evident that the surgeon who was in charge of the chest had himself consumed them; and had at last rashly swallowed what had proved a fatal amount of chloroform. Every now and again we hear of a similar case, in which a medical man, an artist, or a cultivated woman has perished from an excessive dose of some drug to the use of which they had been addicted; whilst their nearest friends had not, perhaps, suspected them of any such vicious indulgence. Such cases excite a momentary surprise and a passing comment; but scattered as they are amongst the multitudinous events and moving incidents of modern life, their true significance is not appreciated. It would, indeed, be impossible to form any estimate of their number; for in the public records they are not distinguished from deaths by misadventure and accident. And yet a study of a few of these cases, especially in

connection with general medical experience, may well excite the apprehension that they betoken a very serious and wide-spread social evil. We congratulate ourselves on the diminution of intemperance amongst our cultivated classes, and look back with a sense of lofty superiority on the drinking habits of our grandfathers; but it would shake our self-complacency should it be shown that, while open drunkenness has diminished, secret indulgence in narcotics and sedatives has enormously increased. And yet there are good grounds for suspecting that this is so. The cases in which drugs of these classes are directly fatal must hold a very small proportion to those in which they are taken habitually without any injurious effects that are recognised as being due to their action, and yet these fatal cases are of sadly frequent occurrence. Then the manufacture of drugs of these classes, and of patent medicines, into the composition of which they enter, goes on increasing at an alarming rate, and it may be shown that this is so as regards certain drugs, the medical use of which has, owing to changes in practice, greatly diminished. As civilisation has advanced crimes of open violence have been in great measure replaced by crimes of subtlety and fraud, and it may be that a similar transformation has taken place in respect to the manifestations of vice—those of a private and comparatively inoffensive character having supplanted those of a coarser, more public, and brutal type. It may be that, while drunkenness, which is open and immediately compromising, has diminished, narcotism, which is hidden and unsuspected, but not less insidious and dangerous in its consequences, has increased. However this may be, it is clear that we are in need of trustworthy information as to the prevalence of indulgence in narcotic and sedative drugs in different classes of the community. A succession of startling deaths from chloral and morphia may ultimately lead to the appointment of a Royal Commission to inquire into the subject, when we shall certainly have some extraordinary revelations; and meanwhile much good might be done by an instruction from the Home Office to all coroners throughout the country to distinguish in their returns all cases of death in which narcotic or sedative drugs have played a part. In this way we shall obtain some slight indication of the prevalence of practices that can only lead to social disaster, and shall have public attention intelligently directed to a subject which is of great and growing importance.

THE CASE STATED AGAINST THE COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES BY THE ATTENDING PHYSICIAN.—No. VIII.

We may fairly epitomise the Reports of Town Clerks and Medical Officers of Health, which were collected by the English Local Government Board, by saying that they all express opinions, more or less emphatic, that the working of the compulsory notification law has proved satisfactory and beneficial in their districts, but almost all omit to sustain this opinion by reliable statistics of death-rate.

Two only out of the twenty-five Reports, those from

Huddersfield and Greenock, are of value as furnishing this information, and we think it fair to publish a few paragraphs, although that from Huddersfield goes to controvert our own case.

The Medical Officer of Health for the borough writes as follows:—

“As these Acts are upon their trial, it may, perhaps, be worth while to compare our death-rates from diseases since the Act came into force with those before. From small-pox, during the eight years '69 to '76, our average death-rate was 139 per million. During the five years from '77 to '81, 4 per million. From scarlet fever, for the eight years before our Act came into operation, 928. During the five years that our Act has been in operation 606 per million. From 'fever,' chiefly typhoid, eight before the Act, 646 per million. Five years past, 368. Percentage decrease in zymotic death-rate for the latter over the former period: Small-pox, 97; measles, 16; scarlet fever, 35; fever, 43; diarrhoea, 37.”

This is undoubtedly a forcible statement; but to arrive at a just conclusion the figures must be discounted by deducting from the recorded decrease the normal decrease which would have occurred if compulsory notification had never existed. In every town in England in which any attention has been given to sanitation this decrease in mortality has been substantial; it has arisen from the improvement of sewerage and drainage—the clearing away of old tenements, the formation of open spaces, the establishment of a system of prompt scavenging, and the building of labourers' dwellings. These measures are all apart from notification, and the benefit derived from them must not be placed to the credit of that system; indeed, the Huddersfield Medical Officer of Health admits that “general sanitary measures have been chiefly the cause of the improvement” quoted above. He makes a further statement which goes to show that compulsory notification has little to say to the change for the better. He says that the death-rate from measles in his borough has gone down from 329 per million of inhabitants to 278; but he adds: “We have not asked for any notice in cases of measles; it has often been voluntarily tendered, and under very special circumstances we have taken cases into hospital; usually, however, we have interfered very little with the natural course of the epidemic.” Here is, then, an unnotified disease constantly present in the same town with notified diseases, and yet we find the change for the better just as apparent where notification is ignored as in the case of other diseases to the detection of which notification was applied.

Side by side with Huddersfield—a town in which the physician is compelled to notify—we place, for comparison, Greenock, the only town in which notification is thrown on the householder, the physician being left perfectly free. The Medical Officer of Health of this town says that he would like to have the doctors pressed into his service, but compulsion does not exist, and therefore, out of 4,423 reports received by him, only 106 came from medical practitioners, and these were purely voluntarily. Nevertheless, householder notification seems to have proved very efficacious in this town. The Medical Officer of Health says:—

It may now be asked what have been the real results following upon the system of notification in regard to death and disease? Whereas for the quinquennial periods

'61-65, '66-70, '71-75, the average death-rate was respectively 33.6, 29, and 30.6, it fell in the five years '76-80 to 23.8; the rate for 1881 being 22.05, which is the lowest on record since the introduction of registration in 1855. Again, while in the five years 1871-75 the annual average of deaths from small-pox was 55.20, from measles 50, from scarlet fever 93.40, from typhus 29.80, from enteric fever 36, and from whooping-cough 69; in the five years ending 1880 the annual average of deaths from these respective diseases was 20, 13, 28.20, 12.20, 19.20, and 45.60. Further, while in the 22 years '56-76 the average annual percentage of zymotic deaths to the total deaths was in Greenock 27.05, and was exceeded only and very slightly by that of Dundee (the highest in Scotland), the five years 1877-81 it was only 13.95, so that of Greenock was actually the lowest. Taking scarlet fever alone, the improvement, however, in reference to this disease will perhaps be better appreciated when it is stated that in 1859 the number of deaths arising from it was 266; in 1864, 148; in 1869, 180; in 1871, 106; in 1873, 131; in 1874, 102; in 1876, 109; whereas in 1881, with an epidemic giving 526 cases, there was a mortality of 37 only, which is equal to 5.1 per cent. of those affected.

We feel justified in asking, with these facts before us, why there is any necessity for placing the medical profession under compulsion? and what becomes of the statement by Dr. Littlejohn, of Edinburgh, that “householder notification in the case of the very poor becomes a farce,” and that “no scheme yet suggested gets rid of these difficulties except the one . . . which throws the responsibility on the medical attendant.”

We have thus endeavoured to show that the evidence laid before the Select Committee fails entirely to prove the case in favour of compulsory notification by the physician. Not only is this so, but there is good reason to believe that that form of notification has actually increased zymotic disease in some of the towns to which we have referred.

Direct evidence on this point is derivable only from a comparison of mortality of the selected towns before and after the introduction of compulsory notification, and this information is at the disposal of the Medical Officers of Health of those towns, and of no one else. These officers have been repeatedly challenged to prove the benefits of physician-notification by these death-rate statistics, but have omitted or declined to do so, and we, therefore, feel ourselves justified in assuming that an appeal to such evidence would not serve their case, and that the mortality statistics are, therefore, carefully ignored. We have also again to remind our readers that, wherever the zymotic death-rate of any town has become less after the introduction of compulsory notification, it is by no means to be assumed that the improvement is the effect of the new system. A review of the working of the notification system from this point of view was communicated by Dr. Carter, of Liverpool, to the Public Health Section of the British Medical Association at its last meeting at Worcester, and the author has put the actual facts in such a convincing form that we cannot pursue our argument in a better way than by quoting them:—

Dr. Carter takes for examples Bolton and Huddersfield, the first of which has had absolute, and the second contingent, compulsion longer than any other towns in England, and both of which have been cited by the admirers of this system as conspicuous examples of its advantage.

The details of the plan adopted by the advocates of compulsory notification in arguing their case is such as

ought to excite suspicion in the mind of every reasonable man (not to say every statist). One would think that, so far as fairness could be obtained at all by a method in itself radically defective, it would have been by a comparison of the sanitary condition of a town during an equal period before and after compulsory powers were obtained. But Bolton compares ten years before with only five years after; Huddersfield, eight years before with five years after; while Warrington carries the absurdity to its furthest limits by comparing nineteen years before with two years after. It should be specially noted that even the shortest of these periods carries us back to a date some years antecedent to the Public Health Act of 1872, before which, as everyone who has considered this question at all knows, decade after decade passed without the slightest sanitary progress throughout the country.

Yet, accepting what must be considered as the most favourable statement possible for these towns, that which they and others specially put forward as proving their case, what do we find? Why, that Liverpool, which for many reasons is more liable to the inroad and spread of infectious disease than any other town in the kingdom, has progressed during those very years nearly half as fast again without any compulsory Act, as Bolton has with one. If you will examine the figures on the table you

Average Annual Mortality per 1,000 Inhabitants.

	BOLTON.		LIVERPOOL.	
	1867-76. (10 years before the Act.)	1877-81.	1867-76.	1871-81.
Small-pox.....	0.12	0.004	0.54	0.12
Scarlet fever.....	1.10	0.82	1.45	1.04
Fevers { typhus } typhoid } simple }	0.57	0.33	1.15	0.57
	1.79	1.154	3.14	1.73
Populations.....	94,000	105,000	493,000	535,000

will see that the average annual mortality per 1,000 from small-pox, scarlet, typhus, typhoid, and simple fevers, fell in Bolton, from 1.79 in the first period of ten years, to 1.54 during the second period of five years; whereas in Liverpool, during the same periods, from the same diseases, it fell from 3.14 to 1.73. (I must incidentally introduce a slight correction here. Bolton's figures, although said to be carried through 1891, only went up to October of that year. In November, small-pox made its appearance, and, in spite of this Act for strangling it at its very birth, grew into an alarming epidemic. If the last two months of the year had been included, it would have made Bolton's position more unfavourable than is here represented). But, leaving aside this, several potent circumstances which tended to make the death-rate of Bolton appear less than it really was. If Bolton had progressed as fast as Liverpool, her mortality from these diseases should have been 98 per 1,000 instead of 1,154. Yet the medical officer of health, to quote his own words, considers that "the above evidence illustrates in a striking manner the beneficial effect of the compulsory clause, and fully justifies all that has been said in its favour." And if, instead of comparing Bolton's progress in these diseases with that of Liverpool, we compare it with that of the country generally, we find a similar result, viz.: Bolton, with her compulsory notification, lagging considerably behind the country generally without it. The average annual mortality per 1,000 for England from these diseases during the earlier period was 1.78. Bolton and the country then started on the race for improvement from almost exactly the same level. Yet, during the succeeding four years (the only ones for which the Registrar-General's returns admit of a comparison), the country generally had progressed so much the faster, that its average annual mortality from them had sunk to 1,047, instead of only to 1,154.

In the same way, without going into details, it can be

shown that, if Liverpool had only progressed as fast as Huddersfield in these test diseases, her mortality from them during the latter period should have been 1.8 per 1,000, instead of, what as a matter of fact it is, 1.73. Where, then, is the proof alleged by Mr. Hastings and others to be afforded by these figures of the benefits of compulsory notification?

(To be continued.)

SUB-PERIOSTEAL OPERATIONS.

THE question of sub-periosteal operations has, since the researches of Ollier were communicated to the profession, assumed a gradually increasing importance in surgery, and is now one of those subjects on which the majority of operators have fixed a degree of interest and attention compatible with the results to be obtained. At the Clinical Society on Friday evening there was shown a patient whose left leg had been amputated at the thigh in October last, and who now possesses a stump which was correctly described by several speakers as by far the most successful one they had ever seen. The operation in this case had been by the sub-periosteal method; that is, the femur had been excised after first removing the periosteum, and the latter was left in the limb to serve as a possible source of new bone. As to whether there was or was not a bony core present in the stump there was some diversity of opinion among members of the Society on Friday; but complete unanimity was shown respecting the superior powers of progression possessed by the patient, while it was satisfactorily demonstrated by the latter himself that he was able to advance the limb by muscular efforts, and not by a species of twisting of the stump observed in most instances of the kind. As an indication of the practical value of the improved operation, nothing more satisfactory could have been advanced, and Mr. Shuter is fairly entitled to the congratulations expressed regarding it by the surgeons assembled to hear his description of it.

Whether the reasons adduced in favour of an adherence to the older method of circular operation should be allowed to influence the future choice of surgeons who are called upon to amputate a limb, must depend ultimately on the verdict with which the newer method is received. If we judge from the effect produced in a single instance, it will be tantamount to exclaiming "*ex uno disce omnes*," a conclusion scarcely justifiable in any circumstances where such serious considerations are in question. But even now testimony is to hand from Mr. Barker, of University College Hospital, which explicitly demonstrates the value of sub-periosteal amputations, a case recently recorded by him, and in which he had preserved the periosteum of an excised femur, being adduced in proof of the superior advantages possessed by the stump so treated. There is, according to Mr. Barker, an unmistakable bony core present in this instance; and it has been developed since the operation was performed, a result claimed by Mr. Shuter as, at any rate, in process of being secured in the case presented by him to the Clinical Society. There seemed to be a difference of opinion, however, among the surgeons who joined in the discussion, as to the true nature of this deposit, some asserting their belief in favour of, and others against, the supposition. It may, therefore, be well to recall a few authenticated

instances in which the re-formation of veritable bony tissue has actually been observed after excision of all or part of the femur, or of other bones of the lower limb; and for such instances we need refer no further back than to the Proceedings of the Surgical Section of the great International Congress of 1881. Among the papers read at this meeting, one by Dr. Lewis A. Sayre recorded the reproduction of an entire hip-joint after excision in a young girl, from examination of which by Dr. Heitzman it was seen that "not only was the bone reproduced very nearly in form, size, as well as length, of the opposite one, but also true articular cartilages had been newly formed, and the motions of the joint were quite free." In this instance, it is true, the specimen was not produced for the inspection of members of the Congress, but in subsequent discussion on it Mr. Bryant referred to a case in which new bone was formed to replace the "head, neck, trochanters, and two and a-half inches of the shaft of the femur" taken away, on account of necrosis following acute periosteal abscess. On the same occasion also Mr. C. Macnamara described the formation of a new tibia in a boy from whom he had removed the shaft of the pre-existing bone, the periosteum being definitely stated to have been left in this case—a detail of much importance now, but omitted by the other speakers at the Congress referred to. A still more interesting example of re-formation of bone was described also by Mr. Macnamara, in the case of another child from whom he removed the tibia. Here the periosteum was left likewise, but because the membrane was unhealthy and unequal to the task, no vestige of new bone appeared, and after six months the limb was "planted" with pieces of fresh periosteum and bone removed from a newly-amputated foot. The pieces were placed as nearly as possible in the situation the tibia should occupy, and at the time the paper was read—six weeks after—a narrow ridge of bone could be felt along the course of the osseous tissues thus transplanted. The further history of this remarkable case would prove highly interesting, and we venture to ask Mr. Macnamara to communicate it to the profession.

A very important point in connection with these operations is that of the condition of the periosteum involved. We have it sufficiently shown by Professor Ollier's exhaustive researches that regeneration of bone is absolutely impossible from periosteum after the age of thirty or thirty-five years; that is, that the healthy periosteum of young persons alone is competent to the reproduction of bony tissue. But M. Ollier also has proved that a previous irritation of the periosteal membrane, by whatever artificial means excited, is sufficient to ensure very different consequences, and the periosteum so excited is competent to perform the function naturally assumed by the membrane at an earlier age than adult life. In the words of the illustrious surgeon just quoted, "le périoste âgé reprenait ainsi les propriétés du périoste jeune."

It would be premature to insist on the possible advantages likely to follow from the general adoption of sub-periosteal methods of operation; but it is not too early to express satisfaction at the success which has attended such practical applications of M. Ollier's experimental results as have already been made in the field of surgery. It would

appear as though a number of unconscious adapters of his mode have already been imitating his proceedings, and in every case of which a record has appeared success greater than anticipated has been the result of the proceeding. It would be interesting at this point, if space permitted, to discuss the pathological reasons why these results obtain, for in the explanation afforded by them in the light shed upon their causation by M. Ollier's researches probably lies the justification of a widespread adoption of sub-periosteal methods; but for the moment we must defer the attempt. The fact, however, remains indisputable that by the adoption of a method of operation not generally recognised by surgeons, results not previously attainable are placed within the reach of every skilled operator; whether as a consequence of bony regeneration or of improved length of flap may, for the moment, be left an open question.

THE COMBINED EXAMINATION FOR IRELAND.

THE sub-committees appointed by the Irish Colleges of Physicians and Surgeons to negotiate a combination of the examinations of the Colleges for the grant of an Irish double diploma, presented last week to their respective Colleges the following resolutions agreed to by them:—

1. "That it is desirable that the King and Queen's Colleges of Physicians and Royal College of Surgeons in Ireland should combine, so as to give a complete Examination in Medicine, Surgery, and Midwifery."
2. "That candidates who pass the combined Examinations shall be entitled to receive the Licences of the Colleges in Medicine, Surgery, and Midwifery."
3. "That it is necessary, to meet the requirements of the case, that each College should reduce the fee charged for its respective Diploma by an equal proportion, so that the whole fee to be paid by each successful Candidate shall be £31 10s. for the Diplomas in Medicine, Surgery, and Midwifery."
4. "That the Colleges do bind themselves not to grant separate Diplomas, except to Candidates who already hold, in the case of the College of Physicians, Surgical Diplomas approved of by the College of Physicians; and in the case of the College of Surgeons, Medical Diplomas approved of by the College of Surgeons."
5. "That after payment of the expenses of the Professional Examination, the surplus remaining should be divided between the Colleges of Physicians and Surgeons in the following proportions, viz.:—Three-eighths to the College of Physicians, and five-eighths to the College of Surgeons."

We understand that the Council of the College of Surgeons has discussed all these propositions, and accepted all excepting the 4th. The College of Physicians has approved the first three, but has not yet discussed the others. The decisions thus come to are of the highest importance as indicating the laudable disposition of the Colleges to make great sacrifices for the sake of a *modus vivendi*. The reduction of the diploma fees from £42 to £31 10s. will involve an immediate loss of 25 per cent. of the total income of both Colleges, equivalent, in the case of the College of Surgeons, to about £1,500 a year. This most serious diminution of the Collegiate resources may be, to a certain extent, compensated for by a saving in the expense of examining, and, possibly, by an increase in the number of Licentiates arising from the attractive-

ness of a combined examination and a reduced fee, but we are not sanguine enough to anticipate that even the greater part or the loss to the Colleges will be so recouped.

The fourth resolution, which has been rejected by the Council of the College of Surgeons, would, in our opinion, have been suicidal.

That the College should drive from its doors all students who had not already received a qualification elsewhere would, we believe, have closed the doors of the institution in semi-bankruptcy in a few years. It would have at once thrown the student into the arms of the Royal Irish University, and it would, we think, be very unlikely that, being once enrolled as a matriculant or graduate of that institution, he would ever come back to seek the licences of either of the Colleges.

These negotiations will prove useful as *pourparlers* premonitory of the coming conjoint examination legislation, but we do not regard them as having any other value, because we have no belief in the possibility or efficiency of partial and voluntary combination of licensing bodies. The Scotch double diploma has been a money-making speculation simply because of its low curriculum and short period of study. It would have been almost equally successful if there had been no combinations of diploma, provided that the separate diplomas were offered on as easy terms. But the Irish Colleges do not propose to offer these attractions. They are not going to reduce their curriculum to two years, or to cut down their examinations to Scotch level, and we therefore do not for a moment believe that an abatement of £10 in the diploma fee will ever prevent Irish students from running to Glasgow and Edinburgh for handy qualifications to practise.

Conjoint examination under the Medical Act which, we trust, is coming, would be altogether different in effect. It will certainly reduce the central examination fee to £31 10s., but it will also put a stop to the exodus from Ireland to Scotland, and will thus increase the earnings of the Irish Central Board, so as to recoup the Colleges for their loss of income. Students will then have no inducement to go north of the Tweed, because they will save nothing in period of study nor stringency of examination by so doing, and we confidently believe that the result will be a great and lasting benefit to the Irish Colleges as well as to the profession and the public at large.

Notes on Current Topics.

Dr. Littlejohn's Opinion of his Profession.

THE Medical Officer of Health for Edinburgh has at last responded to the demands made by the Liverpool and Dublin physicians for a retraction and apology for his calumnious statement to the effect that the profession in these cities opposed compulsory notification with the sordid motive of saving their fees. He has addressed a long letter to every medical journal except the *Medical Press and Circular*, in which he feels it necessary to "frankly admit that" he "erred in referring to the medical profession protesting against loss of fees without then repeating the foundation for the statement." He does not attempt to justify the "allegation that the

medical profession of Liverpool or Dublin or any other city would be actuated by such motives, and" he regrets "exceedingly that any corporate body should have supposed" him "capable of charging the profession with opposition to a public movement on selfish grounds." He repeats his regret at "having done so in terms liable to misconception."

The amount of this apology is that Dr. Littlejohn is sorry for having slandered the profession without giving the foundation for his charges. But the "foundation" which he pleads makes his offence ten times worse. It seems that the basis of the assertion for which Dr. Littlejohn has been brought to his knees is a still more calumnious statement made in the *Glasgow Herald* by himself, as follows:—

"The bugbear, however, that is always urged is that notification necessarily implies removal of the patients to an hospital and the consequent loss of fees to the medical attendant. This was unblushingly pled with regard to Liverpool, and to Ireland generally, at the meetings lately held at Worcester and Nottingham."

Dr. Littlejohn continues:—

"The question remains, whether I was justified in stating that the loss of fees had been put forward at Worcester and Nottingham in the interest of Liverpool and Ireland as an argument against compulsory notification. On that point I can only say that this statement was founded on my own recollection of what I had heard said by Drs. Fitzpatrick and Whittle, of Liverpool, and Dr. Jacob, of Dublin. I cannot suppose that any of these gentlemen would dispute that this was one of the arguments adduced by them on the occasions referred to."

It is our deliberate opinion that a Medical Officer of Health who insults the body of his profession because his "own recollection" informs him—perfectly falsely—that certain statements were made by individuals, is entirely unfit to criticise the motives of any class of gentlemen. The Hon. Sec. of the Lancashire and Cheshire Branch of the British Medical Association has already, on behalf of Drs. Fitzpatrick and Whittle, publicly informed Dr. Littlejohn that no such statement was made at Worcester as he has imputed to them, and we, on the strength of our "own recollection," are able to contradict, in the most positive manner, the assertion that any such motive for objecting to compulsory notification was "unblushingly pled" at Nottingham by Dr. Jacob or anyone else.

Therefore Dr. Littlejohn's "own recollection" has proved an insidious informant, and he is deprived of the "foundation" for his calumny, which he has pleaded as his excuse.

Next time he feels himself moved to advocate compulsory notification, we trust he will either refrain from his present line of argument, or else try to sustain it by some more solid foundation than his "recollection."

Small-pox at the Cape.

THE Natal Government have decided to wait for thirty days after the last case of small-pox at Cape Town has been reported cured before removing the quarantine restrictions on ships from that port. During the three or four months when the epidemic was most severe, 2,000 deaths occurred out of a total population of 40,000, and of the whole number thus fatally infected, 38 per cent. were unvaccinated, while but 13 per cent. of vaccinated persons perished. This result comes with

appropriateness just now, when the Anti-vaccination League of this country are straining every effort afresh with a view to securing more freedom for the indulgence of their crotchets during the current year. To the authorities at the Cape the recent visitation will presumably teach a much-needed lesson in respect to their hygienic surroundings. These, never of the best, demand the most wholesale improvement immediately, and with the recollection of such terrible experiences as have just been gone through, it is probable the party of reform will, even at the expense of increased taxation, be successful in introducing measures designed to secure a greater degree of protection for the public health. If this occurs, even so great a loss as has been mentioned will not have been unproductive of benefit.

A Luminous Verdict.

THE native Mancunian has often been held up to general admiration as a far-seeing example of intelligence not less praiseworthy than the proverbial Scotchman; but unless some explanation is forthcoming to show that the jury who recently decided that an unqualified practitioner was "to blame for not telling the wife of the deceased that he was not a properly-qualified medical man" are not true representatives of Cottonopolist acuteness, then must we cease to look to Manchester for future guidance in the paths of "light and leading." "The deceased" referred to had been attended by a non-qualified person named Royle, and subsequently by Dr. Young. He died from natural cause, but, at the inquest held on the remains, it came out that "anybody might have been led, as the deceased had been, to believe in the medical qualifications of 'Dr. Royle,'" since this gentleman so paraded himself on his labels, prescriptions, &c. This conclusion appears perfectly justifiable, and seems to have influenced the jury in delivering the rider to a verdict of death from natural causes to which we have drawn attention. The simplicity which could conceive the possibility that a man living by fraud would voluntarily brand himself as an impostor even to the wife of a patient, is too admirable; and scarcely less astonishing is the apparent ignorance of the deputy coroner—Mr. Sydney Smelt—who presided at the inquest, and who complained of the supineness of the Medical Society of Manchester in dealing with the hosts of quacks in practice in the city. Mr. Smelt should put to himself the question, Who is to bear the considerable expense entailed in prosecuting such pretenders, and especially when, as so often happens, the magisterial favour is evidently more for than against unqualified practitioners? If the duty of protecting the public against the latter were undertaken, as in all justice it should be, at the expense of the State, then, and not till then, will the prospect of punishment prevent the wholesale mischief they are the cause of producing. At present but few such prosecutions are undertaken, because of the certainty that none but most glaring offenders can be successfully proceeded against, and because the private societies who undertake to bring charges of unqualified practice are unable to risk considerable sums of money on the chance of failure. At the present moment we know of at least a score of cases in which, for the sake of public safety and public decency

too, quacks should be proceeded against; but who is there, save the various medical defence associations, that can be appealed to to do the necessary work in connection with them? If Mr. Smelt and those who think with him will agitate for amendment in this direction, they will do far more than can ever result from querulous expression of such complaints as that just accredited to the deputy coroner of Manchester.

Quain's "Dictionary."—A Warning.

WE have been requested to explain that in the first issue of Dr. Quain's "Dictionary of Medicine" an error of a very important character has crept into the article on Phthisis by Dr. Theodore Williams. In this, p. 1181, it is stated that Dr. Murrell has found good effects to be produced by the drug picrotoxine in the night sweats of phthisical patients, and the dose recommended is 1.6th (*one-sixth*) of a grain. It is almost unnecessary to say this is a misprint for 1-60th of a grain; but the error is of so important a character that Dr. Quain is naturally most anxious to secure its being corrected in every copy of the admirable work he has so ably edited. In the re-issue of the book, necessitated by the unprecedentedly speedy sale of a large impression, the mistake is rectified; but earlier possessors of the "Dictionary" will do well to make the required alteration in their copies.

The Action of Rarefied Air.

DR. A. FRANKEL, of Berlin, read recently an interesting paper on the above subject before the Medical Society of that city. For some time past he, in conjunction with Herr Geppert, has been making investigations into the subject, some of the results of which he made public in the paper above mentioned, and of which the following is a very brief account:—Rarefied air is mainly of moment through the diminished supply of oxygen that necessarily accompanies it. The important effects of such a diminished supply have been observed in cases in which the circulation has been greatly disturbed, in hæmorrhages, and in the action of most active poisons, as at least the secondary effect of these is to lessen oxidation. It has long been known that when the supply of oxygen to the body is diminished, the organs become subject to a more or less pronounced degree of fatty degeneration. So long as this is limited to the non-use or storing up of such fat as was already in the system, or brought into the system in the food, the process is not difficult of comprehension. The question becomes a different one, however, when, under the influence of a diminished supply of oxygen, fat makes its appearance in localities in which it is not normally present. Such localities are the muscular structure of the heart, the glandular organs in excessive anæmia, in which, under certain circumstances, the muscular structure completely disappears. The author's efforts had been directed to the solution of this problem. He has found that in case of diminished supply of oxygen, brought about, it may be, in the most diverse ways—by suffocation, or by carbonic oxide (CO) poisoning—the urea, or urinary excretion of nitrogen, undergoes a considerable increase. From this it will appear that the diminished supply of oxygen causes an increased disintegration of structural albumen. The

nitrogenous components of the albumen are discharged from the system in the urine, and the non-nitrogenous remain in the form of fat. Recent experiments permit this fact to be proved in a manner to which exception cannot be taken. Dogs were enclosed in a ventilated pneumatic chamber the air of which was rendered gradually rarer by means of an air pump. After a time, very characteristic phenomena were observed (already described by P. Bert). If the rarefaction was brought about as slowly as possible, when the atmospheric pressure was reduced to one-third, the animals, without any dyspnoea worth naming, fall into a state of somnolence, in which they might remain for some seconds (*Sekundenlang*). In order to ascertain whether this condition, apparently due to want of oxygen in the brain, might not be really dependent on the mechanical action of the rarefied air on the circulation, the blood pressure was examined. This showed plainly no deviation from the normal. Neither could there be question of any accumulation of carbonic acid in the blood. It remained, then, that the above-named condition of somnolence was simply the effect of deficiency of oxygen. If the animals, before placing them in the pneumatic chamber, had been fed so carefully that the daily excretion of urea was always the same in amount, it invariably increased considerably on putting them into the chamber and rarefying the air, thus indisputably proving, as Dr. Fränkel claims, that the diminished supply of oxygen causes disintegration of structural albumen, with retention of the fatty constituents thereof within the system.

Laparotomy.

PROFESSOR BILLROTH performed the operation of laparotomy for removal of a uterine myoma a short time ago under circumstances that would have rendered the completion of the operation impossible in the hands of many surgeons. He himself acknowledges that the operation was one of the most difficult he had ever performed, and at its close congratulated himself and his assistants on the patient leaving the table alive.

The tumour was of enormous size, but this alone did not render its removal a matter of such difficulty. It was its adhesion to neighbouring structures that offered the gravest obstacles, and demanded the most scrupulous care. The tumour was adherent at numerous points, to the omentum, intestines, and pelvic contents. The ureters, which were distended to the thickness of the little finger, were actually imbedded in the tumour, and had to be literally dissected out. In the separation of the bladder adhesions, this organ was torn, and it was found necessary to remove the upper part of it, after which it was sewn up. A ligature was now placed on the portio vaginalis, and the tumour removed. It weighed 21 kilogrammes. After removal of the tumour, flat sutures (*Plattennähte*) were first applied, then deep sutures, and lastly a running superficial suture; a drainage-tube was inserted, and the ordinary iodoform dressing applied. The operation lasted three hours, and it was at its close that the congratulations came in. The day following the patient was as well as could be expected, but soon the quantity of urine excreted fell to one-half, and on the fifth day she died. The report says that the diminution in the quantity of urine

could only arise from rupture of the sutures that had been placed in the bladder wound, thus allowing escape of urine into the peritoneal cavity, or from septic pyelitis.

The autopsy was made on November 17th by Dr. Zeemann. There was no peritonitis of importance, and the bladder sutures were perfect, so that there was no escape of urine. The right kidney was much atrophied; the left, however, considerably dilated. There was also pleurisy of the right side.

Sustained Muscular Effort.

AN extraordinary instance of sustained muscular effort was afforded during the flooding of the Australian mine at Sydney in December last. The drift from one shaft having unexpectedly broken into another, a rapid inundation took place, so that in a few minutes the lower levels were flooded, and the water stood thirty feet in the shaft. Twenty-seven men in one part of the workings were unable to ascend the shaft, being caught in a drift where the water soon rose so high that only by clinging to the timbers could they keep their chins above it. One by one during the terrible sixty hours that elapsed before help came did the men drop off exhausted, but five of them succeeded in holding on during the whole of that time and were brought out alive. The bodies of the other twenty-two were found scattered about on the floor of the drift. Great indeed are the strength and tenacity inspired by desperation when they could enable five men to hang on by their hands with their bodies immersed in water for sixty hours.

Mercurial Glycerite.

THE absorption by the skin of any medicament incorporated with a fatty substance is very feeble, except for mercurial ointment. According to M. Vigier (*Gaz. Hebdomadaire de Med.*), any substance incorporated with glycerine, as iodide of potash, chlorhydrate of morphine, &c., is not absorbed. He considers that this property of glycerine is due to its not wetting the skin. Experiments on himself and his pupils have proven that the active substance thus incorporated never produces its constitutional effects. It is for this reason that he recommends glycerine instead of lard in mercurial preparations for scabies, pediculi corporis, &c., as they have an anti-parasitic effect without being absorbed. The following glycerite, notwithstanding the caustic nature of its principal ingredient, may be used without danger:—R Hydrarg. bichlorid., ζ ss; glycerine, ζ ij. M.

MR. W. J. EVELYN, of Wotton, Surrey, has contributed 1,000*l.* towards the building fund of a Hospital which it is proposed to erect in connection with (and in close proximity to) the Royal Kent Dispensary, at Greenwich.

SURGEON-GENERAL R. GILBORNE has been officially gazetted Principal Medical Officer at Aldershot.

THE trial of Mr. S. J. Noake, L.R.C.P.Ed., of Leeds, who, it will be remembered, was charged with the wilful murder of the manageress of a coffee-tavern, by illegal surgical interference during pregnancy, was tried at Leeds last week and acquitted.

The Originator of Cottage Hospitals.

A GRATIFYING proof of the esteem in which Mr. Albert Napper is held by the profession, and of the value of the movement which he was the first to set on foot, was evidenced on Saturday last in London, when at a meeting, under the presidency of Professor Erichsen, a testimonial was presented to that gentleman consisting of an address on vellum, signed by upwards of 150 members of the profession, a cheque for a handsome sum of money, and a magnificent silver salver, bearing the following inscription:—"Presented to Albert Napper, Esq., M.R.C.S. Eng., of Cranleigh, Surrey, by some of his professional brethren and friends of the Cottage Hospital Movement, in recognition of the services he has rendered to the profession and the public as the founder of the Cottage Hospital Movement, January, 1883." It is with sincere pleasure we chronicle this practical mark of esteem and approval of the work initiated by our *confrère*, and wish him many years' enjoyment of his well-earned repose.

ON Thursday last Dr. Tyndall laid before the Royal Society a series of thermometrical records made at a testing station near Haslemere, which go to show that, with atmospheric conditions sensibly alike, the waste of heat from the earth varies from day to day, a result due to the action of a body which escapes the sense of vision.

AT the annual meeting of the delegates and collectors of the London Hospital Saturday Fund, held on Thursday last, at Exeter Hall, Mr. S. Morley, M.P., presiding, the report stated that the collection in 1882 had amounted to £8,690, being £516 above that of 1881, and £2,056 above that of 1880.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE ROYAL MEDICAL SOCIETY, EDINBURGH.—The annual dinner of the Royal Medical Society of Edinburgh took place on the 6th inst. in the Waterloo Rooms. Dr. J. G. Soutar, Senior President, occupied the chair, and Dr. James Hewatson, the Second President, officiated as croupier. The company included the Right Hon. the Lord Provost, the President of the Royal College of Physicians (Dr. G. W. Balfour), Dr. John Smith, Dr. R. S. Marsden, Dr. Byrom Bramwell, Professor Annandale, Professor MacLagan, Dr. John Duncan, Professor Flint, Dr. Lockhart Gibson, &c. In responding for the toast of the Army, Surgeon A. F. Russell took occasion to say that their good opinion was of great importance at present to the medical officers in the army, as a determined effort had been made in certain quarters to discredit their department. The medical journals had shown how false the chief accusations in connection with the Egyptian campaign were, but he regretted that the contradiction did not obtain equal currency in other journals. He hoped that, as the result of the investigation now going on, the department would be placed on a better footing, not only for treating the sick in the hospital, but for attending to them on the battle-field.

DUMFRIES INFIRMARY MEETING.—A Quarterly Court of Governors of Dumfriesshire and Galloway Infirmary was convened for the 6th inst., at noon, but there was not a

quorum, and the business was consequently referred to the weekly committee. All that was done was to receive accounts and appoint an audit committee. The accounts showed the ordinary receipts to be £1,615 15s. 7½d., against £1,608 5s. 1½d. in the previous year, and the extraordinary receipts (*viz.*, legacies), £1,420, against £810. The ordinary expenditure amounted to £1,705 12s. 11½d., against £1,710 5s. 8½d., and the extraordinary expenditure (for furniture), against *nil* in the previous year.

EDINBURGH.—NEW TOWN DISPENSARY.—At the annual meeting in connection with this institution, held on the 9th inst., Dr. Balfour presiding, the report by Dr. Cadell, the medical officer, was submitted, and showed that during the past year he had treated 10,086 cases. The treasurer's report stated that the income from subscriptions and donations had amounted to £318, and that there was at present a balance on hand of £28.

DUNBLANE.—DEATH OF DR. P. GORDON STEWART.—In May, last year, Dr. Peter Gordon Stewart returned from the Cape after an absence of 32 years, to spend the remainder of his days in the quietude of the Cathedral City. His sudden death, from what is believed to have been fatty degeneration of the heart, was quite unexpected. Dr. Stewart, who was in his 62nd year, was the fifth son of the late Cornelius Stewart, who practised in Dunblane for upwards of half a century, and died at the advanced age of 81. He took his degree at the age of 18, and was first his father's assistant. He afterwards practised at Auchenarder, where he was highly appreciated and much respected, and at a later period emigrated to the Cape of Good Hope, and settled at Rindebosch, a few miles from Cape Town. He was elected one of the Government Medical Board of Supervision of the colony, and was recognised as the leading consulting physician in the colony.

GLASGOW PUBLIC DISPENSARY.—The annual meeting of the friends and supporters of the Glasgow Public Dispensary was held on the 5th inst., Dr. Marshal Lang presiding. In the report which was read by the secretary it was stated that the institution was started six years since on the "provident" principle, its work being conducted under certain medical departments, to which special attention had been given by each medical officer. A more generous public support being forthcoming, the medical officers were desirous, by means of lectures, &c., that facilities should be afforded to students of cultivating a more special knowledge of the diseases which came under observation, and of treating the patients at their homes when unable to come to the dispensary under the supervision of the medical officers. The cases treated during the past year included 553 for diseases of the throat; diseases of the ear, 579; kidney, and urinary diseases, 375; diseases of women and children, 399; beside other cases attended at the homes of patients. The debt due to the treasurer up to the present time is £106 17s. 8d. The Chairman, in moving the adoption of the report, said it was impossible to look back upon the six years during which the dispensary had been in existence without feeling that it had accomplished a great amount of good. It was one of the most unobtrusive, and at the same time one of the most benevolent, agencies in the city. There could be no doubt this was emphatically a good work. Indeed, it was so good that perhaps it suffered, if he might so speak, from its very goodness. It did not appeal to any of the specialities by which causes were sometimes recommended. It was no secret that the dispensary was hampered by the want of a sufficiency of instruments. They were indebted to the medical men for the use of whatever instruments were employed, and it would be a very great gain if there were instruments always

at hand for the purposes of the institution, and that might be said to belong to it. He ventured to express the hope that next report would be more encouraging than that of this year, that the area of the relief given would be extended, and that the acknowledgment from the community of the good work done would be more encouraging.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 3rd inst., the death-rate of Glasgow was 30 per 1,000, being the same as that of the previous week.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 3rd inst., fell from 93 to 81, and the death-rate was 18 per 1,000. Diseases of the chest accounted for 40 deaths, and zymotic causes for 6, of which 1 was due to fever, 2 to scarlatina, and 1 to measles, the intimations of these diseases for the week being 13, 41, and 9.

PERTH HOME FOR INCURABLES.—The annual meeting of those interested in the Home for Incurables, Perth, was held on the 5th inst., Mr. Alexander Macduff, of Bonhard, in the chair. The medical report was read by Dr. Stirling, from which it appeared that at 1st January, 1882, there were 16 inmates in the Home, and that there were admitted during the year 16 patients, making a total of 32. Of these 9 died, 2 were discharged relieved, 1 was found unsuitable, 1 was discharged for bad conduct, and 3 were discharged by request, making a total of 16 remaining in the home at 31st October, 1882. Of the 16 admitted during the year, 6 were males and 10 females. Five were admitted from the city, 2 from the country, and 9 direct from the infirmary.

Correspondence.

THE HOMŒOPATHIC PHARMACOPEIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—I don't know where you found the "nasty filth" you speak of in this week's number as described in the *Homœopathic Pharmacopœia*. Certainly not in any of the editions of the *British Homœopathic Pharmacopœia*, which is the only authoritative work of the kind in this country. In an appendix to the *American Homœopathic Pharmacopœia* lately published, there is mention made of some so-called "isopathic" remedies, which are morbid products, and may well be characterised as "nasty filth," but they are not admitted into the pharmacopœia, and no directions for their preparation are given. I do not see what business they have to be even mentioned in a homœopathic pharmacopœia, as they do not belong to homœopathy, and, as you say, are only prescribed by "crack-brained practitioners of medicine," which I trust those who employ medicines homœopathically are not generally considered to be. I have not heard of the suppression of the *American Homœopathic Pharmacopœia* on the ground of its thefts from the United States Dispensatories, as you state, on the authority of the *Philadelphia Medical Times*. Many of the medicines are, of course, the same in both the orthodox and the homœopathic pharmacopœias, but the mode of preparing them is generally different, so I do not well see how the authors of the *American Homœopathic Pharmacopœia* could have copied from their orthodox rivals. However, as time goes on, so many of our medicines and processes have been adopted by your school, that it is quite possible that a new work on homœopathic pharmacœutics may seem to be a plagiarism of parts of an older allopathic work, whereas, if inquiry were to be made, it might turn out that much of the older work was copied from an earlier homœopathic pharmacopœia.

This assimilation of the pharmacœutics of the two schools should be gratifying to all who look forward to the ultimate disappearance of heresy from medicine. You are welcome to believe that we are plagiarising your medicines and methods; we, of course, are as firmly convinced that it is your school that is adopting our methods and medicines, and an examination of some of the most recent works of your

school on *Materia Medica* and *Therapeutics*, such as those of Ringer, C. Phillips, and Bartholow, strengthens us in our conviction.

I am, yours, &c.,

London, 7th Feb., 1883. R. S. DUDGEON, M.D.

Obituary.

DR. GEORGE M. BEARD, OF NEW YORK.

AN American medical celebrity has just passed away. Dr. George M. Beard, of New York, died in that city on the 24th of January, at the age of 44. The cause of death was pneumonia of an asthenic type. Dr. Beard has been long well known as a copious and fluent writer on neurological subjects. In the early part of his career he paid special attention to electro-therapeutics; but, as time went on, he became more and more psychological, and his latest contributions have been on the "Physiology of Mind-Reading," the "Mental Condition of Guiteau," and kindred topics. Unhappily, Dr. Beard did not always exercise that caution and reserve which are essential as safeguards to explorers in that dim region where medical science borders on mystery, and consequently he committed himself to views and brought forward experiments which could not bear the critical scrutiny of his professional brethren. Thus it was that his demonstrations on hypnotism and thought-reading came to so abrupt and ignominious a termination at the meeting of the Medical Congress in London in 1881. It is well known that these demonstrations were declined by the Council of two sections of the Congress before which Dr. Beard had volunteered to exhibit them; and that Dr. Beard's trained subject was shown to be unworthy of credit. But notwithstanding the publicity given to these events, and the correspondence respecting them, which took place in several medical journals subsequently, a knowledge of them does not yet seem to have reached the United States, for the *New York Times*, in its obituary notice of Dr. Beard, refers to the success of his experiments in artificial trance at the International Medical Congress in London. Dr. Beard's writings are often exceedingly suggestive, and many of them have had a large general circulation.

Army Medical Service.—The following list of Surgeons obtained the number of marks specified at the recent Netley examination. The order of position of these gentlemen is not affected by the marks gained at this examination:—

Netley Marks.		Netley Marks.	
W. G. Macpherson ..	2951	J. E. Stuart ..	1866
R. J. Shaw Simpson ..	2897	Th. Ricketts-Morse ..	1974
F. W. Beid ..	2220	W. B. C. Deabls. . .	2030
E. V. A. Phipps ..	2425	J. M. Prendergast ..	1484
V. E. Hunter ..	1829	R. F. Bond ..	2049
A. Bard ..	2180	G. T. H. Thomas ..	2045
T. O'H. Hamilton ..	2147	G. M. H. Colman ..	1793
D. Semple ..	2260		

^ Gained the Montefiore Medal and a Prize in Pathology.

Indian Medical Service.—The following Surgeons were successful at both the recent London and Netley examinations. The final positions of these gentlemen are determined by the marks gained in London added to those gained at Netley:—

Combined Marks.		Combined Marks.	
A. W. D. Leahy ..	5798	J. Crimmin ..	4637
B. W. Webb ..	5420	R. E. S. Davis ..	4592
C. R. Weir ..	5418	H. K. Fuller ..	4561
W. H. Burke ..	4924	W. H. Neilson ..	4301

a Gained the Herbert Prize and the Montefiore Second Prize.

b Gained the Martin Memorial Gold Medal and a Prize in Pathology

c Gained the Parker Memorial Bronze Medal.

University of Dublin.—The following degrees were conferred at a meeting held on Feb. 6th:—

BACHELOR IN SURGERY.

Alcorn, Samuel Alfred.	Crowe, Daniel.
Armstrong John.	Finegan, Joseph Patrick.
Cormack, Eugene.	Nason, Charles St. Stephen R.

BACHELOR IN MEDICINE.

Alcorn, Samuel Alfred.	Finegan, Joseph Patrick.
Boles, William Samuel.	Hamilton, Charles Wolfe.

MASTER IN SURGERY.—Charles St. Stephen Richard Nason.

DOCTOR IN MEDICINE.—Charles St. Stephen Richard Nason.

LICENTIATE IN MEDICINE.—Charles Joseph Fagan.

Notices to Correspondents.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

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

A **CONSTANT READER** has forgotten to enclose his card as evidence of his *bona fides*. He is, nevertheless, thanked for the trouble taken in looking up the past history and doings of the notorious "David Jones, M.D.," and for the circulars and announcements relative thereto, which will be kept for future reference. We were aware that he had been struck off the "Medical Register" for a serious offence, and referred to the fact in our issue for January 24th, but the conviction and sentence were previously unknown to us.

REWARDS FOR HOSPITAL NURSES.—According to the *Court Journal* the institution of bronze earrings with "Merit" engraved on them is said to be contemplated by the authorities. These ornaments are to be given to female nurses who have distinguished themselves in hospital service during war.

GRATEFUL FOR MEDICAL SERVICES!—"How is your wife this morning?" inquired a doctor of one of his patients. "She is dead, I thank you," was the widower's answer.

F. F.—When poisoning by morphia is suspected an emetic of mustard or sulphate of zinc should be administered, and the patient should be kept in motion, a wet towel being at the same time fopped over the chest. Coffee, hot, in the form of an enema, and inhalations of amyl nitrite are of service. No attempt to induce vomiting will be successful if the poison has been received into the system by hypodermic injection, so that when this is known to be the case time should not be lost in resorting to this proceeding. Please send the cases.

ARTIS.—No attempt has been made, with which we are acquainted, to justify the action which called forth the remarks. You are quite correctly informed concerning the facts, and but for being unwilling to draw attention to an unavoury subject, we should have published them before this.

MR. CHAMBERLAINE does not give sufficient information to enable us to pronounce definitely upon the case. If he will furnish us with the necessary details we shall be happy to give it our best attention.

MR. G. E. P. N. (Shrivenham).—The treatment pursued in the case of Mary Shewry was reasonable with the limited knowledge at Mr. C.'s command, and we can hardly assume the censorship of that gentleman under the circumstance because the patient died suddenly. We are fully persuaded that the woman would have died under any circumstances; Mr. C.'s treatment probably had the effect of relieving her immediate sufferings.

DR. S. T. (Frankfort).—We shall be happy to draw the attention of our readers to the invention.

MR. M. D. M. (Charing Cross).—We do not see the utility of inserting the letter enclosed to us, the purpose for which it was designed being already served.

CVIVS ACADÉMIE.—Whether it is a weakness or not, it certainly is a characteristic feature of the English character to be generous, and to this must be attributed the occurrence you remark upon. The surgeon in question is deservedly popular, and enjoys a practice which enables him to carry out all the benevolent schemes which occur to him. We could easily do with more like him. The book has been published, and may be obtained through any bookseller.

DR. J. O. F.—We feel complimented by receipt of the F. R. for February, containing letter with quotation from the *Medical Press and Circular*.

MR. BARKINE (Sunderland).—A person with a dislocation of the hip-joint could, with assistance, limp for a distance of 100 yards.

INQUIRER.—The population of London (estimated to the middle of 1883) is 2,955,814, and that of New York 1,242,533. Although much greater, London is decidedly the healthier of the two—the death-rate being almost invariably higher in New York. This is probably to be accounted for by climatic influences, the extremes of heat and cold being much greater in the latter city; and also by the fact that London is the best drained and the most carefully watched city in the world.

MR. H. E. R.—Sorry we cannot afford space for your effusion, *ut scaps summa ingenta in oculis latent!*

A NOVEL CARGO.—The *Journal of Commerce* reports that the steamship *Hilda*, which has just arrived from Montserrat, W.I., has for almost her entire cargo lime-juice. She brings no less than 464 pipes, or nearly 50,000 gallons, the largest shipment on record. It is assigned to Messrs. Evans, Sons, and Co., Liverpool. The temperance movement has caused a very largely increased demand for the Montserrat productions.

DR. R. N. (Hampstead).—We will jog the memory of the gentleman concerned.

DR. H. D. (Bournemouth).—We have not seen the Directory in question; if such an item appears therein it is worse than a "ridiculous mistake," and you would have good grounds for an action for libel.

MR. H. M. M.—The drug has recently been introduced as a remedy for habitual constipation. We have it under notice, and hope to report our experience shortly.

DR. D. C. B.—The "Notes" will appear shortly.

W. C.—We have reason to think it was inadvertently introduced; and we have been assured that such a mistake will not again be made. May we remind you that the cases will require to be carefully gone through, and that it will be advisable for you to complete the preliminary steps at an early date.

MEETINGS OF THE SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—Friday evening, Feb. 16th, at 8 o'clock.—Living Specimens: Dr. H. C. Tweedy, Two Cases of Locomotor Ataxy.—Specimens by card: Dr. G. F. Duffey, Farre's Tubercle of Liver.—Dr. J. W. Moore, Pulmonary Tuberculosis in a girl, set. 12, with Secondary Infection of the Intestines.—Dr. J. H. Benson, A Bladder showing Chronic Catarrh, with Secondary Abscesses.—Dr. J. V. Lentaigne, Ulceration and Perforation of the Intestines.—Dr. Redmond, Bright's Disease of the Kidneys complicated with Peritonitis.—Papers: Dr. W. J. Smyly, Sudden Change in the Colour of the Hair and Skin in an Infant.—Dr. H. C. Tweedy, Two Cases of Locomotor Ataxy.—Dr. J. V. Lentaigne, A Case of Ulceration and Perforation of the Intestines.

Vacancies.

Athlone Union, Athlone Dispensary.—Medical Officer. Salary, £140. Election, Feb. 16th.
Dublin, South.—Medical Officer for the Workhouse. Salary, £250, apartments, coal, gas, and attendance. Election, Feb. 15th.
Dunfanaghy Union, Crossroads Dispensary.—Medical Officer. Salary, £110. Election, March 7th.
Kent and Canterbury Hospital.—Assistant House Surgeon and Dispenser (one office). Salary, £50, with board, &c. Applications to be sent to the Secretary on or before Feb. 23rd.
Middlesex County Lunatic Asylum, Hanwell.—Assistant Medical Officer. Salary, £150, with board and residence. Applications must be sent to the Clerk to the Visitors, at the Asylum, on or before Feb. 20th.
Rochester and District Friendly Societies' Medical Association.—Resident Medical Officer. Salary, £300, and accommencement fees. Applications to be sent to H. T. Kybett, 55 High Street, Chatham, Kent, on or before Feb. 16th.
University College, London.—Dental Surgeon and Lecturer on Dental Surgery. Applications to the Secretary before Feb. 23th. (See Advt.)

Appointments.

BERRY, J. B., M.R.C.S., House Physician to the Royal Free Hospital.
BOOTH, Mr. E. H., House Surgeon to the Seamen's Hospital, Greenwich.
EASON, A. M., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Lytham District of the Fylde Union.
HOAR, C., M.R.C.S., one of the House Surgeons to University College Hospital, London.
MURRAY, G., L.R.C.P.Ed., L.R.C.S.Ed., Assistant Medical Officer to the Infirmary, St. George's-in-the-East.
ROSS, Mr. E. F., one of the House Physicians to University College Hospital, London.
TINSELEY, S., L.F.F.S.Glas., Medical Officer for the Weetwang District of the Driffield Union.
WALKER, J. McC., M.B., C.M.Glas., Medical Officer for the Western District of the Haltwhistle Union.

Births.

BOYCE.—Feb. 5th, at Stillorgan, the wife of J. Wallace Boyce, M.B., of a son.
BOYS.—Feb. 6th, at Lodway Villa, Bristol, the wife of A. H. Boys, L.R.C.P.Ed., of a son.

Marriages.

AMBROSE—MULLIN.—Feb. 6th, at Saint Mary's Church, New Ross, Thos. F. Ambrose, National Bank, to Mary Agnes (Birdie), eldest daughter of Peter Mullin, M.D., New Ross.
COTTON—SKEY.—Feb. 6th, at St. Mark's, Notting Hill, Capt. Stapleton Cotton, Royal Body Guard, to Rosa Sophia Metcalfe, only daughter of the late Fred. C. Skey, C.B., F.R.S., President of the Royal College of Surgeons of England.
HARBORD—BLAND.—At the Parish Church, Rathfarnham, co. Dublin, E. C. Mordaunt Harbord, M.A., T.C.D., third son of Colonel E. Harbord, Bath, to Margaret Grace, only surviving daughter of the late James Stone Bland, Surgeon R.N.

Deaths.

CHATER.—Feb. 5th, at Tenby, George Chater, F.R.C.S., aged 71.
BEATTY.—Feb. 8th, at Cinderford, Gloucestershire, suddenly, Robert Bryan Beatty, M.B. T.C.D., youngest son of the late Frederick Beatty, Esq., of Incepark, co. Wicklow, aged 34.
HAY.—Jan. 29th, at Lusk, N.B., James Hay, M.B., aged 33.
REECE.—Feb. 4th, after a few hours' illness, Henry Reece, M.R.C.S., L.S.A.Lond., of 168 Piccadilly, London.
SMITH.—Jan. 19th, at Bangkok, Siam, George S. Smith, L.R.C.S.Ed., Surgeon to H.B.M. Consulate-General, aged 43.
TOULMIN.—Feb. 4th, at Thurloe Square, S.W., Frederick J. Toulmin, F.R.C.S., formerly of Clapton, Middlesex, aged 84.

UNIVERSITY COLLEGE, LONDON.—The office of Dental Surgeon and Clinical Lecturer on Dental Surgery in University College Hospital is vacant. Applications for the appointment will be received on or before February 15th.
TALFOURD ELY, M.A., Secretary.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.		EDINBURGH OBSTETRICAL SOCIETY—	NOTES ON CURRENT TOPICS.
The Lettsomian Lectures on the Treatment of Some of the Forms of Valvular Disease of the Heart. By A. Ernest Sansom, M.D., F.R.C.P. Lond., Physician to the London Hospital, Senior Physician to the North-Eastern Hospital for Children.—Lecture III.—Mitral Stenosis	153	Uterus removed Twenty-four Hours after Death	The Lethal Trace
Rupture of the Urinary Bladder. By Walter Rivington, F.R.C.S. Eng., Surgeon to the London Hospital	166	New Form of Bivalve Speculum	Death of a Noted Lunatic
Ferrocyanic Test Pellets as a Clinical Test for Albumen. By F. W. Pavy, M.D., F.R.C.P., F.R.S., Physician to and Lecturer on Medicine at Guy's Hospital ...	157	On Obstinate Vomiting during Pregnancy	"Hydrotherapy"
CLINICAL RECORDS.			Requests to Medical Charities
Cases in Private Practice. By John W. Martin, M.D., Sheffield	168	GERMANY.	Dr. Matthews Duncan's Lectures
TRANSACTIONS OF SOCIETIES.		Treatment of Typhoid Fever in Ziemssen's Klinik—Action of the Readily Soluble Salts of Iodine—Twelfth Congress of the German Society for Surgery	A Strike against the Lady Students
ACADEMY OF MEDICINE IN IRELAND—			Extirpation of the Gall Bladder
PATHOLOGICAL SECTION—		THE SERVICES.	Conviction of a Midwife
Penetrating Wounds of the Bladder	159	The Present and Future of the Army Medical Department	Ready Method with a Bad Lecturer
Microscopic Diagnosis of Phthisis	160		Spina Bifida
		SPECIAL.	Mechanical Excitement of the Peripheral Nerves in Tetanus
		The Vaccination Inquiry	SCOTLAND.
		The Amalgamation Scheme of the Hospital for Women, Liverpool	Extra-Mural School Edinburgh—Tercentenary of Edinburgh University—Glasgow Training Home for Nurses, &c.
		LEADING ARTICLES.	
		THE MEDICAL STUDENTS' REGISTER	LITERATURE
		THE HUNTERIAN ORATION	Whooping-Cough: its Pathology and Treatment
		BUMBLEBOM AT THE ROYAL COLLEGE OF PHYSICIANS OF LONDON	A Manual of Gynecology
			CORRESPONDENCE
			Medical Reform
			NOTICES TO CORRESPONDENTS

The Lettsomian Lectures

ON

THE TREATMENT OF SOME OF THE FORMS OF VALVULAR DISEASE OF THE HEART. (a)

By A. ERNEST SANSOM, M.D., F.R.C.P. Lond., Physician to the London Hospital; Senior Physician to the North-Eastern Hospital for Children, &c.

(Concluded from page 136.)

LECTURE III.—MITRAL STENOSIS—(Continued).

Morbid Anatomy—Physical Signs—Differentiation from the Lesion which Induces Regurgitation—Rise and Progress of the Disease resulting in Stenosis—Compensation—Special Treatment in Mitral Stenosis—Complications of Mitral Disease—Pericardial Adhesions—Embolism.

I.—*Presystolic murmur developing insidiously without signs of rheumatism.*—A lady (Mrs. M—), æt. 52, came under my care in 1876 for dyspepsia, with very slight jaundice. She manifested no history of, nor predisposition, to rheumatism. I had frequent opportunities of examining the heart, and there were no signs whatever of lesion. In January, 1877, there having been no signs other than an occasional slight dyspepsia previously, the patient complained of "fluttering of the heart," and I found, just right of the apex, a rough presystolic murmur abruptly terminated by the impulse. I do not think it possible that such sign could have been overlooked in my previous examinations; I can have no doubt that the lesion of stenosis developed gradually without any subjective signs to mark its onset. I have watched the case at intervals ever since: there have been no articular phenomena; the presystolic murmur has been attended with quasi-reduplication of the second sound, and a few months after its first being evident a short systolic murmur at the apex was observed also. The systolic murmur increased in intensity, the presystolic continuing to be entirely characteristic. During the whole period until the present, there have been no articular troubles, and the cardiac complication though giving rise occasionally to very slight symptoms, is, for the most part, and for long periods

accompanied by no signs of discomfort. This case affords evidence that in adults the morbid change can occur in a gradual and insidious manner with no rheumatic nor other notable phenomena to mark its onset and course. I have previously given many illustrations to show that a similar course is often manifested in the cases of children who come under treatment for the consequences of the cardiac lesion which has been so insidiously effected. (a)

II.—*Systolic murmur at apex becoming changed to presystolic murmur.*—The following notes are condensed from a report by my former house physician, Dr. J. Needham, by whom the case was carefully watched. John W. D—, æt. 18, was admitted under my care at the London Hospital on Oct. 17th, 1877. Patient had had so little subjective symptom that he said that, with the exception of chicken-pox, he had never been ill in his life until eight weeks ago. He had, however, been under treatment for psoriasis at intervals for nine years. His present illness was attended with pains in the limbs and abdomen. There was no effusion into the joints, and the temperature never rose above 100.2° F. On admission, a soft systolic murmur was noted in the mitral area, the outline of the heart, as determined by percussion, not differing from the normal. Two days after admission the systolic murmur was described as loud and conducted towards the left axilla. Seven days after admission there was a slight thrill at apex. Fifteen days after admission the note says: "The cardiac conditions are considerably altered. There is now a well-marked thrill at apex, and instead of the systolic murmur there is a well-marked harsh murmur increasing in intensity and terminated by a clear first sound; about two inches nearer the sternum, a blowing systolic murmur is distinctly audible." The systolic murmur (which was in the tricuspid area), subsequently disappeared, and the presystolic became louder, terminating with a sudden uncomplicated first sound. The patient improved under treatment, but suddenly, six weeks after admission, became epileptic.

In this case there was no history of acute rheumatism, though probably the psoriasis was an indication of a rheumatic tendency. In other cases we have distinct evidence that the murmur of mitral regurgitation developed in relation with acute rheumatism, may be, in course of time, accompanied by

(a) Delivered before the Medical Society of London.

(a) "Clinical Lectures on Diseases of the Heart in Childhood." *Medical Times and Gazette*, Dec. 27, 1879, p. 711.

the murmur of mitral stenosis. We may take for an example, the case of Lydia Grace P—, a child of eight, admitted under my care at the North Eastern Hospital in 1872. She suffered from acute rheumatism. Whilst under observation, a systolic murmur developed at the apex. She was discharged convalescent, and re-admitted in January of the following year, with a second attack of rheumatic fever. There was now evidence of mitral regurgitation with cardiac hypertrophy. She was again discharged convalescent, and re-admitted on Aug. 13th, 1873, with a third attack of acute rheumatism. She now manifested well-marked *presystolic* as well as systolic murmurs at the apex. She was again discharged convalescent. I do not think it necessary to multiply examples—I have observed many such—of this mode of induction of the condition of mitral stenosis. I may add, however, that it would appear that in some cases, the condition of regurgitation is *replaced* by that of stenosis. For example, in a child of nine (Elizabeth M.), a systolic bruit in July, 1869, was found to be accompanied by a *presystolic* in November, and two years afterwards, a *presystolic* alone was audible, terminated by a sharp and loud impulse.

III.—A *presystolic murmur developing insidiously, may subsequently be found to be accompanied by a systolic murmur.*—Arthur V., et. 8, was admitted under my care at the North Eastern Hospital for Children on Dec. 30th, 1874. He had never suffered from any definite illness, save measles and whooping-cough at three years of age, but he had frequently been ailing. He manifested a highly-pronounced *presystolic* thrill at the apex, and the *presystolic* impulse of the left auricle was easily demonstrated on the surface of the chest wall. A marked *presystolic* murmur was abruptly terminated by the impulse of the ventricle. There was evidence of enlargement of the right chambers, but not of the left ventricle. On Jan. 5th of the following year, symptoms of subacute rheumatism became manifest, and then a systolic murmur was evident at the apex. Subsequently, the systolic murmur became very loud, and heard over a wide area, whilst the *presystolic* was only audible at a point just below and internal to the left nipple. Signs of want of compensation now became more marked, and œdema, which, however, disappeared under treatment, supervened. Such a history is by no means uncommon, the signs of regurgitation supervene on those of stenosis, and the double lesion becomes manifest.

I hope that the evidence which I have brought forward may enable us to see in a clearer light the mode of development of mitral stenosis. This evidence, as I consider, tends to show that in a considerable number of cases, the origin and course are insidious and gradual. The disease is not independent of rheumatism, but is not accompanied by pronounced rheumatic phenomena; it is initiated by the form of endocarditis, which I sketched in my first lecture as manifested by no subjective sign, accompanied by no prominent symptom, and yet differing in no essential feature from that which occurs in obvious relation with rheumatism. The endocarditis which results in mitral regurgitation is more violent, so to speak, whilst that which initiates stenosis is more protracted, giving rise to a slower formation of fibrous quasi-cicatricial tissue, which under the even pressure of blood in the auricle tends to form the smooth septum which has erroneously suggested a possible congenital formation.

Not all the cases of mitral stenosis, however, are originated in this manner. In some there has been, first, the induction, in association with the phenomena of acute rheumatism, of the lesion of mitral regurgitation; then has occurred probably a welding of the curtains and in the repeated attacks of endocarditis the changes have been slower than those which result in retraction of curtains, of cords, and columns to the ventricular wall.

By either of these modes produced it is probable that secondary changes take place in the diseased tissue. Under the pressure of blood the fibrous septum thickens, for it has to bear the chief strain of the auricular pressure, and not the ventricle, as in the case of mitral regurgitation. In some cases it undergoes calcareous degeneration; probably in others, where gouty signs are manifest, it becomes infiltrated with the earthy lithates.

Compensation in cases of mitral stenosis may be maintained, as in mitral regurgitation, for long periods. It may be even more simple in the former case than in the latter, for it is only a hypertrophy of the right ventricle, and not of both ventricles, that is needed to maintain it. The left ventricle not being dilated, continues to afford a sufficient *point d'appui*, and it only needs the *vis-à-tergo* of a strong right ventricle,

aided by a hypertrophied (or, at least, not enfeebled) auricle to urge a sufficiency of blood through the narrowed orifice. So long, therefore, as a good nutrition maintains the muscular power of right ventricle and left auricle, any special methods of treatment of a simple condition of mitral stenosis may be unnecessary. In course of time, however, the right ventricle or left auricle, or both, may begin to fail. Usually it is the former, but I have quoted a case in which it was markedly the latter, and in this, I have no doubt, the auricle failed on account of the great privations which the patient had undergone. The right chambers dilate on account of the pressure which is maintained within them if the compensating muscular power begins to fail. Then ensue the dyspnoea, the œdema, ascites, &c., which we are familiar with in analogous cases of mitral regurgitation. To restore compensation, we may use for the most part similar means to those which we have considered in respect of mitral regurgitation. When the gravest troubles of orthopnoea and dropsy have supervened, I have in many cases found that rest, combined with the administration of nutrients and tonics with digitalis, have restored the *status quo et ante* often for a considerable period.

Coincident with the use of means for increasing muscular power, I consider that small and repeated abstractions of blood are even more valuable in mitral stenosis than in mitral regurgitation. The relief of the tension of the right heart may be sensibly relieved even by a leech or two applied over the præcordium. Dr. Bedford Fenwick has narrated a case which is an amusing as well as instructive example of the value of blood-letting in failure of compensation in mitral stenosis. A patient of Dr. Andrew Clark's, at the London Hospital, manifesting the physical signs of mitral stenosis and aortic incompetency, had not improved by a month's treatment with rest, ether, senega, and digitalis. There was much dyspnoea, with signs of œdema of the lungs. The urine became scantier, the œdema increased, and coma appeared to be supervening. At this time the patient, in his half-consciousness, struck his own nose, and brought on a copious epistaxis. Shortly after consciousness returned, a copious diuresis followed during the night. In less than a week the œdema disappeared, and the patient became convalescent. I quite agree with Dr. Bedford Fenwick that abstraction of blood by leeches or cupping is too much neglected in the cases we are considering, and that it is to be justified both by theory and practice. (a)

As regards the special action of *digitalis* in restoring compensation in cases of mitral stenosis, I am not convinced that this is so markedly proved to be beneficial as in the cases of mitral regurgitation. I have found that in some instances, as shown by the sphygmograph, *digitalis* has restored regularity, whilst in others it has increased irregularity of pulse. I believe it to be most valuable where stenosis and regurgitation are combined. Where the right ventricle is chiefly at fault, I do not think its good effect is so manifest; where it can induce an efficient systole of both ventricles and co-ordinate them, then I think it is the more valuable. In failure of the right heart, therefore, in extreme mitral stenosis, I look hopefully to caffeine and to convallaria maialis.

M. Sée has narrated three cases of mitral stenosis in which the extract of convallaria was administered. In the first there was a marked diuretic effect, the quantity of urine increasing under treatment from an average of one litre to two and a-half and three litres, together with a great amelioration of the dyspnoea, which was manifest on exertion. In the second case, manifesting œdema, ascites and grave signs of cardiac failure, with a dose of one gramme per diem of extract of convallaria, marked diuresis occurred, and œdema disappeared in two days. Oliguria returned, and the dose was increased to 1½ gramme. In successive days the quantity of urine passed increased in the following rate:—600 grammes, 2,200, 2,400, 3,000, and then fell to 2,000 grammes, all signs of œdema and ascites having disappeared. The third case was the one in which diabetes mellitus co-existed with mitral stenosis. In this case a very marked indication of the symptoms of imperfect compensation is recorded.

Considering the absence of violence in the storm which, involving, the endocardium leaves behind it the condition of obstruction, we may ask whether such result is not more innocent than regurgitation? The question is a difficult one. We can point to many cases of re-

(a) "On the Use of Venesection in Cases of Heart Disease." By Bedford Fenwick, M.D., M.R.C.P., *Lancet*, Aug. 5, 1882, p. 179.

gurgitation where there has been an arrest of all morbid processes, and where fair health has been maintained for long periods of years. Such instances are, I think, less common in mitral stenosis—there is not a like quiescence, and degenerative changes or inter-current morbid phenomena are more likely to occur. The average age at death in 19 cases of mitral stenosis observed by myself was 35 years. In 42 fatal cases collected by the late Dr. Hayden it was 37·33 years.

In the cases both of mitral stenosis and of mitral regurgitation, however, it is not alone with the single dynamical problem of the restoration of muscular compensation that we have to deal. In every case we have to weigh the probability of complications arising—complications so intimately associated with the conditions as present an essential matter for consideration in any question as to treatment. Such are (1) repeated attacks of pericarditis or endocarditis, and (2) embolism.

A patient who has once suffered from rheumatic affection of the endocardium is liable, of course, to a repetition of the morbid processes. With such, pericarditis is by no means infrequently associated. In children, I am strongly of opinion that pericarditis, when resulting in adhesion of the two layers of the pericardium, is a grave source of danger, spoiling the chance of compensation, and greatly interfering with the beneficial results of treatment. In cases in young people where compensation fails, even under suitable treatment and good nutrition, where evidences of cardiac hypertrophy and dilatation are in excess of those which usually accompany the valvular lesion, we may, I think, generally conclude that the pericardium is adherent.

I.—An accident of the condition, both of regurgitation and stenosis (especially the latter), yet intimately connected with them, is the *embolism*. The consideration of this is often forced upon us when the question occurs as to treatment.

Let us consider this matter from its *clinical* aspect. 1. A case presents itself to us with symptoms of cough and dyspnoea. The onset of these symptoms has been sudden, perhaps initiated by a rigor. There may have been slight pyrexia, or none. The characteristic feature is that, after a short time, when the cough has been attended with mucous and frothy spittle, the expectoration is observed to be coloured with bright blood. In many such instances we may find localised patches of dulness in the upper or the lower thoracic regions, with a few muco-crepitant râles; in others, neither dulness nor moist sounds can be detected.

We examine the heart and find evidence of the existence of mitral stenosis or (less frequently) mitral regurgitation. The existence of these signs, especially when the lesion is in the upper lobes, may cause us to fear the advent of pulmonary phthisis, but observation shows us that hæmoptysis may occur again and again, the changes of tubercle are not manifest. Or whilst a case is under treatment for the symptoms of ill-compensated stenosis or regurgitation, a sudden attack occurs of dyspnoea, with physical signs of a localised broncho-pneumonia. In some cases the outline of the dulness can be delineated as a defined triangle. It is broncho-pneumonia; but its origin may be entirely independent of catarrhal influences, and it has a special feature—the occurrence of hæmoptysis. It is rarely that a case of mitral stenosis goes through its course without the manifestation of some such phenomena. Dr. Hayden records that hæmoptysis was noted as a symptom in 44 cases out of 81 of mitral stenosis (54·3 per cent.). The history of fatal cases generally shows the repeated development of such areas of condensed lung. Morbid anatomy affords the clue to the interpretation of these phenomena. In many instances the right auricle is found to contain, adherent to its internal surface, fibrinous coagula, and detached masses from such have been found to block branches of the pulmonary artery. From such infarctions result the appearances formerly described as “pulmonary apoplexy.” The infarct may in many cases be undiscoverable, for the plug undergoes fatty degeneration and solution, and the lung tissue may present no naked-eye alterations. I am inclined to think, however, that what is true of the grosser is true of the finer changes, and that the hæmoptysis, or the limited broncho-pneumonia of mitral stenosis are due to plugging (it may be of small twigs) of branches of the pulmonary artery.

Now, as regards treatment when such phenomena are

manifest. In the first class of cases, where no sign of ill-health has been previously prominent, I could accept the occurrence as evidence that compensation is disturbed. There is an abnormal retardation of the circulation in the right chambers of the heart, and we are called upon to use some of the means we have described for increasing the power of ventricles. In all cases it will be advantageous if we can decrease the tendency to coagulation of the blood, even if we cannot promote the solution of that already coagulated. Dr. B. W. Richardson has advised the administration, in cases of fibrinous separation within the heart and vessels of the circulation of large doses of ammonia (five minim doses of the liquid ammonia in cold water or cold milk every half hour in some cases). Where there has been imminent danger from pulmonary embolism I have employed this plan, and the patient has recovered. I think, therefore, that it is applicable in the cases of less imminent danger of blockings with smaller coagula which we are considering. When in mitral stenosis or mitral regurgitation there are developed signs of broncho-pneumonia, I think it is advantageous to give ammonia, though it may not be in such heroic doses as those mentioned where there was danger of complete or extensive plugging of the pulmonary artery. Prof. Gerhardt advises carbonate of soda administered by inhalation.

II. The phenomena of embolism may be manifest on the arterial side of the circulation. As in the case of those which affect the venous, these may be manifest (a) in patients who have not shown evidence previously of cardiac distress (b) in those who are under treatment for cardiac disease. I have in my lectures on “Diseases of the Heart in Childhood” (a) given ten examples of the sudden manifestations of lesions of the nervous system in children who had never suffered from any rheumatic affection, and of these ten six showed the signs of mitral stenosis. The nervous lesions were hemiplegia, hemianæsthesia, hemichorea, and epilepsy. In such cases there can be little doubt that fibrinous coagula detached from vegetations about the mitral orifice were carried by the current of blood and blocked some of the arterial branches distributed and some part of the cerebro-spinal system.

In cases under treatment for cardiac diseases the one sign which I have found to indicate the probability of embolism is a sudden rise of temperature of the body. The locality of the embolism is not immediately indicated by the symptoms. The relative frequency of the sites of embolism, according to the returns from the Pathological Institute, Berlin, are kidneys (75 per cent.), spleen (57), brain (20), intestine, heart and liver (7), skin (5), spinal cord (3), thyroid body and eye occasionally. In my own cases the sites were—spleen (11 cases), kidneys (6), brain (5), retinal artery (1), intestines one.

The occurrence of any of the phenomena of embolism in cases of valvular disease is an indication either of recent development of endocarditis with the formation of vegetations, or of the detachment of an old vegetation, or of the occurrence of ulcerative endocarditis. In the last case the sites of embolism are usually multiple, and treatment is of little or no avail. In the other cases the first essential for treatment is the maintenance of rest and tranquillity of heart. The blood should, so far as possible, be rendered as fluid and non-coagulable as possible, and to this end it should be maintained alkaline by the administration of ammonia or soda. The subject of the treatment of the secondary effects produced by the embolism—effects varying according to its site—of course I cannot approach on this occasion. (b)

(a) *Medical Times and Gazette*, Dec. 27, 1879, p. 712.

(b) I have to thank Messrs. Savory and Moore and Mr. Brownen, F.C.S., for exhibiting not only the various preparations of convallaria, but the alkaloids (convallarin and convallarmine) obtained from the plant.

WE are informed that steps will shortly be taken to perpetuate the memory of the late Dr. Shinkwin, of Cork, by a memorial of some kind. The exact form has not yet been decided on, but it is probable that a memorial tablet or a medal for annual competition may be instituted.

RUPTURE OF THE URINARY BLADDER.

By WALTER RIVINGTON, F.R.C.S Eng., M.S. Lond.,
Surgeon to the London Hospital.

PART II.—*Reported Cases of Recovery—Treatment—Conclusion.*

(Continued from page 137.)

FEW will dispute the less severity of an incision two or three inches long, compared with one of twice the length. Experience alone can determine whether the wound in the bladder should be sewn up or not. If we could unreservedly trust to the genuineness of Dr. Walter's case, the rent might be left to take care of itself; and we might find some justification for this in the frequently jagged and contused edges of the aperture, which render primary union unlikely to occur. Before the edges have cleaned and adhered the stitches might cut their way out; whereas, if the rent were left alone, the bladder being kept empty, adhesion of the edges might soon occur, and intestine might become attached to the back of the bladder. If the rent is sewn up, carbolised silk would hold better and longer than catgut. Washing out the peritoneum with tepid water seems to be objectionable. A warm solution of thymol or sanitas would be less favourable to the introduction of impurities and germs. Mr. Heath is convinced of the inutility and harmfulness of a drainage tube passed through the abdominal wound into the pelvis; but he seems to regret that he did not pass a tube through the recto-vesical pouch of the peritoneum and the wall of the rectum, bringing it out at the anus. I feel very strongly that this would be a dangerous procedure, and that the risk of gas getting into the peritoneal cavity would far outweigh any advantages arising from the dependent opening. If another opening be needed, and I am inclined to think that it is, the most efficient means of securing free exit of urine and giving perfect rest to the bladder would be to combine lateral lithotomy or cystotomy with abdominal section, performing the abdominal section first with antiseptic precautions, and sewing up the rent in the bladder, and afterwards making the perineal opening. Doubtless, the combined procedure may appear severe; but an intra-peritoneal rent in the bladder is a desperate injury, requiring to be met, not by desperate, but by thoroughly effectual means of treatment, directed first to the removal of urine already effused, and secondly to the prevention of further escape.

Dr. Vincent, for whose monograph I am indebted to Mr. Heath, advocates cystoraphy by a combination of two kinds of suture, which may be termed the sero-muscular and the serous suture respectively. The sero-muscular suture consists in entering the needle a little way from the edge of the rent, carrying it down as far as the mucous coat, and then making the thread traverse the edges of the rent between the muscular and mucous tissues, and bringing it out at a corresponding point on the opposite side. This suture draws the edges of the rent together, and by avoiding penetration of the mucous coat, obviates all danger of the sutures finding their way into the bladder and becoming calculi. The serous suture is effected by entering the needle at some distance from the edge of the rent, carrying it under the peritoneum for about a quarter of an inch or more, then bringing it through the serous coat, drawing the thread across the rent, and repeating the process on the other side. When this suture is tied the peritoneal surfaces on either side of the wound are brought into contact, and, according to Dr. Vincent, rapidly unite. The serous and the sero-muscular sutures may be alternated with advantage. Dr. Vincent attributes the failure of abdominal section and cystoraphy in Mr. Willett's and Mr. Heath's cases to the length of time which elapsed before the operations, and to the ineffectual character of the sutures. In his experiments on dogs he found that the procedure was uniformly

successful when practised within eight and a half hours, but constantly failed through urinary intoxication when performed twenty-four or twenty-five hours after the bladder was wounded. He deprecates founding any canon for treatment upon Dr. Thorp's case.

Occasionally it happens that the practitioner, whilst convinced that a rupture of the bladder has taken place, is in doubt whether the rent is intra-peritoneal or extra-peritoneal. As it is of the highest importance to act promptly, an exploratory incision should be made immediately above the pubes, and the bladder reached before the peritoneum is opened. If no evidence of an extra-peritoneal rent is forthcoming, the peritoneum can then be divided, and the posterior surface of the viscus exposed. By proceeding cautiously, the surgeon may avoid the possible error of laying open the peritoneum for an extra-peritoneal rupture.

As illustrating the advantage of early incision above the pubes in the peritoneal rents, I would again call attention to the case of recovery reported by Dr. A. V. Williams in 1855. Probably, a good many more recoveries after extra peritoneal rupture would have been chronicled if surgeons had acted more boldly and promptly in these dangerous cases. In a valuable paper on rupture of the bladder following stricture of the urethra, already referred to (a) Dr. Gouley has related a case which came under his care in the initial stage, and subsequently passed under the treatment of Dr. Stephen Smith. The patient was a man, *æt.* 36, who had suffered from dysuria, and other symptoms of advancing stricture for two years prior to admission to the hospital. Whilst straining to pass water he felt something give way within him, and experienced severe pain in the abdomen. On admission to the hospital the patient had not made water for forty-two hours. He lay in bed with his knees drawn up, and the abdomen was tense, tender, and tympanitic. A capillary whale-bone bougie was passed, and over this a tunnelled catheter, six ounces of clear urine being drawn off without yielding much relief. On the second day after admission there were redness and tenderness over the right iliac fossa, but no deep incision was made till the 29th day, when pus and urine were emitted from a cavity above the pubes. The patient survived till the 44th day after the accident. At the autopsy a rupture of the anterior wall of the bladder was found about the middle of the vertical diameter, and a little to the right of the median line. The opening in the mucous coat was somewhat rounded, and large enough to admit the index finger. The muscular and fibrous coats showed a vertical laceration an inch in length. A cavity existed in front and around the bladder. Dr. Gouley himself in his comments on the case, regrets that an exploratory incision was not made. He advocates treating these cases by cystotomy combined with a supra-pubic incision, remarking that the latter is necessary for the evacuation of urine already extravasated, and the former for the prevention of further escape of urine from the bladder. Another instance in which an exploratory incision would have been beneficial has recently occurred in the practice of Dr. Walker at the Bootle Hospital. (b) The case was seen in consultation with Mr. Reginald Harrison, who diagnosed a rupture of the bladder.

The patient was a fireman of a steamship, *æt.* 40, who went to bed in his usual good health, and woke suddenly between one and two o'clock in the morning, wanting to pass urine, and complaining of intense pain all over "the privates." A medical man who was summoned passed a No. 8 gum-elastic catheter, and drew off blood in considerable quantity. Early in the morning the patient was admitted into the hospital. His abdomen

(a) *New York Medical Record*, 1872, p. 457. Dr. Gouley refers to a prior paper by Dr. Cruise in the *Record* for August, 1871, p. 241; and to a paper by Dr. Willard Parker on "Cystitis and Rupture of the Bladder treated by Cystotomy."

(b) *British Medical Journal*, Dec. 16th, 1893, p. 1207.

was distended, dull on percussion, and very tender over the bladder. The perineum was ecchymosed. During the day he passed about thirty ounces of blood. After the diagnosis of rupture of the bladder had been made the treatment consisted in the retention of an india-rubber catheter and ablution of the bladder with weak carbolic lotion (1 in 100). An erythematous rash characteristic of extravasation began to appear over the right iliac region extending halfway down the thigh. Vomiting set in, and great prostration, and the patient died on the fourth day after the rupture. There was a cavity about the size of an orange behind the symphysis pubes filled with blood clots. A rupture was found two inches in length in the anterior wall, commencing an inch from the neck, and extending to two inches from the apex. The urethra was normal. There was nothing whatever to account for the rupture, the patient averring that he had always been a temperate man, free from venereal diseases, and had not sustained any injury prior to the rupture. Mr. Harrison thinks it probable that the rupture was really due to an injury which escaped notice. The character of the rent, the quantity of blood effused into the pelvic areolar tissue and in the rectus muscle, and the ecchymosis of the perineum, point to injury rather than to spontaneous rupture. A supra-pubic exploratory incision made immediately after diagnosis would have afforded the patient the best chance of recovery.

The treatment of rupture of the bladder in the female must be conducted on the same principles as in the male. Laparotomy is indicated as strongly as in the male for intra-peritoneal rents, and incision through the anterior vaginal wall into the bladder will naturally take the place of median or lateral cystotomy. In any doubtful case exploration of the viscus, either by dilating the urethra or by vaginal cystotomy, might be undertaken as a preliminary measure.

Looking to the extreme violence which often occasions rupture of the urinary bladder, to the injurious character of the fluid effused, to the variety of conditions and ages of the patients, to the frequent complications to the doubts which often beset diagnosis, and to other obstacles to successful treatment, surgeons can scarcely expect to rescue many who become the subjects of this dangerous lesion. Fortunate as it is that the accident is rare, the very rarity militates against the recovery of patients, for the attainment of personal experience in diagnosis and treatment becomes impossible for the individual surgeon. The recorded experience of many observers, combined into one view, must remedy this defect; and it has been with the object of rendering that experience more easily accessible to those who may meet with cases of the kind, and are desirous of acquainting themselves with the practical details of previous observations, that I have treated the subject at length. Entertaining a doubt similar to that expressed by Mr. Willett in 1876 whether a single unequivocal recovery after an intra-peritoneal rupture has occurred, I do not in this age of antiseptics absolutely despair of a time arriving when it can no longer be said, with Gross, "all the mischief that can be done is done in the first instance by the escape of urine into the peritoneal cavity, from which it will be out of the power of the surgeon to remove it, or to prevent its pernicious effects;" or with Cusack, "in accidents of this nature the surgeon has generally to lament the imperfection of his art while he witnesses the progress of the unfortunate patient to the termination of his sufferings;" or with Syme, "if the rupture takes place above, or within, the reflection of the peritoneum, there cannot be the slightest chance of escape."

It is not by standing still and relying upon old methods which have conspicuously failed that future success can be obtained. Neither can any advantage be expected by placing confidence in the methods of treatment, various as they have been, which have been adopted in the equivocal cases published as instances of

recovery after intra-peritoneal rupture of the bladder. Examined apart from the individual claims of the cases themselves to the acceptance of surgical authorities, the methods employed do not fulfil the two cardinal indications for successful treatment. The long list of fatal cases and sound surgical reasoning alike urge upon practitioners the advisability of giving a fair trial to means that appear likely to prove thoroughly efficient. Failures there will be, for failures are often the necessary preliminaries to success. The history of abdominal surgery illustrates this, and abundantly testifies that the best results are the reward of judicious boldness. It has been well said by Mr. Bryant that surgeons have been looking for a satisfactory means of dealing with intra-peritoneal rupture of the bladder. Unfortunately, this discovery has not yet been made; neither are surgeons in agreement with each other. Further experience alone can decide between the conflicting views; and surgery will achieve no unimportant triumph when occasional and indubitable recoveries are ensured by improved methods of treatment.

FERROCYANIC TEST PELLETS AS A CLINICAL TEST FOR ALBUMEN. (a)

By F. W. PAVY, M.D., F.R.C.P. Lond., F.R.S.,
Physician to and Lecturer on Medicine at Guy's Hospital.

MOST, I think, have felt, who have stopped to give consideration to the matter, that it would be exceedingly desirable if something more convenient than the method of procedure with heat and nitric acid, which has been in use so long, were placed at our command as a reliable test for albumen. At least, such is the expression which has, from time to time, fallen from those I have met, and I have been so strongly impressed myself in this way as to have been induced to turn my attention towards endeavouring to meet the want.

The convenience of the cupric test pellet for sugar inclined me to look for something that could be kept and employed in a solid form, and I started with the view that to be suitable for the purpose it must be freely and quickly soluble, devoid of objectionable physical properties, and a sharply marked and reliable precipitant of albumen.

During the last two or three years I have carried metaphosphoric acid in my urinary pocket case, and have frequently been in the habit of otherwise employing it. It is known to constitute an excellent test for albumen, and I tried for some time to bring it into a convenient form for use. In a pure state it is a glacial body, which, although deliquescent, does not quickly dissolve. Kept in fragments they stick together in such a manner as to prove troublesome at the time of use. I mixed the acid with other agents, as citric acid, sulphate of soda, chloride of sodium, and cane sugar, but I failed to obtain a satisfactory product. Thus finding that I could not succeed in getting what was wanted with metaphosphoric acid, I looked around for another suitable agent.

Yellow prussiate of potash and acetic acid employed together have long been known to furnish a valuable test for albumen. There may be other tests as good, but I think it may be said that there are none that can be spoken of as actually better. Citric acid may be made to take the place of acetic acid, and thus a test capable of being kept and used in a solid form is supplied. The precipitant of the albumen is ferrocyanic acid, and this is liberated just as effectually by citric as by acetic acid.

I at first thought that it would suffice simply to mix the yellow prussiate of potash and citric acid in the proper proportions, and compress into a pellet to obtain the test in the form I wanted. Experience, however,

(a) Communicated to the Clinical Society of London, February 9, 1883.

soon showed me that the matter was not so easily to be disposed of. Difficulties presented themselves which have taken time and consideration to overcome. With the willing and able assistance, however, which Mr. Cooper has rendered in carrying out the mechanical operations I have suggested, a pellet has been produced which seems, as far as I can at present judge, to supply all that can be desired. Its components are the sodic ferrocyanic and citric acid. Grounds exist for the employment of the sodic instead of the potassic ferrocyanide.

All that is necessary in using the pellet is to crush into a powdered state within a folded piece of paper with a silver or other coin from the pocket, or in any other way that may suggest itself, and to run into an ordinary-sized test tube, and pour in the urine to be examined to the height of about an inch. On simply agitating freely, without the application of heat, a precipitate will immediately, or almost immediately, appear when albumen is present. The test is so delicate that the smallest amount of albumen gives rise to a distinctly recognisable opalescence, and with a larger quantity a dense white precipitate is produced. Instead of crushing the pellet it may be broken in half, or placed whole in the urine. Used in this way it takes a minute or so for it to be dissolved and the reaction to be produced.

An estimate may be found of the amount of albumen present by allowing the precipitate to settle and reading off its height in proportion to the contents of the tube in the same way as is done after the application of heat.

As no employment of heat is required in the application of the test, it is not necessary that a test tube should be used. A wine-glass or medicine bottle will answer instead, and the quantity of urine should be kept down to about that recommended when a test tube is used. Enough acid exists in the pellet not only for liberating the ferrocyanic acid from the ferrocyanide, but for more than neutralising the alkalinity that is likely to belong to a specimen of urine limited to the quantity which has been recommended to be taken. Through this circumstance the test acts equally well with alkaline as with acid specimens of urine.

Phosphates do not interfere with the validity of the reaction given by the test. They not only are not liable to be precipitated by it, but the acid present will promote the solution of phosphates already deposited.

Should the urine be turbid from lithates it must be cleared by warming before the test is employed. A number of ways in which this can be done will readily suggest themselves without recourse to the use of a spirit-lamp where no spirit-lamp happens to be at hand.

If thought proper the test may be used in the same manner as some persons are in the habit of employing strong nitric acid—viz., by bringing the specimen and the test into contact with each other without admixture, and looking at the line of junction for the precipitate. Thus used the pellet should be dissolved in a little more than sufficient water to cover it, and the urine then allowed to flow gently down the side of the test tube until a stratum of about half an-inch in height has collected. The lamina of precipitate which is formed from specimens containing a minute amount of albumen, comes out denser and more sharply defined than with nitric acid. Further, if the contents of the tube are afterwards shaken together, a diffused precipitate is visible, whilst in the case of the strong nitric acid the precipitate disappears.

With urine containing oleo-resinous matter consequent upon the administration of an oleo-resin medicinal, it is known that nitric and other acids occasion a precipitate. The same will naturally occur with the ferrocyanic pellets, and this is the only fallacious indication that I am at present aware belongs to the test. Error from this cause, whenever the conditions permit it to be presented, must be guarded against in the same way as has been hitherto done under the employment of nitric acid.

Since this communication was written I have seen the albumen precipitate test papers introduced by Dr. Oliver, of Harrogate. They certainly form a very neat and elegant adaptation. Whilst encountering the difficulties that presented themselves with the production in a satisfactory state of the ferrocyanic pellets, the idea crossed my mind of papers soaked separately in the two agents and dried, but I did not act upon it, as I thought the presence of the paper in the test tube would be undesirable, and that it would be best, if possible, to keep from any extraneous substance. In the pellets there is nothing besides the two agents actually constituting the test, and their nature is such as to be perfectly harmless in every way. Properly preserved in a bottle, I have no reason, from the opportunity I have yet had of judging, to think otherwise than that they will keep for an indefinite time. They are made by Mr. Cooper, of 58 Oxford Street.

Clinical Records.

CASES IN PRIVATE PRACTICE.

By JOHN W. MARTIN, M.D.,
Sheffield.

Acute Rheumatism—Heart Affected—Area of Dulness Enlarged—Heart's Action Irregular—Impulse, weak and diffused—Well-marked Obstructive Mitral and Aortic Murmurs—Hepatic Enlargement—Slight Jaundice—Albuminuria—Anasarca—Ascites—Treatment—Recovery.

On the 7th of January, 1878, I was asked to visit W. S., æt. 17, suffering from general dropsy. I found him propped up in bed in a truly lamentable condition. He presented the appearance of a huge water-bag. Face puffed. Abdomen, arms, hands, thighs, legs, and feet, all swollen to such an extent, that the skin seemed ready to burst. Eyes suffused and jaundiced. Cheeks and lips cyanosed. Veins of the neck swollen and pulsating. Dyspnoea extreme, rendering it impossible for him to lie down. General dulness of the percussion note over the whole surface of the chest, back and front. Respiration, tubular, and in a few patches, coarse moist crepitation heard. Not much cough or expectoration. Area of cardiac dulness enlarged, measuring $5 \times 4\frac{1}{2}$ inches from upper border of 3rd rib on the left side, and from the left margin of the sternum at the articulation of 5th rib with sternum on the same side. Impulse, weak and diffused; action, irregular and intermitting; first sound distant, indistinct, and muffled by a well-marked *bruit de souffle*, which distinctly preceded and almost replaced it; second sound distinctly heard at the base, accentuated, and preceded by a loud, rough, blowing murmur, which was prolonged into the arch of the aorta and carotids. The girth of the abdomen, at the umbilicus, measured 50 inches. The umbilical sulcus was completely obliterated. The ascites was so extensive, that it was impossible to examine into the condition of the liver and spleen. He complained, however, of great weight and a dull continuous pain in the right hypochondriac region, together with pain in the right shoulder. There was distinct jaundice of the skin. Bowels costive; motions, clay-coloured, and very offensive.

Passed about ten ounces of urine, bile tinged, and depositing lithates freely. (Tested subsequently, it was found to contain albumen.) No joint affections, nor had there been from the first.

His history may be briefly stated as follows:—Previous to present illness he had been a fairly healthy lad. The mother had been a martyr to rheumatism and heart disease, from which she died some months previous to the commencement of this lad's illness. He had been working in a pit in which there was a good deal of water, and assigns the latter as the cause of a severe attack of acute rheumatism which he contracted in the month of October, 1877. I saw him at the outset of that attack, and, in the course of my examination, found that the heart was affected, loud mitral and aortic bruit being then distinctly to be heard. I did not find it convenient to take up the attendance at that time, and recommended them to call in another medical man, warning them that the attack promised to be a very severe one.

From that time to the date of my being called in again, the boy was unable to leave his bed; and just before my seeing him the case was pronounced hopeless by his attendant, an opinion thoroughly justified by the symptoms presented.

It will not be necessary for me to enter into a minute detail of the treatment, which extended over a period of six weeks, and which, contrary to all my expectations, was attended by the happiest results. It may be briefly summarised as follows:—

At my first visit I made numerous punctures with a tenotomy-knife in both lower extremities, which gave exit to a profuse flow of serum, and placed him upon a mixture containing nitrate of potash, spirits of nitrous ether, tincture of squill, and infusion of digitalis; I also ordered drachm doses of compound powder of jalap to be taken every second or third night for three doses. These measures were followed by rapid and steady improvement. I repeated the punctures on the fourth day of treatment, and again on the seventh. The jalap acted freely upon the bowels, and the mixture seemed to have the effect of producing a largely increased flow of urine. The oedema of the lower extremities, and the anasarca of the face, and upper extremities, rapidly subsided. The thoracic symptoms improved wonderfully—the patient being able to lie down at the end of the fifth day. The heart's action became stronger and steadier, accompanied by a corresponding improvement in the state of the pulse. The lungs became more resonant, and the râles disappeared. Respiration still remained harsh and tubular. His appetite became ravenous. The state of the liver and the ascites remaining unchanged. About the eighth day I altered the mixture for one containing nitro-muriatic acid, spirits of nitrous ether, tincture of squill, and infusion of digitalis, and ordered a pad, wet with a fairly strong lotion of nitro-muriatic acid, to be applied over the liver, then covered with gutta-percha tissue, and secured by a binder.

On the second day the lotion had produced an abundant papular rash and a state of intense irritation of the part. The jaundice was decidedly diminished, and the abdomen was greatly decreased in size—now measuring 44 inches. The patient's general health was evidently improving rapidly.

On the fourth day the girth of the abdomen was only 40 inches, and the lower border of the liver could be distinctly felt, extending three inches below the margin of the false ribs, and two inches beyond the median line, over towards the left side; its surface was quite smooth, and edge well rounded. There was a great deal of flatulent distension present in the bowels. The latter were moved daily, and the motions had become quite natural in their appearance.

From this time forward, the history of the case, was one of steady improvement. On the fifteenth day of treatment the boy was able to sit up out of bed. At the end of the third week, he was able to walk about. The amount of ascites present, and the size of the liver gradually and steadily diminished.

At the end of six weeks I stopped all treatment, trusting to the powers of Nature to effect the final reduction in the size of the liver and the ascites; the former was but a little over an inch below the false ribs, and no longer extended beyond the median line, as already described. The abdomen measured 34 inches at umbilicus.

Since then, the boy's convalescence has been all that could be desired. He is now in the enjoyment of good health (August 14th, 1878). No trace of ascites or hepatic enlargement being present. He is able to engage in his usual occupation, and to take any amount of active exercise. Valvular lesions remained when last seen, August, 1879.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 29, Madras 37, Paris 26, Geneva 22, Brussels 25, Amsterdam 30, Rotterdam 32, The Hague 16, Copenhagen 27, Stockholm 34, Christiania 17, St. Petersburg 41, Berlin 25, Ham-
burgh 29, Dresden 23, Breslau 30, Munich 31, Vienna 29, Prague 33, Buda-Pesth 30, Trieste 35, Venice 31, New York 25, Brooklyn 23, Philadelphia 23, Baltimore 38.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

A MEETING of the Pathological Section of the Academy of Medicine in Ireland was held on Friday evening, February 2, 1883, in the Albert Hall, Royal College of Surgeons.

Mr. BENNETT, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

EXHIBITION OF SPECIMENS.

Dr. C. F. MOORE exhibited a living patient, a strong woman, *æt.* 71, suffering from molluscum simplex. Neither her children nor grandchildren, nor any relative had a similar disease. The growths commenced twenty-five years ago without pain or injury to her health, in size varying from a small shot to that of a small grape, some sessile, some pendulous, growing on the face, neck, hands, chest, and arms; none on the lower limbs.

Mr. ABRAHAM showed microscopic mountings of new blood-vessels inoculating in granulation tissue among the meshes of a sponge skeleton after grafting.

Dr. WARREN showed an example of strangulated obturator hernia, which had been discovered *post mortem*.

Mr. WHEELER showed an arm amputated for compound fracture with extreme laceration; also a drawing of erectile tumour of the forearm, removed successfully from a boy, *æt.* 16, by excision; also a cast of congenital deformity of the hand, consisting in the absence of the little and ring fingers with rubbing of the middle and index, the thumb being normal.

PENETRATING WOUNDS OF THE BLADDER.

Mr. STOKES exhibited the bladder of a patient who had been recently under observation in the Richmond Hospital suffering from an exceptionally rare form of penetrating wound of the bladder. The patient, a youth, *æt.* 16, employed in an iron foundry establishment, was playing with a companion at vaulting over a pair of long forger's tongs. Failure attended one of his attempts to clear the instrument, and one of the long handles passed through the anus into the rectum a considerable distance. The boy fell, and the handle of the tongs was promptly removed by his companion. When brought to hospital he was in a state of great collapse. His sufferings were extreme. There was some slight hæmorrhage from the rectum, and the urine, when drawn off, was found deeply tinged with blood. On the second day all the symptoms were much aggravated. The abdomen became tympanitic and swollen, the pain agonising, and there was great vesical irritability. On the third day the patient became delirious, in which condition he remained until released from his sufferings, seventy-four hours after the accident happened. The autopsy revealed a perforation of the anterior wall of the rectum, about an inch and a-half from the anus. Here the instrument had passed into the bladder through the trigone and emerged at the fundus of the organ, opening into the peritoneal cavity, in which there was a large quantity of purulent fluid. There were well marked signs of extensive peritonitis. The author referred to the three somewhat analogous cases published by Mr. Prescott Hewett, M. Bué, and Mr. Bryant, giving the leading particulars of each, and also to the cases mentioned by M. Howel and M. Joubert de Lamballe. The question as to what is the chief factor inducing peritoneal inflammation in these cases was likewise discussed, the author inclining to the belief, from the evidence afforded by several instances of vesical rupture, intra-peritoneal gunshot wounds of the bladder, and also the experiments of MM. Vincent and Murzel, that urine, when first extravasated, and before any decomposition of its constituents takes place, is comparatively innocuous; and the practical deduction would be, provided no distinct contra-indication existed, the desirability in such cases of promptly securing a free exit for the urine by cystotomy or laparotomy before the changes take place which as a rule lead to such disastrous consequences. In the case the author brought under the notice of the Section neither of these operations could be contemplated, owing to the extreme condition of prostration the patient was in when

admitted into hospital, a condition from which he never rallied.

In the discussion which followed Mr. CROLY directed attention to the value which he assigned to præcordial anxiety as a diagnostic symptom of ruptured bladder, a view which was not sustained by the facts of the case which Mr. Stokes recorded.

MICROSCOPIC DIAGNOSIS OF PHTHISIS.

Dr. PURSER exhibited the viscera of a man who had died of phthisis. In the lungs there were tracts of dense fibrous tissue surrounding the bronchial tubes and pulmonary vessels, and extending to the neighbouring portions of the pulmonary tissue. This was extensively consolidated by fibrous thickening of the alveoli. There were numerous tubercles which had for the most part undergone fibrous changes. Curation was not present to any great extent, but there was a large cavity due to this cause at the base of the right lung and smaller cavities at both apices. The bronchial glands were indurated and contained tubercle. Tubercles were abundant in the liver and spleen, both of which organs were amyloid. In this case the bacillus tuberculosis had been detected in the sputum five weeks before unequivocal signs of phthisis had been detected by the stethoscope.

Dr. FINNY said the patient in question when under his care was the subject of amyloid disease of the liver. The point of greatest interest on that part of the case was the evidence it afforded bearing on the view of Schupple and others as to where amyloid disease began. It was not amyloid degeneration springing from small arteries in the liver, and in which the whole enlargement was due to the liver cells being involved in the disease. Here the liver cells were pushed aside by the growing of the amyloid disease, the result of which was a sort of infiltration which caused atrophy and degeneration of the liver cells and the destruction of their functions.

Dr. WALTER SMITH said this was the first case published in Ireland in which a microscopical diagnosis of phthisis had been made, and that five weeks before the ordinary signs of the disease could be detected by a skilled ear. He did not know whether they could hold that the converse proposition was true, namely, that the absence of bacilli argued the absence of phthisis. A gentleman came under his care with evidence of an inter-thoracic tumour. The evidence of that disease subsided and the gentleman got well; but he got a cough, began to expectorate a quantity of purulent fluid, and got thinner, and it became evident that there was mischief at the right lung. He (Dr. Smith) forwarded some of his sputum to Dr. Purser, who, having examined it, informed him that he had been unable to detect any bacilli in it. That was several months ago, and the patient had not since developed any symptoms of phthisis.

The Section then adjourned.

EDINBURGH OBSTETRICAL SOCIETY.

FEBRUARY 14, 1883.

The President, Professor SIMPSON, in the chair.

Dr. HALLIDAY CROOM exhibited a

UTERUS REMOVED TWENTY-FOUR HOURS AFTER DEATH.

The case before death was diagnosed as one of hydatids. The patient died of phthisis and hæmorrhage from the uterus. On dividing the uterus a black mass was found, which Dr. Croom believed to be hydatids, but which he had not yet been able to examine; but as the uterus will be handed over to the Pathological Committee, the results of their investigations will be given to the Society at some future time.

Dr. Croom also, for Dr. Sinclair, exhibited a case of exomphalos.

Dr. REID (Glasgow) then read a description of, and exhibited

A NEW FORM OF BIVALVE SPECULUM.

After expressing disapproval of all other forms of specula, Dr. Reid stated that he had made several attempts to find something more suitable for his purpose. After several failures he had at last succeeded, and claimed the following advantages for the one exhibited:—Efficiency;

a good view of all parts permitted; does not interfere with cervix; easily used; suits all vaginæ; dilates all parts of vagina at will of operator; very portable; saves pain to the patient and time to the operator; and may be used in all positions of patient.

Dr. CROOM thought that the instrument might be very useful, but he now seldom used a speculum, as he thought that by the bi-manual method of examination a speculum was now seldom used, except for operations, and then he found Sim's speculum all that was needed.

Dr. PETER YOUNG thought that, as the speculum was in pieces, in practice one of the parts might be lost or mislaid.

Dr. BRUCE wanted to know if the walls of the vagina fell in between the valves.

Prof. SIMPSON did not quite agree with Dr. Croom as to being able to discard the use of the speculum, and he thought that the speculum exhibited for a bi-valve was likely to prove a most useful instrument. At the same time he suggested that the ends of the blades should be broader than those of the one exhibited.

Dr. BROCK (Glasgow) then read his paper

ON OBSTINATE VOMITING DURING PREGNANCY.

After mentioning the views as to the cause of this complication given by former writers, Dr. Brock gave a description of some cases he had attended, and stated that, as other observers had neglected an examination of the urine for albumen, he had carefully examined the urine in one case, a full account of which he gave. Every attempt to prevent vomiting in this case met with little success, the tincture of iodine, in 5-7 drop doses, and morphia, seeming alone to prevent the vomiting for a time, and he then decided to bring on premature labour, which he did, with immediate relief to the patient, the albuminous condition of the urine disappearing in a day or two. After some months the patient again became pregnant, and with symptoms like those before described, and again premature delivery relieved the patient. Dr. Brock, after challenging the opinions of other writers, suggested that the vomiting in pregnancy is not due to any condition of the uterus, but is probably due to some peculiarity on the part of the patient, probably of a neurotic origin, and this he maintained was, as a rule, the cause of persistent vomiting in pregnancy, and not the albuminuria, to which he had before drawn attention, and which he did not consider as primary, but as due to the neurotic affection, which was probably also the cause of the sickness. This view was supported by the following considerations: 1. Albuminuria in the non-pregnant state does not necessarily cause vomiting. 2. Albumen is frequently present in the urine in the pregnant state, and vomiting is not a more marked symptom in patients with albumen present than in those where the albumen is absent. 3. The ordinary sickness of pregnancy does take place without trace of albuminuria, and severe and fatal cases occur where the urine is free from albumen, if it may be inferred from reports of such cases being silent on the point that no albumen existed. It could scarcely be secondary, for the following reasons:—1. The albumen was totally absent on several occasions during the course of the illness, and entirely disappeared immediately on the cessation of vomiting—an occurrence which was unlikely to happen if the albuminuria in the first instance was caused by poisoning or impoverishment of the blood. 2. As stated before, severe cases, fatal from exhaustion, are reported where no allusion is made to the presence of albumen in the urine. 3. Albuminuria is frequently present in the pregnant state when there is no reason to believe there is the slightest poisoning or impoverishment of blood. 4. Obstinate and long-continued vomiting, at least in the non-pregnant state, does not necessarily produce albuminuria.

Dr. PETER YOUNG did not consider the explanation of the cause, as given by Dr. Brock, at all satisfactory, and maintained that all Dr. Brock suggested was that in some nervous females vomiting did occur—in fact, was a neurosis. He suggested that the ganglia at the cervix became excited during pregnancy, and may produce the vomiting by reflex action. He also recommended the use of the tincture of acenite in small doses, as proposed by Hodges.

Prof. SIMPSON congratulated Dr. Brock on the value of his paper. He did not clearly see the connection between persistent vomiting in pregnancy and albuminuria.

Dr. BROCK replied to the remarks of Dr. Young, and reiterated his opinion that the affection is purely of neurotic origin.

Prof. SIMPSON then read his paper on

THE PROPHYLAXIS OF OPHTHALMIA NEONATORUM, a disease more discussed on the Continent than in England. The disease has been suggested to be due to discharges from the vagina of the mother. Attempts to prevent it by washing out the vagina of the mother did not succeed; but the bathing of the eyes of the infant with a dilute solution of carbolic acid proved more successful. In Leipsic the use of a two per cent. solution of nitrate of silver to the eyes of the infants in the maternal hospitals was attended with a marked success. Prof. Simpson recommended that the eyes should be washed with water as soon as the head of the child is born, and a two per cent. solution of nitrate of silver dropped in soon after.

Dr. BRUCE stated that the affection of the eyes is rare in private practice.

Dr. CROOM used to syringe the vagina of all women in the Maternity, but without affecting the occurrence of the disease in the children. The cases in the Maternity Hospital are few and far between.

Dr. ROBERTSON suggested that it might result in face cases from the finger of the attendant entering the eye.

Dr. CRAIG expressed considerable anxiety as to the record of any case of face presentation with mechanical injury to the eye.

Dr. MILNE MURRAY and Dr. WILSON made some remarks on the subject, the former recommending in ophthalmia neonatorum due to gonorrhœa a solution of 75 gr. of nitrate of silver to the ounce.

Prof. SIMPSON briefly replied.

Germany.

[FROM OUR SPECIAL CORRESPONDENT.]

TREATMENT OF TYPHOID FEVER IN ZIEMSEN'S KLINIK.

—At the commencement of the disease, if there be constipation, calomel is usually given in doses varying from 0.5 to 1.5 grm. As soon as the temperature in the axilla passes 39.5° C. (103° F.), baths are employed, generally every two or three hours at the temperature of the room, about 15° R. (65° F.). The patient remains *sitting* in the bath about fifteen minutes, whilst the back, neck, and chest are being constantly bathed with the water, as in this manner the heat is extracted more gradually and the inspirations are rendered deeper. In some cases of already existing or threatened cardiac weakness the baths are omitted altogether, but only rarely, however; but the temperature of it is raised to 22° to 25° R. (81°—88° F.), and when the patient is in it is gradually reduced some degrees. Some alcohol is given both before and after each bath. If the baths fail to produce a decided effect on the temperature, antipyretics are administered. Rothe's mixture—which consists of acid carbolic and sp. vini ana, 1 grm.; tr. iodi, gtt. x.; tr. scimiti, grm. j.; aq., grm. 50; syr., 10 grm.; ol. menth, gtt. ij., M., and of which a teaspoonful is given hourly—has been extensively employed, but quinine still holds its ground. It is given, not too frequently, in full doses of 15 to 30 grs. every second day. If diarrhœa be profuse, it is checked by the use of starch enemata, to which have been added 20 m. of tinct. opii. This latter also serves the purpose of calming the patient, and thus rendering the attendance less laborious, and may be repeated several times in the course of twenty-four hours. The nourishment consists mostly of broths, with yolk of egg and milk. Wine is given from the commencement, the quantity and alcoholic strength mounting with the cardiac weakness. Stokes' mixture and freshly-pressed beef-juice are favourites in the height of the fever, or when collapse is threatened.

The diet remains unaltered until the eighth day after the subsidence of the pyrexia, after which easily-digested farinaceous and flesh foods are given; whilst the ordinary sick diet is not returned to until after the lapse of another week.

THE ACTION OF THE READILY SOLUBLE SALTS OF IODINE.—Dr. S. Kersch, of Prague, has for the last five or six years, (1875 to 1881) been conducting a careful inquiry into the action of the above named salts of iodine. Those experimented on were the ammonium, potassium, and sodium iodides. He verified their elimination from the system within an hour after administration. They also had a distinct sudorific and diuretic action. In connection with their sudorific action must be considered the occurrence of acne. This latter effect was greatest with the ammonium salt, and least with that of soda. The iodine introduced into the system is not all excreted within twenty-four hours. It may disappear from the urine and afterwards reappear, a peculiarity not noticed with any other substance, and important from a therapeutical point of view. The question here arises "where can the vanished iodine be secreted?" The author tested all the accessible secretions for iodine, but without result. The skin, hair, and nails, contained no iodine; but in the acne pustules it was demonstrable. The author does not decide whether in consequence of perspiration, sediments containing iodine, (and thus originating the pustules), are left behind or not. His conclusions as to the absence of iodine in the milk of nurses after administration of iodides agree with those of Stumpf and other writers. Being eliminated in the manner above described, it is easy to understand that it readily accumulates in the system, even if only small doses be administered, provided that it be given for a long time. Such a supersaturation has been observed after even small doses of ferric iodide. The author has observed in five cases that an acquired tolerance of iodides may be lost, so that the organism may easily acquire tolerance of any particular dose and as easily lose it. For this reason the mode of administering these salts is not unimportant. For instance, five grms. of iodide of potassium should not be dissolved in 200 grms. of water and a tablespoonful be given night and morning, but one dose of two to three grms. should be given at bed-time in a cup of tea. With the disappearance of the signs of super-saturation, a great part of the exudations will also be seen to disappear. The effect upon a person suffering from constitutional syphilis is magical if two grms. of potassic iodide be given, then a pause made until the signs of super-saturation have passed away, and if afterwards a similar large dose be given daily. According to the author the proper method of treating cases of chronic exudation of a syphilitic nature is to give the iodide of potassium, iodide of ammonium, or iodide of sodium in daily doses of from two to three grammes; when signs of super-saturation appear, to await the subsidence, and then to continue with similar large doses until either the affection has disappeared or super-saturation has again come on. In such a case no iodides of any kind should be given for a period of four days, as this is the earliest at which all the drug will have been eliminated. With weakly, uræmic, or scrofulous patients, small doses of iodide of iron may be given (0.05 to 0.10 grms. three times a day) but only until signs of super-saturation manifest themselves; after which four days' rest should be given, when the administration may be recommenced, and continued until the time when super-saturation may again be expected.

TWELFTH CONGRESS OF THE GERMAN SOCIETY FOR SURGERY.—The twelfth congress of the above Society will be held in Berlin from the 4th to the 7th of April next. The members will assemble for greeting on the evening of the 3rd, at 8 p.m., at the Hôtel du Nord (Unter den Linden, 35). Arrangements will be made for the reception of patients intended for demonstration at the Königl. Klinikum (Berlin N. Ziegelstrasse, 7-9), where, also, preparations, bandages, instruments, &c., may be sent. Letters may be sent up to March 15th to the President, B. v. Langenbeck, Wiesbaden, and after that date, to the Hôtel du Nord, as above.

The Services.

THE PRESENT AND FUTURE OF THE ARMY MEDICAL DEPARTMENT.

It is with no little hesitation that we proceed to notice a pamphlet having for its text the condition of the Army Medical Department, seeing that this Department has been so recently the subject of a Royal Warrant which has been universally admitted to be most liberal, and which, it was hoped, would have been for a long time conclusive. We are, however, compelled to concede a position to this publication, inasmuch as the contentions of the writer are based upon the words of a late War Office Committee, and supported by facts of simple arithmetic which cannot be set aside. In the report of the War Office Committee, 1878, it is said, page 50:—"Selection to be assured to such an extent that promotion to deputy surgeon-general be brought down to the age of 48," and at page 51, "The rank of brigade-surgeon would be reached on an average shortly after the completion of 22 years' service." These are the prospects distinctly held out as the result of the changes which they proposed. But what is the fact? That after the Warrant has been in operation for three years, the very easy process of dividing the vacancies from age, promotions, average voluntary retirements, and deaths, into the present total shows that "in five years time no surgeon-major can hope for even the step of brigade-surgeon in less than 28 years' full-pay service." To continue the calculation for the purpose of discovering the distant date of promotion to deputy surgeon-general would be useless. An error of six years in the earning period of a middle-aged man ought to be sufficient to claim reconsideration. It is, therefore, proposed to introduce the principle already in operation in the senior combatant ranks, and to retire all surgeon-generals and deputy surgeon-generals on the completion of seven years service in these combined ranks, or at the age of 60 years, whichever shall first occur. We are prepared to admit that this suggestion is a fair compromise, but we cannot at the same time shut our eyes to the fact that the late War Office Committee have been unfairly dealt with by those who have had to administer the Warrant which they recommended. The Committee relied largely on "promotion by selection" to bring about the results which they saw were desirable. As a matter of fact, "promotion by selection" has become a dead letter. If, therefore, those who are responsible for the carrying out of the Warrant do not like the odium of enforcing the clauses which alone can stimulate rivalry, and quicken promotion, those who serve under the Warrant must suffer the consequences; but to suppose that any Secretary of State will advise the Treasury to disburse more money for the purpose of preventing the unpleasantness of having to "promote by selection" is to have faith that would

remove mountains. If it is believed that the medical service works better by being composed mainly of plodding unambitious members, then by all means perpetuate the present system and the end will be permanently attained; but if there is any suspicion that the rivalry which brings the more industrious and more intellectual members of the profession into prominence in civil life would have the beneficial effect on the placid mediocrity of the Medical Department, then we think the duty of administering the Warrant in its entirety ought to be enforced. Should this pamphlet have the effect of calling official attention to the subject it will have answered a good end.

Special.

THE VACCINATION INQUIRY.

THE preliminary committee meeting was held last week in the Council Room, Exeter Hall, Dr. C. R. Drysdale in the chair. Mr. M. D. Makuna, in opening the proceedings of the meeting, stated that the object of the inquiry was to collect all available information on the subject of vaccination, collate it, and discuss it in conference meetings open to the members of the profession and those members of the public who are interested in the legislation of vaccination, which question would be discussed the last. It is admitted on all hands that the mortality from small-pox in this metropolis is increasing decade after decade, as we learn from the returns of the Registrar-General and the evidence of Dr. G. Buchanan, the Medical Officer of the Local Government Board, before the Hospital Commission. Further, the Anti-Vaccination Societies have been carrying on a systematic training of the general public in their belief by distributing millions of tracts and circulars, holding conference meetings and international congresses, and denouncing vaccination from platforms and in Parliament. Through their agitations, Leicester and Keighley have freed themselves from the operation of the Vaccination Acts, the prosecutions are becoming more numerous, and the bulk of the unvaccinated class is increasing. Under these circumstances, the inquiry is initiated, and through the expression of opinions in public meetings and publications of transactions all classes of people would learn the truths of vaccination, and the popular prejudice would subside. To meet with this object, 4,000 circular letters, with questions, were distributed among the medical profession. There are 350 members of the profession who have answered these up to this time. Eighty of these are public vaccinators and medical officers of health, and include the names of M.M. Pasteur, Chauveau, Drs. Braidwood, Klein, Renner, Wyld, Drysdale, Greene, Fleming, and others who have investigated the subject. Twenty-five have given their consent to act on the committee:—Drs. R. W. Batten, W. J. Collins, C. R. Drysdale, W. Easby, J. Greene, E. Gwynn, D. L. Haynes, R. W. Millican, R. Neale, A. Ransome, C. Renner, H. Tomkins, J. Trips, C. F. Willoughby, G. Wyld, G. E. Yarrow, E. Houghton, Pell, Braidwood, C. Swaby Smith, A. Cresswell Rich, T. E. P. Prideaux, B. Arcedeckne Duncan, Bernard O'Connor, G. Cordwint, and Charles E. Steele.

The Chairman remarked that the object of the inquiry was praiseworthy, and, through discussion of the subject, good results would be obtained. During the discussion meetings, all members of the profession who have originally investigated the subject should be invited, and it would be desirable to undertake original investigations. He considered that, as the public would be benefited by the movement, the Local Government Board and the public should be invited to cooperate and assist in the scheme.

In the discussion which followed, Drs. Dudfield, Yarrow, Swaby Smith, Houghton, Renner, Chairman, and M. Makuna took part. In answer to an inquiry, it was distinctly stated that the inquiry had no connection with any Anti-Vaccination Society, as had been suspected by Dr. Dudfield. It was to promote our knowledge of vaccination, and improve its practice. The present system of vaccination was a failure, especially when the mortality from small-pox was increasing in the metropolis, and any individual expression of opinion on the legal aspect of the question could carry

no weight with the profession and the public. The meeting was adjourned for one month to collect further information and collate it.

THE AMALGAMATION SCHEME OF THE HOSPITAL FOR WOMEN, LIVERPOOL.

As this subject is now uppermost in Liverpool, a word of explanation as to the origination of this institution may not be without interest.

The Liverpool Ladies' Charity and Lying-in Hospital were originally two separate institutions, of which the former was founded in the year 1796, and the latter in 1841. The Lying-in Hospital, about the year 1847, opened a dispensary for the treatment of diseases of women and children, and in the year 1855 a ward was opened for gynecological cases so-called. In the year 1868 the older Ladies' Charity, an exclusively maternity charity, amalgamated with the younger Lying-in Hospital, which since its foundation had undertaken the work of the treatment of diseases of women, and had thus practically become the Liverpool Lying-in Hospital and Hospital for Women. Had the Institution in Myrtle Street received its proper and full designation, viz., the Liverpool Lying-in Hospital and Hospital for Women, in all probability the need for the present movement would never have arisen; but unfortunately it did not. Some of the subscribers have, for some time past, looked with disfavour on the gynecological department, and when the late Committee of Amalgamated Charities proposed to use the whole of the hospital in Myrtle Street, which was built in 1861, for a Women's Hospital, and treat the labour cases at the patients' homes or in cottage hospitals, the scheme met with such vigorous opposition that it was defeated at several meetings of subscribers.

Being convinced of the impropriety of any longer carrying on the building in Myrtle Street as a Lying-in Hospital, and unable to convince the subscribers that their proposal was the best that could be offered, the Committee retired. This was in March of last year. A new Committee was appointed, pledged to carry on the Maternity Departments of the two charities.

About this time an independent movement was set on foot and vigorously prosecuted for the purpose of obtaining funds for carrying on the treatment of diseases of women, and when a considerable sum, about £1,000, had been raised, it was offered to the Committee of the Amalgamated Charities, on condition that they should administer it in accordance with the wishes of the donors. The Committee declined to accept it on these terms, whereupon the originators of the new movement proposed that, seeing that the treatment of diseases of women was an integral part of the charities, and that this department as such had a distinct and undeniable claim on them, they, the charities, should allocate a certain sum to the new movement on condition that they should take over and continue the working of the gynecological departments (in-door and out-door), of the charities.

After some discussion, the Ladies' Charity and Lying-in Hospital agreed to hand over to the new movement, now regularly constituted and called the Hospital for Women, Liverpool, the sum of £1,500 on the conditions named above. The President and Vice-President of the new hospital were respectively President and Secretary of the amalgamated charities before the resignation of the old committee. Three other members of the old committee are also on that of the new hospital.

It will be seen from the foregoing that the Women's Hospital is but an old charity under a new name, and that it does not multiply or add to the already existing charities, but merely takes the place of an old one threatened with extinction. The sum obtained up to the present is £3,750, including the £1,500 from the Ladies' Charity and Lying-in Hospital, which sum, however small and inadequate it may be, is very encouraging, considering the short period of time during which the proposal has been before the public, and considering the large sum—about £100,000—required for the rebuilding of the Royal Infirmary, and of which nearly £80,000 has already been raised.

A special general meeting of the governors and subscribers of the Hospital for Women was held last week (Feb. 12th), for the purpose of adopting the rules and bye-laws of the Hospital, and to elect the medical staff, Mr. T. A. Bushby

in the chair. The rules as proposed by the Committee were adopted, when, on the motion of the Chairman, seconded by Mr. Clayton, Drs. Burton, Imlach, and Lupton were appointed honorary medical officers, and Drs. Edis, Davies, and Steele were appointed assistant medical officers for the charity. Some conversation took place as to obtaining a suitable building for the purposes of the hospital, and the Secretary said he had found great difficulty in fixing upon a suitable place. The old Southern Hospital building had, however, been strongly recommended by Dr. Cameron. The funds now in hand amount to £3,750, but a sum of £10,000 is required to start on a secure basis.

Provision will be made in the new hospital for patients who are able to pay either fully or part of the cost of maintenance, as well as for those unable to contribute. The Countess of Sefton has, we understand, accepted the position of lady patroness of the institution.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 6d. Post free, 54d.
 POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
 " IF PAID IN ADVANCE 1 1

* Post-office Orders and Cheques to be drawn in favour of—
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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, FEBRUARY 21, 1883.

THE MEDICAL STUDENTS' REGISTER.

THE issue so early in the year of the official list of students in medicine is eminently creditable to Mr. Miller, the Registrar of the General Medical Council, who has done much to improve its arrangement. In addition to the place of study of the student, three columns are now added, which contain—*a*. The date of passing a preliminary examination; *b*. The date of registration as a student; and *c*. The date of commencement of medical study. This additional information must prove valuable, because it at once shows whether or not the student has complied with the order of the Medical Council that he shall pass his preliminary examination and register himself not later

than fifteen days after his commencement of medical study. In Ireland this knowledge will be invaluable, because it will enable the Medical Council, or any one else who is interested in the inquiry to detect the existence of "March hares," as those students are denominated who are entered in certain Irish schools in the month of March for the courses of study which have been in progress since the previous November. Mr. Miller deserves our thanks for having afforded us the opportunity of checking this disgraceful practice, and we promise him to avail ourselves of the information placed at our disposal if necessity should arise for exposing the prevalence of the system in any particular school. The granting of certificates of "diligent" attendance to students who have not even been entered for study until the courses are nearly terminated is, however, nothing more objectionable than the selling of such certificates to those who are confined to offices and shops from 10 a.m. to 6.30 p.m., and as long as this latter transaction is permitted, it is hardly to be hoped that exposure will amend the "March hare" system.

The return of numbers of students who presented themselves at various preliminary examinations gives us the following figures in connection with the chief examining bodies of the kingdom:—

PRELIMINARY EXAMINATIONS.

<i>England.</i>			
Oxford Locals	...	...	24
" University Examinations	...	...	37
Cambridge Locals	...	...	63
" University Examinations	...	...	63
University of Durham	...	...	47
" " London	...	...	151
College of Surgeons	...	...	127
Apothecaries' Hall, London	...	...	122
College of Preceptors	...	...	159
<i>Scotland.</i>			
University of Edinburgh	...	...	175
" " Aberdeen	...	...	77
" " Glasgow	...	...	148
Edinburgh Colleges	...	...	48
Glasgow Faculty	...	...	76
<i>Ireland.</i>			
University of Dublin	...	...	70
Queen's University	...	...	51
Do. for B.A.	...	...	0!!
Royal Irish University	...	...	44
College of Surgeons	...	...	196
Apothecaries' Hall	...	...	19
Queen's College, Cork	...	...	30
" " Galway	...	...	7
" " Belfast	...	...	1
Intermediate Educational Board	...	...	5
<i>Foreign.</i>			
Calcutta	...	...	17
Melbourne	...	...	11
Sydney	...	...	16
Cape	...	...	14
All others	...	...	30

Amongst the examinations in general education which the General Medical Council regards as sufficient, we find those of the "American Scientific and Theological Institution of Somokoff" and the "Gymnasia of the Circuit of Dorpat." We think it well to remind students that these centres of preliminary examination (the educational standard of which has been, without doubt, carefully tested by the Executive Committee) are open to them,

and we have no doubt that a *testimonium* of learning from Timbuctoo will be accepted with equal readiness if tendered to the same critical tribunal. So much for preliminary examination.

As regards the places of study of registered students, the figures which we epitomise below are equally interesting. The number of first year's students entered at each school in the year 1882 was as follows:—

SCHOOL ENTRIES.

<i>London.</i>			
Charing Cross	...	...	20
Guy's	...	...	54
King's	...	...	23
London College	...	...	42
Middlesex	...	...	24
Bartholomew's	...	...	69
St. George's	...	...	29
St. Mary's	...	...	19
St. Thomas's	...	...	32
University College	...	...	47
Westminster	...	...	12
<i>English Provincial.</i>			
Birmingham	...	...	29
Bristol	...	...	25
Leeds	...	...	23
Liverpool Infirmary and Collegé	...	...	30
Owen's College	...	...	60
Cambridge	...	...	72
Durham	...	...	24
Oxford	...	...	1!!
<i>Scotland.</i>			
Edinburgh University	...	...	292
" Extra Academic	...	...	28
Anderson's	...	...	10
Glasgow Infirmary	...	...	12
" University	...	...	131
Aberdeen	...	...	77
St. Andrew's	...	...	2!!
<i>Ireland.</i>			
Dublin—Carmichael College	...	...	44
" Catholic University	...	...	35
" Ledwich	...	...	83
" College of Surgeons	...	...	53
" Dublin University	...	...	68
" Various Hospitals	...	...	10
<i>Provincial.</i>			
Queen's College, Belfast	...	...	36
" " Cork	...	...	61
" " Galway	...	...	13
Casbel and Cavan Infirmaries	...	...	2

A point worthy of notice in comparing the medico-educational systems of the three kingdoms is that, while in England 153 students were registered as "pupils with a registered practitioner," in Ireland only 16 were so registered, and in Scotland not one. Two theories to account for this fact may be suggested: either the apprenticeship to a general practitioner is considered of greater value in England than elsewhere, in view of the greater prevalence of this sort of practice in that country; or the unqualified assistant system brings to the profession a large number of students who call themselves pupils.

We hope we may assume that this pupilage is not used as a cover for an evasion of the fourth year of study required by the licensing bodies, but we confess to a suspicion that certificates of such pupilage are very readily attainable by any one who wishes to convert his three years of study into four.

We repeat our appreciation of the good service done by Mr. Miller in this as in other departments of the Medical Council business, and we are truly glad to find that at last the Medical Students' Register has been "invested with merit."

THE HUNTERIAN ORATION.

We are glad to be able to congratulate Mr. Spencer Wells on the happy judgment with which he has adopted the suggestions we made two years ago when commenting on the Hunterian Oration delivered in 1881 by Mr. Luther Holden. We ventured at that time to protest against the waste of opportunities afforded by these commemorative occasions to stimulate the progress of scientific medicine; and while admitting the appropriateness of periodical reference to the life and work of the great Hunter, we urged that the biennial address ought to be something very much more purposeful than a mere biographical memoir. So aptly has Mr. Spencer Wells appropriated the spirit of our complaint, that we would now modify the terms in which it was expressed, and predicate that the example set by the present President of the Royal College of Surgeons will powerfully influence the realisation of consequences which we had but dim hopes of when the following lines were written by us two years since:—"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 commemorative of renewed discovery as well as of retentive memory."

In one respect Mr. Wells has pursued a line to which every Hunterian orator stands committed by the terms of the call to which he responds—viz., with respect to recalling the names and achievements of those workers in the field of science who have passed to the great majority, in the intervals between the orations. The list of those thus honoured on Wednesday last is a heavy one, including no less than 368 associates of the College itself; while of scientific worthies not thus nearly related with it there were many, and Darwin of the number, who could not be omitted from the roll of the distinguished dead. To such length, indeed, did Mr. Spencer Wells deem himself compelled to refer to those who have "gone before," that the half of his address was obituary; and in place, then, of dwelling for the remainder of the time at his disposal on the one theme to which previous orators have given attention, he rather dilated on the advances made and possible to be made by the development of those principles for a knowledge of which the world is mainly indebted to John Hunter's untiring observations.

The prosecution of experimental research, and the harassing conditions imposed on students in this country, owing to the meddlesome ignorance of fussy-minded bigots, formed a fitting subject of discussion for one who has so often suffered from the persecution of fanatic and intolerant agitators as Mr. Wells himself. The probability of future advances by aid of combined research was also favourably reviewed by the lecturer; and the vast

additions to our knowledge made by Pasteur and others were the concluding themes of an address which will rank as one of the most useful and novel of all Hunterian Orations.

BUMBLEDOM AT THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

By a recent decision of the Royal College of Physicians of London, or of an executive officer of the College acting in its name, a most arbitrary and, in our opinion, unjustifiable impediment has been placed in the path of a Fellow of the College, whereby he is debarred from pursuing an extensive and beneficent practice. The gentleman referred to is a most distinguished member and past-president of the Medico-Psychological Association of Great Britain; author of innumerable researches, many of which possess the highest value; a doctor of medicine of long standing; and proprietor of a private asylum for the insane, in the conduct of which he has gained universal praise and respect, and where he has faithfully utilised the opportunities presented to him for advancing the scientific study of psychological medicine in every possible way. At the same time he enjoys the distinction conferred by the Fellowship of the Royal College of Physicians; and it is to this fact that must be attributed the fulmination of an edict commanding him henceforth to abstain from advertising the existence of his asylum. It might at first be supposed that the College had been scandalised by the appearance of announcements in lay newspapers, in which the sacred symbol "F.R.C.P." was held up to the vulgar gaze; but, on the contrary, the suppressed advertisement has never been inserted in any but strictly professional journals, and always, be it in justice added, to the great advantage of medical men themselves. Now, however, the College rules that such advertisement comes under the category of announcements tabooed by the re-affirmed regulation about which it so fussily excited itself a year ago; and in a spirit of obedience, as admirable as in one sense it is Quixotic, the offending Fellow has acquiesced in the demand made for the virtual voluntary annihilation of his own interests.

The occurrence is one which may well excite a passing criticism on the manner in which the College of Physicians is carrying out its efforts to purge the profession of objectionable practices; it is also calculated to evoke opinions the reverse of complimentary to the judgment which characterises many of its recent performances. It is difficult to regard this last instance of grandmotherly legislation as the outcome of lofty-spirited attempts at reform; it rather bears on the face of it evidence of littleness and pettiness, which should be altogether alien to the proceedings of a great and ancient corporation like the Royal College of Physicians. Hitherto, the pages of medical papers have always been regarded as fit and proper media for the dissemination of every kind of information useful or instructive for medical men to read; and it is certainly an entirely original rôle for a private society to play, when it presumes to dictate concerning what shall or shall not be

inserted in papers over which it can claim no shadow of right to exercise control. We ventured at the time when the discussion on advertising commenced to predicate what might possibly arise from the hysterical excitement indulged in by a section of the College Council; but we confess we are amused at the extent of the folly to which these erratic law-makers have descended. At no period of their intoxication could we have supposed they would be guilty of such outrageous absurdity of conduct as is shown by their attempts to "boycott" the medical press; and it is to be hoped that the period of reaction, of returning sense and consciousness of the ridiculous nature of their pretensions, may be speedy; and especially in the interests of a corporation which is fast becoming an object of contempt among men of any strength of mind, or with any capacity for judging motives.

Moreover, the College is without the justification of excuse for its conduct to be derived from its own by-laws; for the wildest inventor of regulations in the past never contemplated so nonsensical a prohibition as that referred to. It is too evident that any rational being would regard the privilege of fellowship of any college as dearly purchased at the expense of renouncing every legitimate right conferred by his professional status; and this is in substance what is now exacted from every purchaser of the highest diploma conferred by the London College of Physicians.

Public opinion, before which even the most powerful must eventually bow, will not be slow to insist on a right name being given to the erratic and erroneous policy by which the College has of late signalled its actions. The time is not far distant when an answer must be given to several pertinent questions; when it must be explained why it is permitted to some Fellows to indulge in the most promiscuous and wide-spread advertisement, while to others it is not given to use even the properly-recognised organs of professional opinion? Why rules which stretch to illimitable lengths in one direction are absolutely and rigidly fixed in another? and why spasmodic essays at improvement are not resigned in favour of wholesale and wholesome change in the general procedure of the College? For a long time it has enjoyed a reputation for staid respectability, and it might possibly be worth its while to encourage the popular belief in its pretensions to this character. To do so, however, it must be quick to remove more than one imputation, and to remodel a good many of its regulations in accordance with existing circumstances. Thus, for instance, it might, advantageously for itself and for medical education, expand the limits within which it is enabled to select examiners. It may not always be so fortunate as to have even one possible candidate more than it requires, as occurred at the last election. As it needs increase, the number of exceptionally-situated members of the College engaged in tuition may very well fall short of the vacancies arising; and it might even be suggested that at all times there may be found outside the prescribed circle men at least with claims as great, if not greater, than are possessed by those within it. Nor is this the only matter in connection with its examination

system on which the College of Physicians might with good result be questioned; and it would be well for it to consider, ere it promulgates any more of the foolish demands it has so much indulged in of late, whether a little of the spirit of self-inquiry would not better become it at the present time.

If there is really a desire on the part of the College to arrest the advertising of which it has complained, there is ample opportunity for it to distinguish itself by sacrificing not a few of its most prominent officials. Outsiders are scarcely likely to be afflicted with the convenient blindness that appears to have fallen on the College of late; and they, therefore, criticise the more strongly such paltry and wholly unworthy proceedings as this last attempt to arrest *legitimate* advertising. We thoroughly admire the spirit of high-minded respect for its requirements paid by the gentleman chiefly interested to the *ipse dixit* of his college; but, at the same time, we emphatically protest against the miserable spitefulness of the activity which has singled him out for persecution on utterly untenable grounds, when at the very same time other and glaring offenders are permitted to sin unrebuked.

Notes on Current Topics.

The Lethal Trace.

AN interesting study of the value of sphygmographic signs as indications of approaching dissolution is contributed in Dr. E. C. Seguin's *Archives of Medicine* by R. W. Amidon, M.D. In this essay the author supports the proposition that there does occur in acute disease a pulse which confirms the gravest prognosis, and which, when transferred to paper, may well be called the lethal trace. The article is enriched with a series of illustrative tracings, and as it includes a clear and intelligible demonstration of the causes which bring about the physical changes of altered pulsations, it cannot fail to serve a most useful purpose, whatever may be the conclusions arrived at. On the main contention, Dr. Amidon does not, however, insist that every pulse exhibiting rapid monocrotism is unerringly indicative of impending death, but that reaction is impossible in those cases where the arterial trunks lose the power of contractility, even with a strong heart; in other words, he includes other data than mere loss of arterial tension in his calculations, the results of which will not improbably be borne out by the experiences of a good many observers. The same number of the *Archives* contains several papers of unusual interest; among them is an elaborate and carefully prepared article on the small muscles of the hand, by Dr. Clovis Adam, which will be highly interesting to anatomists, and also to physiologists, its author making especial reference to the use of the various structures described. Dr. David Webster contributes a series of successful experiences with calcium sulphide employed for relieving diseases of the eye; and Dr. Isaac Ott concludes a paper on the physiological action of *Convallaria maialis*, by assuming that its action on the heart differs from that of digitalis in that it affects some other part of the organ than that influenced by the latter drug. It does not act in the cardio-inhibi-

tory centres, or on those alone, for whereas digitalis is powerless to increase arterial tension after section of the spinal cord, convallaria is still able to produce this effect under the same conditions.

Death of a Noted Lunatic.

THERE recently died in Broadmoor Criminal Asylum a lunatic whose name will be remembered in connection with a dastardly outrage on Her Majesty Queen Victoria, committed in one of the early years of her reign. Captain John Goode was afflicted with a form of monomania which compelled him to assert that he was the son of George IV. and Queen Caroline, and having pushed his madness to the limit of publicly insulting the Queen and threatening her in the streets in 1837, he was very properly tried for the offence and sentenced to lifelong confinement as a lunatic. The incident created very great excitement at the time, but the present generation is unfamiliar even with the name of the offender. His insanity was confined to this particular subject; on all other matters he is said to have been apparently rational and collected, and the case is one which, though by no means unique, is still surrounded with a certain amount of interest for psychological curiosity hunters.

"Hydrotherapy."

A NOTEWORTHY addition to the limited number of English hydropathic establishments was made last week by the public opening of the Hall, Bushey, as a "hydrotherapeutic" institution. In the way of architectural and luxurious surroundings, inmates of this new water sanitarium will enjoy most undoubted advantages, the appointments and fittings being thoroughly in keeping with the magnificent structure now first adapted to the purpose of its present proprietors. The "Hall" was formerly the residence of Mr. Marjoribanks, and being situated in a park of some 240 acres, is admirably fitted to serve as a pleasant temporary home for that class of sick persons on whom the curative influences of water can be brought to bear with advantage. Without lending anything to the beauty of the original building, an extensive series of baths of all descriptions has been added to one wing; but the usefulness of the outgrowth is beyond question, and it undoubtedly supplies in the most efficient way possible what after all is of infinitely greater importance to a hydropathic institution than mere external loveliness, viz., every balneopathic resource invented by the genius of modern improvers on the old principle of "wash and be clean." Chief among the arrangements is the Turkish bath, which is constructed with a view to the greatest possible comfort. Its compartments are separated by glass screens, and connected with it is a most inviting and capacious "plunge." It possesses the additional advantage of novelty in that the outlet is at the far side of the coldest compartment, respecting the superiority of which innovation, however, we shall be glad to have some further assurance. Room is provided in the Hall for one hundred visitors, and its easy distance from town, together with the beauty of its situation, and good management on the part of its proprietors, ought to ensure a remunerative degree of success for the venture. At the opening ceremony Sir

Andrew Lusk, M.P., proposed prosperity to the undertaking, and several other speeches, including one from the manager, Mr. MacDonald, were made, all descriptive and congratulatory as the occasion required. The resident medical officer is Dr. Sack, who is said to have made a special study of hydrotherapeutics.

Bequests to Medical Charities.

DURING the past few days several of the hospitals in London and the provinces have become possessed of considerable legacies; amongst these may be mentioned the munificent bequests of the late Mr. George Tierney of £5,000 each free of legacy duty to St. George's Hospital, Charing Cross Hospital, Westminster Hospital, Royal Seaman's Hospital, University College, Middlesex Hospital, and the Brompton Hospital for Consumption. In his will the testator desires that his good friend, Dr. Quain, should receive and enjoy any rights or privileges attaching from the several hospitals to the above legacies. The Liverpool hospitals also have come into possession of £2,000 under the will of the late Mr. George Green Hornby, of Liverpool, to be divided thus:—The Royal Infirmary, the Royal Southern Hospital, and the Northern Hospital receive £200 each; the Liverpool Medical Missionary Society, the Eye and Ear Infirmary, the General Hospital for Consumption and Diseases of the Chest, receive £100 each; and £200 is to be equally divided between the Liverpool South Dispensary, Liverpool East Dispensary, and Liverpool North Dispensary. A new hospital having been found necessary at Burnley, Miss Barnes, formerly of that town, has expressed her intention of giving £1,000 towards the new building, the fund for which now amounts to £6,000, in addition to the gift of the site.

Dr. Matthews Duncan's Lectures.

ON Friday last Dr. Matthews Duncan delivered the first of a series of three lectures at the Royal College of Physicians of London "On Sterility." The lecture, which was listened to by a crowded and distinguished audience of medical men, was chiefly devoted to a consideration of the influences bearing on the periods of child-bearing in married women, and was illustrated by a series of tables, which, together with the lecture, will be fully reported in our next issue.

A Strike against the Lady Students.

THE *Canada Medical Journal* reports a peculiar condition of affairs in the Royal College of Physicians and Surgeons of Kingston, Canada. That body has among its students seven ladies. The relationship between them and the male students seems to have been at least fairly cordial till a week or two ago, when the ladies took umbrage at something uttered in the class of Physiology, and in a body left the class room. Immediately the male students were up in arms, and insisted that females should not be taught with them. For a brief period the faculty were firm in resisting the demand. The male students were equally determined, and decided to leave the school in a body if their request was not granted. They telegraphed their situation to all the other medical schools in Canada, some of which offered favourable

terms. This brought the Faculty to a full realisation of their position, and the flank movement of the students was successful, the Faculty granting all they asked. In future male and female students will not study together in Kingston.

Extirpation of the Gall-Bladder for Chronic Gall Stones.

THIS operation has been successfully performed by Langenbuch, of Berlin, on the 15th of July, 1882, upon a man, æt. 43, the urgency of whose symptoms justified the risks of the operation. The details of the case were given in the *Berliner Klin. Wochenschrift*, November 27, up to which date the patient's health had steadily improved. Dr. Langenbuch regards this operation as a safe and justifiable one, since it is easy of performance, and the organ removed is not one the existence of which is necessary to life. The steps of the operation are fully described. He recommends it to be performed only by a practised surgical hand, and under the guarantee of the most rigid antiseptics. If very distended the gall-bladder may be aspirated, thus preventing the chances of rupture and escape of contents into the abdominal cavity.

Conviction of a Midwife.

A MIDWIFE who had infected a number of women with syphilis through attending labours while suffering from a chancre on one of her fingers, was last week found guilty, and sentenced to twelve months' imprisonment with hard labour. This conviction was mainly effected by the spirited action of Dr. Hime, who first brought the case beneath the notice of the law officers, and to whom the thanks of the profession are due for the manner in which he had exerted himself to obtain the punishment of a serious offender.

The Ready Method with a Bad Lecturer.

THE *Canada Medical Record* reports that the primary students of McGill Faculty of Medicine, at Montreal, have revived in a spirited way a grievance which almost every year for the past twenty-five years has come to the surface. They complain that the lectures given by the Professor of Materia Medica are not such as they require; that they are by far too minute, and that as they cannot find the matter in books they have to depend upon notes. These they cannot take, as the Professor lectures too fast. They have petitioned the Faculty, but this has been done before, and has never resulted in any improvement, because, if we understand the matter right, the Faculty are powerless to act. They intend also to petition the Governors of the University.

THE highest annual death-rates last week in the large towns, from diseases of the zymotic class were—From whooping-cough 1.6 in Leicester and in Preston, and 3.0 in Hull; from scarlet fever, 1.6 in Sheffield, and 2.1 in Leeds; and from fever, 1.4 in Blackburn, 2.6 in Sunderland, and 2.8 in Newcastle-upon-Tyne. The 37 deaths from diphtheria included 14 in London, 9 in Glasgow, 3 in Edinburgh, 2 in Nottingham, 2 in Liverpool, and 2 in Sheffield. Small-pox caused 2 deaths in London, 4 in Newcastle-upon-Tyne, and one in Sheffield.

Spina Bifida.

A COMMITTEE, consisting of Messrs. Howard Marsh, Pearce Gould, H. Clutton, and R. W. Parker, having been appointed by the Clinical Society of London to inquire into the results of the treatment of spina bifida by injection, a communication has been addressed to members of the profession in which the committee asks to be furnished with—1st. Reports of cases treated by this method. 2nd. Descriptions of any specimens of the deformity in possession of those the committee address. 3rd. Recent preparations, or any examples in still-born infants which the committee may be allowed to dissect. Such specimens will be carefully returned if desired; or if agreeable to the owner, presented to the Museum of the Royal College of Surgeons in his name. The committee will also be very glad, should the occasion offer, to be afforded the opportunity of examining any living examples of this deformity. Letters to be sent to Mr. R. W. Parker, 8 Old Cavendish Street, W.; and specimens, under cover, to Mr. F. S. Eve, Museum, Royal College of Surgeons, Lincoln's Inn Fields, W.C.

The Mechanical Excitement of the Peripheral Nerves in Tetanus.

MUSCULAR excitement following percussion of certain nerve trunks and muscular masses is observed irrespective of pathological conditions. But this phenomenon is always present in a very exaggerated form in tetanus, and is characteristic of this disease; but Prof. Schultz, who has recently given much attention to the subject, has noticed it in a minor degree in glioma of the spinal marrow, and by Erle in a case of paralysis of the bulb. It should not be confounded with the nervo-muscular hyper-excitability of Charcot, which is an appendage of hypnotism and which relates to contractions and not to clonic spasms. Here, in fact, there are veritable muscular contractions realised immediately upon mechanical excitement of the nerve trunk, such as a shock, percussion or traction of it. This muscular excitability forms an integral part of the disease to this extent, that it alone can exist before the appearance of an attack of tetanus, which declares itself upon a special cause, such as acute disease or wound.

In certain cases the compression of an arterial trunk gives the same result, doubtless by reason of the anæmia which it produces, for in one of Schultz's cases the elevation of the arm caused an attack. The author, therefore, naturally concludes that tetanus is an affection of the peripheral nerves; that mechanical muscular excitability is not of central origin: if, for example, we have to deal with an anterior poliomyelitis or a lateral sclerosis we do not observe the tetanic symptoms. The frequency of paresthesia indicates that the lesion is one of the mixed nerves; galvanisation of the limbs or of the cord gives no result in bad cases.

THE "Croonian Lectures" of the Royal College of Physicians of London will be delivered this year by Dr. J. E. Pollock, the subject being "Modern Theories and Treatment of Phthisis." February 28, March 2 and 7, are the dates fixed, at 5 o'clock. Members of the profession will be admitted on presentation of visiting cards.

A SPECIAL service, in aid of the funds of Westminster Hospital, will be held at Westminster Abbey on Tuesday, March 13, at 7 p.m., at which Gounod's oratorio, the "Redemption," will be performed. All applications for tickets should be made to the secretary, Westminster Hospital, S.W., by whom alone they will be issued, and to whom also contributions may be sent.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Derby 13, Cardiff 16, Huddersfield 17, Norwich 18, Brighton, Plymouth 20, Leicester, London, Wolverhampton 21, Bristol, Nottingham 22, Birmingham 23, Birkenhead, Leeds, Bolton, Halifax, Preston 24, Portsmouth, Hull 25, Sheffield, Sunderland, Salford Newcastle-on-Tyne, Edinburgh 26, Manchester 27, Blackburn, Oldham 29, Glasgow 30, Liverpool 33, Dublin 37.

Scotland.

FROM OUR NORTHERN CORRESPONDENTS.]

THE EXTRA-MURAL SCHOOL, EDINBURGH.—The meeting of this School, held last Thursday, to discuss the relations existing between it and the University, proved a perfect *fiasco*. Several of the speakers mildly admitted that the cat should be balled, but no one had the courage to offer to perform the necessary operation, and taken altogether, the result was a lamentable exhibition of childlike pusillanimity. It may be as well for those not versed in Edinburgh medical politics to state the points of contention between the extra-mural School and the University. The former maintain that there is only one medical school in Edinburgh, divided into two branches, of which the extra-mural School is the elder by nearly 200 years. This being the case, considerable irritation is felt at the over-reaching tendencies of the University, and its appropriation of all the donations given to the *Medical School*, due to the ignorance of the donors as to the true state of affairs. The extra-mural School therefore naturally claim that students taking out the classes of the extra-mural teachers should participate in the advantages offered by the medical bursaries. To the extra-mural School the renown of Edinburgh as a medical school is entirely due, for until the modern innovation of importing *talent* from London, all the celebrated names in the University were originally teachers outside the University, and had gained their reputation before they became professors. For this unjust state of affairs the Edinburgh colleges are entirely to blame, for they have persistently paid more attention to increasing their funds by the sales of their Fellowships and underselling of the English and Irish corporations in the price of their diplomas and the quality of their licentiates. As it is the corporations under University influence are notoriously supine, leaving the extra-mural School to fight an unequal battle. On the popular idea that an Edinburgh diploma means an Edinburgh medical education the corporations are content to do an ignoble trade in their diplomas. The dread expressed by some of the speakers at the meeting, that if any stir was made to put the extra-mural School on a fair basis, the University would withdraw their recognition of the extra-mural teachers shows the state of demoralisation into which the school has lapsed. We shall return to this subject in succeeding articles. As soon as the executive committee to inquire into the working of the

Scotch University system is appointed, we shall take the opportunity of pointing out the lines on which reform should be carried out.

THE PATERSON BURSARY AT THE COLLEGE OF SURGEONS, EDINBURGH.—Some two years ago Dr. Paterson presented the College of Surgeons of Edinburgh with £1,000, with which, with the consent of the donor, it was intended to provide a bursary to be competed for by students attending the extra-mural classes. A committee was formed to frame the necessary regulations for the competition, and a report of their labours has been anxiously looked for, but apparently in vain. Perhaps some member of the committee may be able to explain the painful silence as to the whereabouts of the Paterson bursary.

THE TERCENTENARY OF THE UNIVERSITY OF EDINBURGH.—We learn on good authority that the celebration of the tercentenary of the University is definitely fixed for the month of April, 1884. What form the celebration will take is not yet, we believe, decided, but hopes are entertained that it will be something befitting the renown of this, the youngest but most celebrated of the Scotch Universities.

GLASGOW TRAINING HOME FOR NURSES.—The eighth annual meeting of those interested in the Glasgow Training Home for Nurses was held on the 15th inst., in the Merchants' Hall, Glasgow. Mr. John Maclaren presided. Mr. Cuthbert, the secretary, read the annual report, which stated that at 31st December last there were 36 nurses attached to the Home, of whom 28 were fully qualified to go out to wait upon patients at their private residences, and 8 under training. During the past year three nurses left the Home after completing their terms of engagement, three got married, one died, and one was dismissed. Fifteen new applicants for training were taken on trial for longer or shorter periods, of whom twelve proved eligible, and were added to the staff. During the past year 156 patients were treated in the Home, of whom 102 underwent operations of more or less severity. The applications for nurses attached to the institution were more numerous than in any former year, and there would be no difficulty in finding full employment for a much larger staff than is at present available. During the year trained nurses were sent out to wait upon 250 cases of sickness in private families, and the best proof of the estimation in which the services of these nurses were held was to be found in the large increase of revenue derived from their fees. The income from nurses' fees during the year was £1,605 10s. 7d., which was £314 1s. 11d. over the previous year, and £885 2s. 8d. above the average of the eight years during which the institution had been in existence.

OPENING OF THE NEW HOSPITAL AT AYR.—The New Hospital at Ayr was formally opened on the 13th inst. by Mr. R. F. F. Campbell, of Craigie, M.P. It supersedes a small institution of the same kind which has been used during the last forty years chiefly for cases of infectious diseases. The new building is from designs by Mr. J. Murdoch, a well-known architect of the town, the cost being about £12,000, which has been almost entirely raised by public subscription. There are wards for the accommodation of about fifty patients, the furnishing of which has been generously undertaken by ladies and gentlemen in the locality, and the wards have in most cases been named after the donors. Convalescents have had suitable accommodation provided for them in such a manner as to enable them to enjoy the beautiful scenery that lies around the hospital. Of course due provision has also been made for the medical and nursing staff required in the

institution. Separated from the main building are wards for the treatment of fever and other infectious diseases. The accommodation thus provided will be sufficient for twenty-four patients. Another distinct block comprises the disinfecting-room, mortuary, &c.

THE SCOTTISH BRANCH OF THE PHARMACEUTICAL SOCIETY.—The fourth meeting of the present session of the North British Branch of this Society was held on the 15th inst., in the Society's Rooms, George Street, Edinburgh, under the presidency of Mr. Alexander Napier. The principal business was a paper "On the Methods for the Separation of Alkaloids," by Dr. Mathew Hay, Demonstrator of Materia Medica in the University of Edinburgh, who entered into the history of alkaloids, and showed how they could be separated from vegetable tissues containing them. He illustrated the remarks by experiments, and a discussion followed.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 10th inst., were at the rate of 30 per 1,000 per annum, against 30 in the preceding week, and 23, 33, and 35 in the corresponding periods of 1882, 1881, and 1880.

THE SPREAD OF TYPHUS IN GLASGOW.—Dr. Russell, in his usual fortnightly report on the health of the city, on the 12th inst., said:—"There are features of interest and importance about a group of typhus cases centering in the southern district which merit mention. On the 23rd December four cases of typhus fever were removed from an unticketed dirty house of two apartments on the south side. There are 18 cases of typhus, infecting five different houses, derived from one unreported case, of which at least 12 would not have arisen had the reception house been accepted when offered."

HEALTH OF EDINBURGH.—The mortality in Edinburgh during the week ending with Saturday, the 10th inst., rose from 81 to 114, and the death-rate was 26 per 1,000. Diseases of the chest accounted for 60 deaths, and zymotic causes for 5, of which 3 were due to fever, the intimations of this disease for the week being 7. No deaths from diphtheria, scarlatina, and measles were recorded.

Literature.

WHOOPIING-COUGH: ITS PATHOLOGY AND TREATMENT. (a)

In our opinion, the Fothergillian Gold Medal was worthily bestowed by the Medical Society of London on the careful and painstaking author of the above-named work. All reasonable credit is given to the researches of those who have in past years busied themselves with the pathology and treatment of whooping-cough, but we are taught that it is only lately that the true cause of this disease has been brought to light by Dr. Dolan in the theory that pertussis is a disease due in its origin to a bacillus, microbe, or protophytic fungus. "The very absence of any morbid change confirms me in my belief that whooping-cough should be classed amongst the group of diseases which have their origin in microbes or protophytic fungi"—p. 26. The author compares whooping-cough with hay fever, but it must be remembered that Blackley, in his researches into the causation of hay fever, has demonstrated the presence of the actual pollen granules that excite the paroxysm of catarrh; and proved, at the cost of some personal inconvenience and suffering, the power of these granules to set up the hay fever. With regard to whooping-cough, we have as yet little more than theory and conjecture to support the hypothesis of the germ theory of this disease. That such objections are likely to be raised to his theory the author is

fully aware, but with much sagacity he quotes the advice of Herschel, and shows how, for a time, a hypothesis may be very useful to work upon. When, in the present day, we hear so much that is of interest in connection with disease germs, bacilli, bacteria, and minute organisms as lying at the root of so many disorders, we think of the late Sir Henry Holland and chapter xxxi. of his "Medical Notes," in which he discusses the theory of animalcule life as a cause of disease. Sir Henry says that Kircher was one of the earliest propounders of the opinion, and that Linnæus gave his sanction to it. "Exanthemata viva," such as small-pox, measles, syphilis, whooping-cough, are all attributed to the agency of minute animalcules. Truly does Dr. Dolan say, quoting George Meredith, "that the moderns live on the ancients, and not one in ten can refer to the particular treasury from which he fishes." All honour and credit, nevertheless, to the clever men of the present day who, furnished with instruments of precision, have actually brought to view the bacillus anthracis and the bacillus of tubercle. Some day Dr. Dolan may show before an admiring Society the bacillus of pertussis. Sir Henry Holland and Linnæus had before their minds the theory, or hypothesis, of animalcule life as the germ of many diseases, and now we seem approaching practical demonstration of what was at first but the conjecture of observant and thinking minds.

The chapter on treatment bears evidence of great practical experience on the part of the author. We do not find much that is new, but we do find a very valuable appreciation of the remedies in ordinary use for the cure of pertussis. We fully agree with Dr. Dolan as to the use of prussic acid being hazardous, and of very little utility except in the vomiting of elderly children. Nitric acid is set down as "utterly worthless." The theory of the disease being of the zymotic class, unfortunately does not seem to have been made of much avail in treatment. "We may prevent," says Dolan; "we cannot act specifically on any zymotic disease; so the quinine treatment, in my opinion, has no scientific value." Clearly the author knows whooping-cough practically, and his observations on its prevention and treatment are well worth reading, while they leave us well satisfied with the carbonate of potash and cochineal mixture, which we have found, as yet, unsurpassed by any of the more modern remedies for whooping-cough.

A MANUAL OF GYNECOLOGY. (a)

If the medical student of to-day complains that the advances of medical science entail an amount of work unknown to his predecessor, he can at least solace himself with the knowledge that every attempt is made to render the facts with which he is expected to store his mind as easy of assimilation as possible. The increase in the number of books for the student in which some branch of medical knowledge is digested and tabulated so as to render the process of assimilation easy and expeditious, has of late years been very great, and the manufacture of these books shows no sign of abatement. The present volume is a good specimen of the class of which we have been speaking. It deals with a class of diseases of most frequent occurrence in general practice, and which no properly-educated medical practitioner should feel at a loss to treat. Yet, owing to neglect on the part of the student, and the want of a good manual treating on the subject, the diseases of women have gradually become the special preserves of a small body of specialists. An attempt was made a short time ago to supply the want just mentioned by Dr. Halliday Croom in his little work on "Minor Gynecological Operations," which rapidly went out of print, and of which the present book is its more ambitious imitator, at the same time going far beyond the other in its scope and in its treatment of the subject. The authors in their preface state that they have tried to keep before their eyes the great principle that the anatomy, physiology, and pathology of the pelvic organs form the foundation of good clinical work, and that as students feeling the want of a text-book based on this principle and embodying the most recent views from the various literatures instead of giving those of one school, they have in the volume now before us tried to supply the want they themselves felt. In this we think they are wise and

(a) "Whooping-cough: Its Pathology and Treatment." Prize Essay, to which the Medical Society of London awarded the Fothergillian Gold Medal for 1881. By Thomas M. Dolan, F.R.C.S. Ed., &c., &c. 1882. London: Baillière, Tindall, and Cox. Pp. 106.

(a) "A Manual of Gynecology." By Berry Hart, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, Extra-Mural Medical School, Edinburgh, and A. H. Barbour, M.A., M.B., Assistant to the Professor of Midwifery, University of Edinburgh. Edinburgh: MacLachlan and Stewart.

right, for although Edinburgh may claim a respectable reputation in this branch of medical knowledge, neither the general practitioner nor the student cares to be indoctrinated in the regular crotchets of any one teacher, however distinguished. Following the course suggested, the first part deals with the general anatomy, physiology, and methods of examination of the female pelvic organs. The anatomical and physiological portion is most fully illustrated by woodcuts of varying degrees of excellence—in fact, there is almost a redundancy of illustration throughout the book. The letterpress is full and clear, and there is no attempt on the part of the authors to shirk difficult questions. On the normal position of the uterus there appears to be considerable difference of opinion between anatomists and gynecologists, the former maintaining that the fundus of the uterus should be in the hollow of the sacrum, the latter that it should lie on the bladder. This difference of opinion suggests the question whether the fondness which some gynecologists evince for twisting the uterus about on all occasions on the point of the sound is altogether justifiable. Passing from these details, we come to several chapters devoted to the physical examination of the pelvic organs. These chapters are of considerable value, and detail step by step the various methods of examination. For instance, we are carefully informed "how to place the patient," "how to pass the speculum," "how to hold the speculum when passed," &c. Drawings of instruments of all sizes and shapes are given, not omitting the cervical scissors of one of the authors, the invention of forceps, we suppose, having at last come to an end. The second part deals with the diseases of the pelvic organs, and to the practitioner is by far the most useful portion of the book. Considerable care is, as a rule, taken to be clear and free from ambiguity, but the attempt has not always been quite successful, for we find on page 268 that a blister is recommended, but where it is to be applied no directions are given. The same page contains the following peculiar sentence: "Skill may often be shown in knowing to leave," &c. These are but slight blemishes, and where there is so much to praise it seems almost ungracious to notice them. We can heartily recommend this volume to the careful perusal of the practitioner and student. The value of the book is enhanced as a work of reference by the bibliographical record at the head of each chapter; in fact, the authors show an amount of honesty with regard to the sources of their information which might be followed with advantage by other writers.

Correspondence.

RHEUMATIC ENDOCARDITIS (THE LETTSOMIAN LECTURES).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—To one or two points dealt with in Dr. Sansom's Lettsomian Lectures, published in the last few numbers of your journal, I would, with your leave, direct attention.

In speaking of rheumatic endocarditis, Dr. Sansom quotes and endorses the two practical reasons which I give for the failure of the salicyl compounds to control the cardiac as they do the arthritic inflammation:—First, that the cardiac mischief has generally commenced before the patient comes under observation; and, second, that rest, which is so essential to the recovery of an inflamed organ, and which is easily got in a joint, is unattainable in the heart. The first reason makes prevention impossible; the second is a bar to successful treatment.

But though this is true, it does not express the whole truth.

That a joint generally recovers from rheumatic inflammation, and that the heart does not, is a statement which expresses the broad results of clinical experience, but expresses them in a manner which, from a pathological point of view, is bald and misleading.

The truth is—and, striking as the statement may appear, it is absolutely correct—that *everything which recovers in a joint recovers also in the heart*. The one structure in the heart which does not recover—the endocardial lining—is also the one which has no analogue in any of the structures of a joint. In studying the pathology and treatment of rheumatic endocarditis, it is essential that this fact should be kept before us, for unless we keep it in view we are sure to fall into error. The parts which suffer in a joint in acute rheumatism are the fibrous ligaments and tendons, and the synovial

membrane; the parts which suffer in the heart are the fibrous rings and valves, the endo- and pericardial linings, and occasionally the muscular substance.

The fibrous structure of the rings and valves is similar in nature and function to the fibrous structures of a joint. Each is apt to be the seat of rheumatic inflammation, and in each this inflammation is generally recovered from.

The pericardium finds its analogue in the synovial membrane. Each is a very vascular membrane, each secretes a lubricating fluid, and each has for its function the facilitating the movements of a solid body. Each, too, is apt to be the seat of rheumatic inflammation; in each the inflammatory process tends to spread; and in both the tendency is to recovery.

The endocardium has no analogue in a joint. There is nothing in a joint which bears the least resemblance to it, either anatomical or physiological. It is a non-vascular membrane, in which inflammation cannot, and, as a matter of fact, does not spread. In structure, in nature, and in function it is identical with the living membrane of the blood-vessels with which it is structurally continuous.

When it is affected in acute rheumatism, there is no general inflammation of its surface, such as is found in the pericardium and synovial membranes. The mischief is limited to a small portion of one surface of the affected valve. I have elsewhere (a) shown that the occurrence of the lymph deposit which constitutes the endocardial change in acute rheumatism, and its limitation to one particular portion and surface of the valve, are to be explained, not by the direct action of the rheumatic poison on the endocardial lining, but by the mechanical rubbing against each other of valvular segments whose deeper-seated fibrous structures are the seat of rheumatic inflammation and thickening. This thickening of their fibrous structure it is which makes the valves rub, and the rubbing it is which irritates and roughens the membrane which covers them externally. The inflammation and thickening of the fibrous structure may be recovered from. What is not recovered from is the roughening of, and lymph deposit on, its non-vascular endocardial covering. This is not recovered from because the continued action of the valve keeps up the rubbing and mechanical irritation, and because the want of blood-vessels in the endocardium prevents absorption. This is a condition over which no drug could possibly exercise any control. It is directly of mechanical, and only indirectly of rheumatic origin.

But it is by no means certain that we may not in some cases, by the early and free administration of the salicyl compounds, prevent the inflammation and consequent thickening of the fibrous textures of the valve which is the origin of all the mischief. If we see a case early, and give these compounds freely, we may prevent the heart from suffering, as we undoubtedly do prevent joints from suffering. In no given case can we be sure of having got this result, for the absence of heart mischief can never be demonstrated to be due to the treatment. The possibility of such a result, however, is worth striving for, especially as the means of attaining it are also those called for in the interest of the joints. What is wanted is the speedy arrest of the rheumatic process. This object can be attained only by giving salicin or salicylate of soda in large and frequently-repeated doses.

This leads one to remark that my recommendations on this point have not been acted up to. Why, I cannot say, for I have pressed the point over and over again. My recommendation is that 20 to 80, or even 40 grains should be given *every hour* for six hours, or until pain is relieved (which it generally is within that time). That the same dose should then be given *every two hours*, till the pain is gone, and the temperature at or near the normal (which is generally the case within twenty-four hours). After that the same dose is given at widening intervals of three, four, and six hours for ten or twelve days.

But, instead of giving it thus freely and largely, most observers are content to give 15 to 20 grains every three or four hours. That is not nearly enough for the full curative effects of the drug, and I would again, through your pages, urge the giving of the dose which I recommend.

I do not exceed my right in asking that my treatment should be carried out in all its details, before its results are subjected to criticism.

Salicin is the preparation to which I give preference—not because I regard it as superior to salicylate of soda as an

(a) "On Rheumatism: Its Nature, its Pathology, and its Successful Treatment." By T. J. MacLagan, M.D. Pickering and Co. 1881.

anti-rheumatic—but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of the salicylate, and necessitates its suspension.

My experience too is that those treated by salicin (which is a bitter tonic), convalesce more rapidly than those treated by the salicylate.

There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacturers of it have told me that they are prepared to supply it to hospitals and dispensaries at ten shillings and sixpence a pound. Convalescence is so much more rapid under its use that I am not sure that it would not in the long run prove cheaper than salicylate of soda. But whichever is employed let it be given in large and frequent dose. I make this appeal in the interest of the heart as well as of the joints. Let every case of acute rheumatism be regarded and treated as one in which heart complications may be prevented, and it is probable that in some cases they will be prevented, but every hour is of importance. It needs no argument to show that the danger to the heart is less in a case in which the course of the disease is arrested within twenty-four hours than it is in one in which three or four days are expended in the process.

The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within twenty-four hours of the time that treatment commences. The recognition of that fact (for fact it is) is the keystone to all possible success in the prevention of heart complications.

Your obedient servant,

J. J. MACLAGAN, M.D.

9 Cadogan Place, London, Feb. 15th.

MEDICAL REFORM.

THE view of the profession in Dublin respecting the coming Medical Bill has been strikingly and unexpectedly manifested within the last three weeks, and a long step has been taken towards a definite Irish medical reform policy.

The annual meeting of the Dublin Branch of the British Medical Association was fixed, and, in anticipation, a letter had been addressed by the Chairman of the Medical Reform Committee, asking for the co-operation of the Branch in support of a Bill based upon the Report of the Royal Commission which sat last session. That Commission, it will be recollected, had recommended a reform on the following lines:—

(a) That in future no practitioner shall be registered until he has passed a Central Examining Board—three such Boards being formed for England, Ireland, and Scotland, respectively, by the co-operation of the licensing bodies therein.

(b) That the educational requirements and examination of these Boards shall be identical throughout the kingdom.

(c) That licensing bodies shall confer no *qualifying* diploma, but shall continue to grant, on their own terms, the higher degrees to those who have already passed the Board.

(d) That the Medical Council shall be reconstructed, direct representation being given therein to the medical practitioners.

This policy has been steadily advocated by the Association for fifteen years, has been confirmed by repeated votes of the members, has been approved on a plebiscite of the profession by a majority of nearly 20 to 1, has formed the basis of Government Bills introduced by Lord Ripon in 1870, and the Duke of Richmond in 1879, and of private bills introduced each session for many years past by the Association and others. It is also the policy of the Irish Medical Association, discussed and confirmed at every general meeting for several years.

The request of the Medical Reform Committee for co-

operation being brought before the Branch Council, the whole subject was remitted to a sub-committee of five, who, after deliberation, brought up a report violently hostile to the proposed method of reform. They considered the proposal "inefficient as a measure of reform, and injurious to the profession and the public welfare," and that "it would be a positive advantage to preserve a number of different examinations and different courses," and furthermore, that "the formation of a single portal for entering the profession for each division of the kingdom . . . and a uniform standard of examination would . . . be difficult of accomplishment, destructive of the corporations, and injurious to the profession as well as to the public."

In lieu of the proposed reform, the only changes which the sub-committee proposed were—*a.* That the Medical Council should be given increased powers; *b.* That "no person should be admitted to the Register who has not passed . . . in medicine, surgery, or (*sic*) midwifery;" *c.* That "the false assumption of medical titles should be made an indictable offence to be punished by the easiest and simplest process of law."

This report of the sub-committee was stoutly resisted by influential members of the Branch Council, and certain parts of it, we hear, passed by a majority of one. It was, however, eventually adopted, and a paragraph inserted in the report recommending the Branch to decline co-operation with the parent Association. On the bringing up of this report an amendment was moved by Dr. Atthill, and seconded by the Registrar-General, to send this paragraph to the incoming Council for reconsideration, it being recommended to them to join in promoting a bill on the *principles* of the Royal Commissioners' Report. This amendment was debated for three adjournments, and was eventually carried by an apparent majority of about three to one, the vote being followed by the resignation of five of the anti-reform members of the Council.

We attach great importance to the decision, firstly, because it was not the hasty verdict of a few, but the well-considered pronouncement of a meeting which included most of the leaders of medical opinion in Dublin; and secondly, because the declaration of opinion emanated from a body of men, most of them teachers, and many of them closely interested in maintaining the *status quo* against all reform. We believe we are entitled to say that, if the same issue could have been put in the same way to a body of voters representing in due proportion provincial as well as metropolitan practitioners, the majority would have been ten to one instead of the proportion at which it stood.

It is neither necessary nor possible for us to enter upon a discussion of the propriety of direct representation, conjoint examination, and suppression of quackery. Upon these canons of medical reform there is really no serious difference of opinion in either England or Ireland.

As to the policy of reconstructing the General Medical Council by introducing direct representatives of the practitioners, no one seems to have any hesitation save the members of the Medical Council and the members of the Branch Sub-Committee. Fifteen years ago it was discussed in the British Medical Association in Dublin, and approved with only two dissentients. At Newcastle, in 1870, it was carried by an enormous majority against the united

efforts of five members of the Medical Council. In 1878, a plebiscite of the profession voted for it—Ayes, 5,075 ; Noes, 121—and at every meeting of the Association, and in every Bill promoted by it, the demand has been a salient feature. Of the eleven Royal Commissioners, two alone—the two members of the Medical Council—objected to the proposal, and of the witnesses, more than three-fourths gave evidence in its favour. The Sub-Committee of the Dublin Branch, though they did not actually condemn direct representation, discredited it, and included it in the general disapproval with which the Branch was recommended to stigmatize the policy of the parent Association.

The hostility of the Sub-Committee was, however, chiefly to the proposal to institute Central Examining Boards, which they based on two grounds—(a) “that it is a positive advantage to preserve a number of different examinations and different courses ;” and (b) that such proposal would be destructive of the licensing corporations.

As regards the first of these reasons, the Reform party maintained that “different examinations and different courses” had been heretofore productive of disastrous results to the public and the profession. It had, through the agency of competing licensing bodies, let loose upon society practitioners notoriously incompetent for their functions, degraded the profession in the social scale, made it impossible for those teaching and licensing bodies which desire to do so to maintain a reasonably high standard of medical education, and had greatly injured the immediate interests of the better class of such bodies. In illustration they referred to effect of such system in diverting from Irish examining bodies a very large proportion of the students.

We cannot, however, fail to recognise in the opposition of the Sub-Committee to reform a strong desire to maintain against all comers what they—most erroneously, as we think—fancied to be the interests of the licensing corporations. They urged that central examination will be destructive of the Irish colleges—(a) because it will probably involve a considerable diminution of the diploma fees ; (b) because practitioners, having obtained the right to practise through the central board, will not care to seek higher qualifications from the Colleges. Now on this point the Colleges themselves may be considered the best judges, and they have already, in spite of these objections, twice declared their readiness to accept a system which is in most important particulars the same as that now declared to be inadmissible. In 1873 the present Irish licensing bodies agreed upon a scheme identical in principle with that now proposed. A central board was then formed of delegates from the various bodies, and was to hold examinations, through which every student desiring an Irish qualification must pass. The conjoint diploma fee was to be (as is now proposed) reduced from its present amount, £42, to £31 10s. That scheme received the sanction of all the licensing bodies co-operating, and the *imprimatur* of the General Medical Council.

But the strongest argument of the Reform party in favour of central examination was based upon a comparison of the advantages to Irish Colleges of *compulsory* as distinguished from the *voluntary* combination of exami-

nations, for the latter of which the anti-reformers professed themselves eager. This argument was put as follows :—

If central examination be made compulsory, all licensing bodies must join in it ; whereas, in the case of voluntary conjoint examination, any licensing body may refuse to co-operate, and continue to grant its diplomas on any terms it pleases. Thus a voluntary system can never obviate the severe downward competition to which Irish Colleges are at present subject. Those Colleges cannot, without ruinous loss, reduce their conjoint diploma fee from £42 to £21—the fee for the Scotch double diploma—nor cut down their curriculum or make their examinations as easy as those of the Scotch bodies.

It has been fully proved that about *one-fourth* of the *entire body of Irish students* go to Scotland for their diplomas, and this exodus represents a loss of many thousands a year to the Irish Colleges and Irish teachers.

But under the proposed reform no such loss will occur. Students will, by leaving Ireland, gain neither in shortness or cheapness of study, nor in facility of passing, because the curriculum and examination will be, as nearly as possible, uniform. It may, therefore, be reasonably assumed that the large number of licentiates who are now lost to Irish licensing bodies will take their qualification where they have been educated. Thus, by compulsory conjoint examination, the Colleges will be in great measure recouped for the loss sustained by reduction of fee ; whereas, under *voluntary* reform, they admittedly stand to lose about *one-fourth* of their incomes.

We shall not further pursue the argument from the Irish point of view, which is outside the public aspect from which the House of Commons will view the question. We must, however, refer to one argument upon which the anti-reformers laid great stress. The Sub-Committee says—“It is proposed that the standard (of central examination) should be uniform, and it is admitted it must be low.” And again—“If too high a standard be adopted the supply of practitioners will fall short of the demand ; if so high as to prevent a supply of registered practitioners, unqualified persons will come forward to supply the demand.” Of these two statements the first is untrue, and the second illogical. It is *not* admitted that the examination standard must be low, nor have we ever heard of fact or argument to support such a hypothesis, which is simply a bogie got up to frighten educationalists, and, as to the difficulty of finding a mean between too high and too low a standard, we suggest to the Sub-Committee that it may be found at *competency*. The State has no right to ask more from medical practitioners, and certainly no moral right to accept less. It is a standard easily attainable, and, in fact, already attained by many licensing bodies ; and we can, we believe, trust a reformed Medical Council to strike the happy medium which the Sub-Committee has failed to find.

It will be observed that the Sub-Committee has taken a line of its own, but our readers will experience less surprise at this when they have read the following extract from the official address of the last President of the Branch, to whom, it is understood, the Sub-Committee is chiefly indebted for its policy :—

“The practice of medicine is open to all. Let us, too, give up the idea of protection. So long as we know and attend to our business, we need not fear the rivalry of any quacks. Let Colleges and Universities cease to claim for their degrees, diplomas, or licences, any privileges. Let that which is actually the case be openly avowed. Let the public learn that no licence is necessary to enable any man to practise medicine. Thus, and thus only, will degrees and diplomas in medicine rise to the rank of degrees in Arts.”

The Hunterian Society.—At the annual general meeting of this Society, held on the 14th inst., the following officers were elected for the ensuing year: *President*—*Walter Rivington, M.S., F.R.C.S. *Vice-Presidents*—Waren Tay, F.R.C.S.; M. Brownfield, L.R.C.P.; *A. L. Galabin, M.D.; *R. Clement Lucas, M.B., F.R.C.S. *Treasurer*—H. I. Fotherby, M.D. *Librarian*—P. L. Burchell, M.B. *Orator*—*George Roper, M.D. *Secretaries*—G. E. Herman, M.B.; *Charters J. Symonds, M.D. *Council*—Drs. *J. Hughlings Jackson, W. Talbot King, Stephen Mackenzie, H. Port, *J. McCarthy, *F. C. Turner; and Messrs. *E. M. Corner, E. Dukes, *T. R. Fenwick, E. G. Gilbert, G. J. B. Stevens, and *W. C. Toulmin. [Those marked with an asterisk did not hold the same office during the past session.]

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. MATTHEWS DUNCAN will please receive our best thanks.

DR. J. K. E.—There is no law preventing a man calling himself Dr., unless it can be proved that he has assumed the title for the purposes of obtaining money under false pretences.

ARMY SURGEON.—We believe the only medical journal published in India is the *Indian Medical Gazette*, published monthly at Calcutta, under the editorship of Dr. K. McLeod. The work is ably carried on, but is not supported as its merits deserve, owing to the transitory position of Indian medical officers.

SIR JAMES PAGET.

THE following characteristic story of Sir James Paget is told by a correspondent in the last number of the *Students' Journal and Hospital Gazette*:—

"Sir James has a country house in Kent. A few days ago, as he was out walking, he witnessed a serious accident. Two men were driving in a cart, when one of them fell out, and the wheel passing over him, broke his leg. Sir James, with a kindness which belongs to his nature, had the man lifted into the cart, and proceeded to do what was required to be done. In the meantime the poor sufferer's companion hurried off to the local practitioner, whom he addressed in this fashion: 'Please, Sir, Bill has been and fallen out of the cart and got his leg broke; there's an old cove a-pulling of him about, but I can see he ain't up to much, so I wants you to come at once, sir, 'cos Bill's very bad.' The doctor hastened to the scene, and discovered at once, to his surprise, that the 'old cove' was Sir James Paget, who in the interim had improvised some splints and bound up the leg with a copy of the *Times* newspaper."

ANTRUM.—Any ordinary text-book of anatomy will yield the required information. For the surgical proceedings necessitated under the several conditions named, consult Gant's "Science and Art of Surgery," or other standard authority.

THE "HOMOEOPATHIC DIRECTORY" FOR 1888.

DR. HORACE DOBELL, of Bournemouth (formerly of Harley Street, London), requests us to point out that the insertion of his name among homoeopathic practitioners in the above Directory is both an injurious calumny and a piece of gross ignorance of his professional status, for which there is not the shadow of foundation. We hope the ranks of Hahnemann are not similarly swelled, or the proprietors of the Directory in question may find themselves the subjects of more libels than one.

MR. M. D. M. (Poplar).—The proposition will be considered at the next weekly meeting.

DR. B. (Glasgow).—Translation received with thanks. Proof will be sent you before insertion.

MR. DYSON should have asked the question of one of the pharmaceutical journals, as it hardly comes within our province to give instructions in compounding. However, the following may suit his purpose in the preparation of an impermeable plaster:—Mix enough collodion with castor-oil to render it elastic when dry, the oil having previously been rubbed with some zinc oxide. Into this mixture dip glass plates, and, after drying, redip and redry two or three times, or until a film of suitable thickness is obtained. Upon this paint the usual solution of isinglass to give it adhesiveness, and, after again drying, separate it from the glass.

MR. WELLSTAD.—The invention was decidedly a meritorious one, and has served a useful purpose for many years. It is, however, now superseded by modern improvements, of which there are several.

PHOTOGRAPH OF AN EXPLOSION.—An ingenious American has recently photographed the different phases of the destruction of a ship by a submarine explosion of dynamite. The result, says the *Scientific American*, was very interesting. There were five exposures made, and the time of each was chronocled by an electric chronograph. One photograph taken 1/10th of a second after the explosion showed the vessel broken up and a column of water 70 feet high. A second and a-half after, and the water had risen to 160 feet. A third photograph showed the column at its maximum—180 feet, and the fragments of the ship in the air. A fourth, taken 3.3 seconds afterwards, showed the whole mass falling again. And when the fifth exposure was made, the whole scene was as before the explosion.

AN INDIGNANT READER.—The case of "Dr." Jones, who was struck off the Register on account of infamous conduct, is an instance of the

feebleness of the law to put down wrong-doers. We hear his "practice" is greater than ever. We cannot advise you on the legal point. For the rest see reply to Dr. J. K. E.

SCARLET RUMOR.—Fee may be recovered from issuer if he negligently issues a ticket to an improper recipient, or from recipient if he obtained same by false representation. In either case ticket must be first cancelled. If you write exact particulars to Editor in confidence, further advice will be given.

DR. WILLIAMS.—The book in question is an excellent specimen of what a text-book for students should be—every subject tersely and concisely put, without partaking of the nature of a cram. Your son will doubtless confirm our opinion if the work be given him as an aid to his studies.

PASS LISTS are unavoidably held over until our next number.

MEETINGS OF THE SOCIETIES.

CLINICAL SOCIETY OF LONDON.—Friday, Feb. 24rd, at 8.30 p.m., Dr. Broadbent, On a Case of Supposed Hydrophobia treated by Chloral, with Recovery.—Dr. J. E. Fowler, On Two Cases of Pseudo-Hypertrophic Paralysis in Adults.—Mr. B. J. Godlee, On a Case of Fracture of the Radius and Dislocation forwards of the Ulna at the Wrist, in which the lower end of the latter bone was removed to effect reduction.—Dr. Pearson and Dr. Broadbent, On a Case of Acute Necrosis of the Right Orbital Plate of the Frontal Bone, giving rise to Thrombosis in the frontal end of the Longitudinal Sinus, in the Cavernous Sinus and Ophthalmic Vein.—Dr. Fowler will exhibit a Case of Occlusion of the Superior Vena Cava.

Vacancies.

Borough of Blackpool.—Medical Officer of Health. Salary, £150. Applications to be sent to the Town Clerk not later than Feb. 27th.
Borough of Cork.—City Analyst. Applications to be sent to the Town Clerk not later than March 6th. (See Advt.)
Donegal Union, Leaghey Dispensary.—Medical Officer. Salary, £100, and £20 as Medical Officer of Health. Election, March 1st.
Dunfanaghy Union, Crossroads Dispensary.—Medical Officer. Salary, £110. Election, March 7th.
Kent and Canterbury Hospital.—House Surgeon. Salary, £20, rising to £100 after twelve months' service, with board and lodging. Applications to be forwarded to the Secretary not later than March 23rd.
University College, London.—Dental Surgeon and Lecturer on Dental Surgery. Applications to the Secretary before Feb. 23rd. (See Advt.)

Appointments.

BURTON, J. E., L.F.P.S. Glas., M.R.C.S., L.R.C.P., Honorary Medical Officer to the Hospital for Women, Liverpool.
COPNER, A. J., M.R.C.S., L.R.C.P.E., House Surgeon to the Richmond Hospital, Surrey.
DAVIES, E. T., M.D., C.M., Honorary Assistant Medical Officer to the Hospital for Women, Liverpool.
EDIS, J. B., M.R.C.S., L.R.C.P., Honorary Assistant Medical Officer to the Hospital for Women, Liverpool.
GRIMSHALL, T. F., M.R.C.S., L.R.C.P. Ed., Consulting Surgeon to the Hospital for Women, Liverpool.
IMLACH, F., M.D. Edin., M.R.C.S., Honorary Medical Officer to the Hospital for Women, Liverpool.
LUFFON, E. J., M.B., M.S. Aberd., M.R.C.S., L.R.C.P., Honorary Medical Officer to the Hospital for Women, Liverpool.
MACDONALD, J., M.D. Edin., Medical Officer for the Walton District of the Chertsey Union.
STEEL, C. E., M.R.C.S., Honorary Assistant Medical Officer to the Hospital for Women, Liverpool.
THOMPSON, S. M., Medical Officer to the South Dublin Union Work-house.
VOSS, F. H. V., M.R.C.S., House Surgeon to the London Hospital.
WILSON, D., M.D., M.Ch. Q.U.I., Medical Officer for the Farnbridge District of the Kingston Union.

Births.

ELLIS.—Feb. 14th, at 7 Howard Square, Eastbourne, the wife of Heber D. Ellis, M.D., of a son.
MARTIN.—Feb. 9th, at 69 Harcourt Street, Dublin, the wife of Wm. J. Martin, M.D., of a son.

Marriages.

RIDLEY—WALKER.—Feb. 14th, at St. Stephen's Church, Dublin, George Pelrose Ridley, L.R.C.S.I., to Clemena Josephine, daughter of the late James Walker, Esq.

Deaths.

BUCHANAN.—Feb. 9th, at 28 St. George's Road, Glasgow, James Buchanan, M.D.
DEMPSTER.—Feb. 15th, at Cotham, Bristol, Surgeon-Major T. Erskine Dempster, late Bengal Army.
GILL.—Feb. 12th, at Bootham, York, Henry Clifford Gill, M.R.C.S., Medical Superintendent of the York Lunatic Asylum, aged 52.
HUNTER.—Feb. 15th, at 8 Eglinton Park, Kingstown, Margaret Allen, eldest daughter of the late James Hunter, M.D., F.R.C.S.I., of Bryansford, aged 50.
M'KIERNAN.—Feb. 10th, at his residence, Banagher, John Bernard M'Kiernan, Esq., aged 81.
TYNDALL.—Feb. 15th, at 277 Cornwall Road, London, W., Edward Tyndale, M.R.C.S., aged 78.
WILLIAMS.—Feb. 11th, at Birmingham, T. Watkin Williams, F.R.C.S., aged 66.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Gulstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture I.—Its Nature and Amount 175
Sanitary Legislation and Administration at Home and Abroad. By Charles A. Cameron, M.D., S.Sc.C. Camb. Univ., Fellow and Professor of Hygiene, Royal College of Surgeons, Ireland, &c. 179

CLINICAL RECORDS.

North-Eastern Hospital for Children—Tubercular Meningitis. Under the care of Dr. C. K. Armand Semple 191

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—
Case of Supposed Hydrophobia treated by Chloral which Recovered 182
Pseudo-Hydrophobia—Death 182
Two Cases of Pseudo-Hypertrophic Paralysis in Adults 194

ACADEMY OF MEDICINE IN IRELAND—

MEDICAL SECTION—
Sudden Change in the Colour of the Hair and Skin 184
Locomotor Ataxy 185
Ulceration and Perforation of the Intestines 195

FRANCE.

Particular Form of Gunshot Wounds 186
Hypogastric Lithotomy 186

LEADING ARTICLES.

MATERIA MEDICA 186
FOUNDATIONS FOR DEATH 188
HAVE PARLIAMENT OR THE PUBLIC SANCTIONED COMPULSORY NOTIFICATION 188

NOTES ON CURRENT TOPICS.

The Medical Union Society 189
Re Advertising 189
Professor Flower's Lectures 190
Surgical Appliance Society 190
The Royal Barracks, Dublin 190
The Medical Reform Bill 190
Residences for Medical Students 191
Compulsory Notification Put to the Test. 191
Medical Education on the American Model 191

PAGE

PAGE

The Profession at the Levee 192
Medical Appointments for India 192
Mr. Benjamin Banks 192
Dr. H. MacNaughton Jones 192
A Counterblast to the Anti-Vivisectionists 192
Private Lunatic Asylums 192
Medical Research Association 192
St. Thomas's Hospital Paying Wards 192

SCOTLAND.

Remarkable Case of Longevity 193
Typhoid Fever at Bannockburn 193
Death by Swallowing False Teeth 193
Mortality in Glasgow 193
Health of Edinburgh 193
University of St. Andrews 193

CORRESPONDENCE.

The Therapeutics of Rheumatic Endocarditis—Lettsomian Lectures 193
Salicin in Rheumatic Fever 194
The Bumbledom of the Royal College of Physicians 196

Medico-Legal Intelligence 195

PASS LISTS 195

NOTICES TO CORRESPONDENTS 196

The Gulstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London, February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L.,
Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c.

LECTURE I.—PART I.

ITS NATURE AND AMOUNT.

MR. PRESIDENT, VICE-PRESIDENT, AND GENTLEMEN,—Sterility is generally considered to imply the condition of a woman who, under ordinary favourable circumstances for reproduction, does not bring forth a living and viable child. But the term is used with many other meanings, and I shall not state a definition, because I have no right or power to enforce adherence to it, and because, meantime, it is indispensable to have the word for various uses, and with the use of appropriate qualifying words ambiguity may be avoided.

Fecundity is a condition unique in gynaecology in this respect—namely, that it requires the combined matter and forces of two duly developed individuals to produce it. Sterility, therefore, may depend on error in one or in other, or in both.

The sterility of man as compared with that of woman is a simple matter. It depends on failure to produce semen, the production of semen more or less incomplete or imperfect, or of morbid semen (that is, semen conveying disease), or on failure to deposit the semen properly. With a view to investigation, the semen can be subjected to chemical and microscopical analysis, and the depositing organ can be examined and the conditions of deposition can be to a great extent ascertained. In woman the coördinate substances and functions are hidden and much more complex, and in her there are

great organs and functions which have in the male no equivalent representative.

In the present lectures the sterility of man is not a subject for consideration, but one point in it cannot be passed over without some discussion and estimation—namely, its numerical amount. Much of our knowledge of the sterility of women consists in numerical statements of amount under various circumstances, chiefly in marriages; and all such statements have a positive value for the physician, and still more for the political economist. But it is plain that, inquiring into the amount of sterility due not to unions but to women, we must exclude what is due to the male. Some good notion of the amount of this latter sterility is therefore indispensable.

Several investigators have attempted the solution of the question in recent times; but I refer only to the new work of Gross on Male Sterility. "It is not at all uncommon (says he) for physicians to assume that a man who is potent, and who is able to ejaculate, is capable of procreating. As a result of the omission to examine the emitted fluid, and carefully to explore the male organs, little is known of the relative frequency of sterility in the two sexes; and gynaecologists, with the exception of those mentioned below, do not appear to have made any contributions to the solution of this important subject. I have been able (he continues) to collect 192 cases in which examination of both the husband and the wife demonstrated that the former was at fault in thirty-three, or in seventeen per cent. Of this number Manningham records one in thirty; Pajot seven in eighty; Mondot one in ten; Kehrer fourteen in forty; Courty one in ten; Noeggerath eight in fourteen; and I myself have found that the male was deficient in one example in eight. The cause of sterility was azoopherism in thirty-one, and aspermatism in two. These facts show that the husband is at fault in about one case out of every six."

The matter is, however, still in a very insecure state, as may be shown by the statement of facts and con-

siderations which must have important bearings on the question, but which have, so far as I know, been entirely neglected. Thus, it is assumed that by examination of the male and female we can decide whether one or other or both are at fault. Now, no doubt impediments or complete barriers to reproductiveness may be found in individuals of either sex; but in the great majority of cases of sterility no impediment or barrier can be discovered by the most careful and minute investigation; and this is verified by comparative observations in animals and in plants, wherein such inquiries can be carried to a completeness not attainable in the case of men and women. It is held that the man is not at fault if he duly ejaculates microscopically perfect semen, but this is certainly not a warranted conclusion as facts in human and comparative physiology, to be hereafter stated in these lectures, will show. In making estimates of male sterility, no account is taken of the fact that the faulty condition of a man's semen may be only temporary. It is forgotten that sterility may be due to faults in the semen, even though conception has taken place, and pregnancy been established; the foetus fading and dying prematurely from inscrutable causes, or being monstrous and not viable, or perishing from disease implanted in it by the male. It is forgotten that both parents may be simultaneously at fault, and this with or without discoverable cause, generally without discoverable cause.

Speaking of the sterility induced by domestication and that of hybridity, Darwin remarks that in both the sterility occurs in various degrees, and in both the male element is most liable to be affected, but sometimes the female more than the male. In another place, speaking of the liability of plants to be affected in their fertility by slightly changed conditions, he says it is the more remarkable, as the pollen, when once in process of formation, is not easily injured; a plant, he adds, may be transplanted, or a branch with flower buds be cut off and placed in water, and the pollen will be matured. Pollen also, when once matured, may be kept for weeks or even months. The female organs are more sensitive, for Gärtner found that dicotyledonous plants, when carefully removed so that they did not in the least flag, could seldom be fertilised; this occurred even with potted plants if the roots had grown out of the hole at the bottom.

Whatever may be the causes of sterility in woman, there is a universally prevalent belief, which no investigations have shaken, that in the human species the paramount source of sterility is in the female. I know no scientific statement worthy of confidence as to the comparative influence of the two sexes; and the data of Gross, which I have quoted, contributing as they do towards the settlement of this question, are of importance and value in themselves, though they are far from substantiating the conclusion as to the amount of male sterility which he enunciates.

Of the sterility of women in whom, from gross and well-known causes, conception is impossible, these lectures take no account. Among such are cases of absence of uterus, and of imperforate vagina; conditions so rare that, in the present imperfect state of our knowledge, they do not affect statements as to women generally.

In describing sterility it is common to qualify it as absolute or as relative. No author on human sterility uses the term, without qualification, as including relative sterility. But when used without qualification it includes at least absolute sterility.

Absolute sterility, sometimes called congenital, including all cases where there is no child, no miscarriage, no abortion, however early, comprises two sets—first, those where there is no conception; and, second, those where the impregnated ovum disappears in the tube or in the uterus without leading to what is recognisable as an early abortion. Some cases of women aborting every month are known; there is discharge of a highly-devel-

oped decidua vera every four weeks, and there may be no trace of an ovum in it; and this monthly discharge is arrested by suspension of co-habitation. But there may be many abortions earlier than this without these conditions, and of such practically nothing is known; they are classed along with those cases of absolute sterility where it is supposed that no conception takes place. In cases where there is no conception there may be no possibility of conception from the failure of the ovary to prepare and mature an ovum.

These varieties of absolute sterility are well illustrated and easily made out in the history of animals, and still more of plants.

Sterility, not absolute, implies the failure to produce a viable child, while there may be evidence of conception—that is, of the commencement of the production of an embryo. A woman may be sterile because the ovum perishes in utero or becomes unnaturally developed, as in myxoma of the chorion and some monsters; and this premature death or unnatural production may be owing to ovuline imperfections derived from the male or from the female. A woman may be sterile because the womb does not afford to the ovum due accommodation, or nourishment, or neither; or because the womb ejects it prematurely from its cavity; and these unnatural conditions and events may arise from either local or constitutional causes.

In absolute sterility and in sterility not absolute there is no production of a viable child, no addition made to the population; and all such sterility is sometimes, especially by economists, considered absolute; for indeed, in the point of view of population, it is so. But it appears to me desirable to restrict the term absolute sterility to those cases where there is no evidence even of conception. Sterility indicates a larger group, including that of absolute sterility, and all those other cases where no addition is made to the population.

There is another great department of sterility no less important than the kinds just mentioned, where a woman may produce one or even several living children, but, in number, not according to her conditions of age and length of married life. This is called relative or acquired sterility. The gardener may have a plant producing not a single flower, absolutely sterile; or producing flowers, and setting seeds, but bringing none to maturity, or if to maturity, not to perfection, a sterile plant which cannot continue its species; but he may also have a plant which produces flowers and matures perfect fruit, but in such small number as not to save it from the charge of sterility; and this is relative sterility. In woman it is often seen in cases of production of a single child—an only-child sterility, if such a seeming contradiction in terms can be permitted, of which we often hear. A woman may be relatively sterile from producing, according to her age, only a small number of children with ordinary intervals between successive births, or from the number being rendered small by the extraordinary delay or loss of time between successive births, and in other ways.

All kinds of sterility may be congenital or may be acquired. It is therefore undesirable to use these terms as indicative of distinctions. For instance, an absolutely sterile woman, one who never conceives, may be so not merely from congenital causes, but also from disease acquired in advanced life; or, again, a relatively sterile woman may be so, not from an acquired cause, but from conditions which were congenital in her.

The amount of sterility in women (including the relative kind) is found by counting the number of productive and of unproductive marriages of women within the reproductive age, or from fifteen to forty-five. Lever, giving no numerical details, says that 5 per cent of married women are wholly unprolific. West found the average of sterile marriages among his patients at St. Bartholomew's Hospital to be 1 in every 85. Hedin, a Swedish minister, noticed that in his parish of 800 souls one barren woman is not met with for ten fertile.

Frank and Burdach roughly state that only one marriage in fifty is unproductive. Simpson made an inquiry into the sterility of married women in Grangemouth and Bathgate. Of 210 marriages in Grangemouth 182 had offspring; 27 had none; or about 1 marriage in 10 was without issue. Of the 27 unproductive marriages all the subjects had lived in wedlock upwards of five years, and in all the female had been married that period before she reached the age of forty-five. Of 402 marriages in Bathgate 365 had offspring; 37 had none; or about 1 marriage in 11 was unproductive. There was at the same time living in the village 123 relicts of marriages, and of these 102 were mothers; 20 were not mothers; or about 1 in 6 had no family. In all, of 467 wives and widows 410 had offspring; 57 had none; or about 1 marriage in 8 was unproductive. Of these last 57, 6 had not been 5 years married, and there were other 6 above the age of 45 when married. If we subtract these 12 we have of 455 marriages 410 productive, 45 unproductive, or 1 in 10 1-9th without issue. Simpson found that among 495 marriages of British peers which had lasted 5 years or more, and in which the husbands were under 57 years of age, 81 were unproductive, or 1 in 6 1-9th. Ansell found that among 1,919 marriages of spinsters in the upper class at an average age of 25 years, and not counting as childless those who had merely stillborn children, there were 152 without issue, or 8 per cent., or nearly 1 in 12. In this collection all the parents survived the childbearing age, and he considered that there was no further chance of childbearing if the female was

Over 48 and had had no child for 2 years.

" 47	"	"	3	"
" 46	"	"	4	"
" 45	"	"	6	"
" 44	"	"	8	"
Under 44	"	"	10	"

I have taken the registers of Edinburgh and Glasgow for 1855, and have found the number of first living children in that year. With this I compare the number of marriages in that year. It is evident that the number of first children only should be counted, for they indicate all the wives who are not sterile. If one living child is born to a marriage, that marriage is not sterile. Further, it is evident that, although the first births in 1855 will not all pertain to the women married in that year, it may be assumed that if the marriages be nearly the same in number for a few contiguous years, the first births in one year will give the fertility very accurately of any of the contiguous years. From this fertility the sterility can be easily computed. Now in 1855 there were, in Edinburgh and Glasgow, 4 447 marriages, and 3,722 first deliveries of living children, leaving 725 marriages sterile, or 1 in 6.1. But in these figures are included 75 marriages which did not take place till after the women had passed forty-four years of age, and these will damage the physiological value of the statement, as these 75 women could not be expected to be fecund. Of women between the ages of fifteen and forty-four inclusive there were married 4,372; among women of the same ages 3,710 had first living children, leaving 662 marriages sterile, or 1 in 6.6. In other words, 15 per cent. of all the marriages between fifteen and forty-four years of age, as they occur in our population, are sterile. But this final estimate from the Edinburgh and Glasgow data has to be corrected for the dead born, these being not counted.

We have thus fairly good statements of the amount of fertility which are not very different from one another:—

Patients in St. Bartholomew's Hospital ...	1 in 8
Inhabitants of Grangemouth ...	1 in 10
Inhabitants of Bathgate ...	1 in 10
British peers ...	1 in 6.1-9
Upper classes (Ansell) ...	1 in 12
Inhabitants of Edinburgh and Glasgow ...	1 in 7

Omitting that of British peers, the highest estimate is the last, and it is probably the only one in which living children are used, to the exclusion of dead, as the index of fecundity. Were dead children included, there would be a great reduction—at least 4 per cent. The lowest estimate of sterility is that of Ansell. In it a woman having a stillborn child is held as fertile, and the women are the very best in the community, those living in easy circumstances and making use of the protection of life insurance; were it otherwise, the estimate of sterility would, no doubt, be higher. We have thus estimates of sterility varying from 1 in 7 to 1 in 12, and may have considerable confidence in laying down 1 in 10 as very nearly the true amount.

I know no estimate of those who are absolutely sterile—that is, who do not conceive, or who, if they do conceive, give birth to not even an abortion. But there are a large number in the better classes, for within the last five years there have consulted me at my house, mostly on account of sterility, 504 absolutely sterile women, married between the ages of fifteen and forty-five, and of these 336 were more than three years married. Though this shows a large number in existence, it gives no ground for an estimate of frequency among the married. The following table gives a classification of these 504 married and absolutely sterile women, according to age at marriage and number of years married:—

TABLE I.
Case-book Table of Sterility.

Age at marriage.	Years married.							Total
	Und. 3	4 to 6.	9 to 14	14-18	19-23	24-29	29	
15-19	12	19	15	4	7	2	1	6
20-24	70	68	37	24	13	9	—	21
25-29	47	51	20	8	8	—	—	13
30-34	26	20	8	4	1	—	—	5
35-39	6	13	4	—	—	—	—	2
40-45	6	3	—	—	—	—	—	9
Totals .	167	172	84	40	29	11	1	504

It is certain that all populations are relatively sterile; and the economist makes many estimates, such as the deficiency of offspring of the actual marriages, or the deficiency of the actual births below what they might have been had all the women in the population been married at the most favourable time for child-bearing. The solution of these and similar questions is an object of greater interest to the statesman than to the physician. They demand, for their solution much calculation, and need not be entered on here.

The degree or amount of relative sterility of the average individual varies, of course, according to the age at marriage, and it is not to be estimated by the deficiency below what is possible in child-bearing, but below the average amount of fertility in marriages at the various ages, or below what is not excessive, what can be done without injury to the average mother's health.

The average individual woman must be found and considered, for individuals vary extremely. It is not a rare observation, and I have one before me where the easy birth of a single child exhausted the fecundity of a healthy woman of twenty-five years of age at the time of the birth, and completely ruined her general health during the remaining child-bearing period of life. This woman was examined by many physicians, and all concurred in finding no cause of the weakness and the inability but the child-bearing. On the other hand, Ansell records the case of a woman married at twenty-one, who in twenty-seven years gave birth to twenty-

five children who all reached adult age, and the mother died of old age at eighty-eight.

Only-child fertility or one-child relative sterility occurs in two forms: as an exhaustion of the fertile energies leaving the general bodily health vigorous, or as an exhaustion of both sexual power and general constitutional strength. It is a relative sterility which is familiar to the public from its frequency and its importance in social respects. Ansell, in 1,767 fertile marriages, with a mean age at marriage of about twenty-five years, and allowing ample time for the exhibition of fecundity, as we have already stated, found 131 cases of one-child relative sterility, or 1 in every 13 fertile marriages. The degree of this relative sterility may be approximated by comparing it with the average fertility of the same women, which was nearly 6; or, in other terms, the relative sterility of these 131 only-child fertile women was 655. Instead of having 131 children, they would have had 786 children if they had even reached the average fertility of their 1,636 sisters, and they would have had still more if they had reached a normal fertility instead of this average fertility, meaning by normal fertility what they might have had without injury to health, judging them by other women.

There are several tests of relative sterility secondary to that implied in the paramount question, How many did she bear? These subsidiary tests are based on the ascertained course of natural fertility, and show the deviations from this course of the relatively sterile. Inquiry made by these tests implies a knowledge of how many children a woman will naturally bear, or is likely to bear, and of the natural order of births. They are as follows:—

1. When after marriage did she begin the career of child bearing? 2. How rapidly did the children follow one another? or, what was the interval between successive births? 3. When did childbearing cease? or what was the age at the birth of the last child? 4. How long was the child-bearing period of life? or, what was the interval between the beginning of the first pregnancy and the end of the last?

In studying population, these subsidiary matters are little regarded, for the statesman has direct interest only in the mutually related questions, How many are born? How many might have been born? What is the health of those born? The answers to these inquiries give him the actual relative sterility of the population, and in the case of a population this includes the absolute sterility. He may now attempt to increase or diminish the sterility of the people, not neglecting the health of the progeny, so far as it is related to fertility; and this control he will effect by raising or lowering the age at marriage. On the other hand, the physician, having care of individuals, not of a people, and advising each from year to year of life, has his chief interest in these subsidiary matters, which the statesman may not utterly neglect, but may leave to the care of the medical philosopher.

The importance of the question, How soon after marriage does a woman bear her first child? is self-evident, and it will be found to be more a test of sterility than it appears at first sight to be. Whitehead, founding on the observation of 541 married women of the average age of twenty-two years, makes the average interval between marriage and the birth of a first child to be eleven months and a half. Sadler says that married females do not become fruitful, on the average, during the first year of their nuptials, but nearly so. A great number of cases, he says, which he has collected, with a view of determining this point, gives three fourths of them as producing their first child at the average of one year after marriage.

From the Edinburgh and Glasgow registers for 1855 I was able to make out this point in 3,722 cases. But in these extracts from the register there are two sources of error, which prevent an exact comparison with the results of Ansell's more valuable table, for twins are

excluded, being placed in the column of secundiparæ, not of primiparæ. (See Table II)

TABLE II.
Showing the Interval between Marriage and the Birth of a First Child.

Years married.	No. of births.
Less.	608
1	2,390
2	437
3	133
4	61
5	32
6	27
7	12
8	5
9	5
10	1
11	3
12	4
13	2
14	—
15	1
16	—
17	—
18	1
Total ...	3,722

TABLE III. (from Ansell.)
Showing the Interval between Marriage and the Birth of First Children.

Year after marriage.	No of first children.
1	3,159
2	2,163
3	421
4	137
5	69
6	26
7	21
8	11
9	7
10	7
11	5
12	4
13	3
14	2
Total ...	6,035

And, still more important, the great number of mothers whose children were stillborn is excluded. Now, twins affect specially young, immature, and quickly breeding mothers; their omission, therefore, from the column of primiparæ will tend to delay the estimated time of primiparity. Again, a similar delay will result from the omission of women having dead children from the primiparous column, for such women, when they bear a first living child, which may be in reality a second, third, or other child, will appear in the primiparous column with an over-estimated and erroneous retardation of primiparity.

The Edinburgh and Glasgow table gives a mean interval of about seventeen months between the marriage and the birth of a living child. It shows that fecundity is not demonstrated by a living child in the majority of cases till a year of married life has passed; nearly two-thirds of the whole beginning their families in the course of the second year of marriage. It also shows that there is no ground for presumption of sterility till the fourth year of married life is entered upon; for while of those three years married and less than four 133 bore a first living child, there were only 154 who did so in all the subsequent years taken together. Of the whole 3,722 only about one twenty-fourth part began bearing living children after four years of married life had elapsed.

Ansell's table includes first stillborn children, and is corrected for twins, and gives us the data in 6,035 cases. It is therefore better than the preceding, and better than any other of which I know regarding this point.

Ansell's table gives a mean interval of nearly sixteen months between marriage and the birth of a child. The majority of the women in Ansell's table bore their first children before the first year of married life had elapsed—nearly seven-eighths before the expiry of two years of married life. It also shows that there is no good presumption of sterility till the fourth year of married life is entered upon; for while of those three years married and less than four 421 bore a first child, there were only 292 who did so in all the subsequent years taken together. Of the whole 6,035, only about one-twenty-first part began bearing children after the third year of

married life, and only one-thirty-ninth part after the fourth year.

It may therefore be held that married women delaying the commencement of fertility beyond sixteen months are already exhibiting a degree of relative sterility; and this conclusion is quite in keeping with the rest of our knowledge of this subject.

SANITARY LEGISLATION AND ADMINISTRATION AT HOME AND ABROAD. (a)

By CHARLES A. CAMERON, M.D., S.Sc.C. Camb. Univ.,
Fellow and Professor of Hygiene, R.C.S.I.; Medical Officer of Health,
Dublin; Honorary Member of the Societies of Hygiene,
Paris and Bordeaux.

(Specially reported for the "Medical Press.")

GENTLEMEN,—My first and most pleasing duty in taking the chair at this meeting, is to thank you for the honour which you have conferred upon me in electing me to the office of Chairman of the Sub-section of Public Health of the Academy of Medicine. It is a compliment which I appreciate all the more highly when I consider that many of those who have so kindly taken part in placing me in this position, are far more worthy of filling it than I am.

Gentlemen, those amongst us, who, like myself, are specially interested in the subject of sanitation, cannot but view with great satisfaction, the action of the Academy in founding a Sub-section of Public Health. By thus recognising the status of public hygiene, the Academy has not, I venture to think, over-estimated its importance. Every year the good work performed in this field of the domain of medicine steadily increases. Within the last dozen years, nearly all of the Universities and the Colleges of Physicians in the United Kingdom have instituted special diplomas in state medicine or certificates in sanitary science.

The history of preventive, as compared with curative, medicine, presents one remarkable difference: both began to be cultivated at an early period in the history of civilised man, but whilst curative medicine continued to be practised, preventive medicine in process of time practically ceased to exist. It is only now, after a lapse of many centuries, that the care of national health is again beginning to receive its fair share of attention.

The theocratic legislation of the Jews, whatever may have been its primary moral object, undoubtedly enacted a most admirable code of sanitary laws, the effects of which continue to the present day. Plato, in his Ideal Republic, recognised the importance of having a proper sanitary supervision of the city. His contemporary, Hippocrates, has described the duties which the city physician should discharge. This ancient philosopher attached great importance to such matters as the site, aspect, and quality of the water supply of cities. In his advice to a young physician, he indicates how he may by examining into local conditions of a city, predict the epidemics which would be certain to visit it. Zenophon, in his *Cyropædia*, has given a true definition of the difference between the ordinary physician and the professors of preventive medicine. The former, he says, cures people when they are sick, but the latter have a nobler duty to perform—they keep people from becoming sick.

From the period of the decay of Greek and Roman civilisation until the 19th century, little seems to have been done for the express purpose of promoting the national health. Politics and wars engrossed the attention of the governing classes, and the public health was left to take care of itself. No doubt, from the time of the Norman conquest, edicts of kings and acts of parliament have been directed against certain sanitary evils, but their effects were transient. In Ireland, so far back as the eighteenth year of the reign of Charles II, parliament passed an act forbidding, under heavy penalties, the adulteration of

alcoholic liquors. In 1717, a kind of public health act for Dublin was placed on the statute books of the Irish parliament. Similar acts were passed by the English parliament, but their provisions soon became dead letters, as there was no effectual machinery for carrying them into effect. I am disposed to believe that the first comprehensive general sanitary act, passed by any modern legislation, was that enacted by parliament in 1818; it applied solely to Ireland.

In England, the terrible ravages of the cholera in 1832, and the eloquent writings of Southwood Smith, Andrew Combe, and Chadwick, showing how the mortality from cholera and other causes might be lessened, profoundly moved the public mind. In 1835, the first essential part of a natural health organisation, namely, a vital statistics department, was established; and soon after the admirable reports of Farr began to be issued. One of the immediate results of the reports of the Health of Towns Commission, issued in 1844 and 1845, was the passing of the Public Health Act, and the Nuisances Removal and Diseases Prevention Act of 1848. Those Acts gave great powers to the local authorities. An admirable act, called the Towns Improvement Act, was passed for the benefit of Ireland in 1847, and its numerous sanitary clauses were incorporated with the Dublin Improvement Act of 1849. If the local authorities had been obliged to carry out the provisions of this Act (Towns Improvement), great benefit to the public health would undoubtedly have been the result. In some respects it is superior to the Public Health Acts of 1878. For example, it enables local authorities to deal effectively with houses which have become derelict and ruinous. Under its provisions, I have lately had several successful prosecutions for the sale of unsound and adulterated food, the vendors of which could not have been reached under the provisions of the Public Health Act, or Sale of Food and Drugs Act. It seems to be forgotten that the Towns Improvement Act has clauses still in force which deal with many sanitary evils.

The fatal defect in all the sanitary acts passed prior to 1873, was the merely permissive nature of the powers which they conferred upon the local authorities; the great merits of the Public Health Acts of England (1875), and Ireland (1874), and of the acts amending or codifying sanitary laws, passed since 1874, are the mandatory nature of so many of their provisions, and the creation of a powerful controlling central authority. They have also the merit of having created rural sanitary authorities. There are, no doubt, defects in these acts, especially in reference to the status and remuneration of the medical officers of health appointed under their provisions; still, we should loyally accept them as substantial instalments of sanitary reform. A brief examination of the powers now vested in local authorities reveals their extensive range, and their great capabilities for improving the health of communities—always provided that they are wisely administered. Unhealthy areas can be cleared, houses unfit for habitation can be compulsorily closed without any compensation to their owners, proper dwellings can be erected for the labouring and artisan classes, hospitals can be maintained, infected clothing and bedding can be destroyed and compensation given to their owners, not only public but private scavenging may be carried out, main sewers can be made, and the construction of house drains can be enforced, dwellings and clothing can be disinfected, noxious trades can be regulated or prohibited, there is not a single nuisance that cannot be reached; abattoirs, baths and wash-houses, play-grounds for children, and public parks can be provided. The local authorities may provide mortuary houses and cemeteries; the inspection of markets, slaughter-houses, factories, bakehouses, lodging houses, and tenement houses is entrusted to them; they can make regulations for new streets and buildings, and for houses being rebuilt or undergoing extensive repair; they can widen thoroughfares, and open up new streets; even a chandler cannot establish a candle factory without their permission.

Without the aid of a department of vital statistics it would be impossible to measure the amount of good

(a) Read before the First Meeting of the Sub-section of Public Health of the Academy of Medicine in Ireland, Feb. 9.

effected by sanitary improvements, Ireland is fortunately circumstanced in this respect. Recent legislation has rendered it almost impossible that any deaths occurring, at least in a town, should escape registration. Ireland, too, has the advantage of having the important position of its Registrar-General filled by an enlightened sanitarian, and not by a mere statistician. Ever since his assumption of his present duties, Dr. Grimshaw has steadily effected improvements in the returns of births and deaths. Since the beginning of the present year he has had introduced a new feature into these returns, which, so far as I know, is not to be found in any similar publication. I refer to the tables in which the death-rates amongst each of eighteen distinct classes of the population of Dublin are given. I trust that similar tables may soon be found in the returns for London, Edinburgh, and other large towns.

I shall now very shortly describe the administration of public health affairs in some of the more important foreign states.

In France, the Société Royale de Médecine, established in 1776, was the only council of health in that country until the foundation, in 1802, of the *Conseil de Salubrité*, of Paris. Twenty years later a similar body was established at Lyons, and later on, at Marseilles, Lille, Nantes, Troyes, Rouen, and Bordeaux. In 1822 a *Conseil Supérieur de Santé* was attached to the Ministry of the Interior, but it exercised but little influence upon the subordinate councils.

It is somewhat remarkable that in 1848 sanitary legislation first began to have an air of reality about it, both in France and England. The Supreme Council of Health was suppressed, and in its stead there was founded a *Comité Consultatif d'Hygiène* attached to the Ministry of Agriculture and Commerce. At present, this committee is composed of twenty members. Nine members are Government officials, and of the remaining eleven who are nominated by the Ministry, eight at least must be doctors of medicine. The Council supervises or offers advice in reference to the following, amongst other matters:—Quarantine, etc., distribution of vaccine, the inspection of drugs, food, poisonous colours, and the means of controlling epidemics, the sanitary state of factories and dwellings, the care of the public baths and mineral waters. It receives annual reports from the provincial sanitary authorities, and it suggests certain questions for the consideration of the National Academy of Medicine.

In the provinces there are *Conseils d'Hygiène et de Salubrité* for each department, and *arrondissement*. They consist of from nine to fifteen members appointed by the *prefet* for four years. They are presided over by the *sous-prefet*. They must meet at least once in three months. *Commissions d'Hygiène* exist in the chief places of the cantons; they resemble the councils, and are presided over by the *maire*. It is worth remarking that if a council consists, say of twelve members, five of them must be doctors of medicine, surgeons, or *officiers de santé* (a low grade of practitioners, and not health officers as we understand the term), three pharmacians, or chemists, and one veterinarian.

Paris and its environs are under the jurisdiction of a specially formed body, the *Conseil d'Hygiène Publique et de Salubrité au département de la Seine*. It consists of twenty-one members appointed for an indefinite period; each member receives a salary of £48 a year.

At Havre, Nancy, and Rheims, *Bureaux d'Hygiène* have been established; in the two former in 1879, and in the latter in 1882.

The actual administration of the sanitary laws in France is almost altogether in the hands of the Government. The staffs of the councils of health are in general very limited. The sums expended for public health purposes in the departments appear to be very small. In 1881 some of the departments did not spend £100 for these purposes. In the great department of the *Seine Inférieure*, the expenditure did not exceed £200. In Paris

there is a more liberal expenditure. The sanitary laws are, to a great extent, administered by the Government, but certain important duties are carried out by the municipality. For example, although a laboratory for public health purposes and for toxicological analyses has been, since 1878, attached to the prefecture of police, the Municipal Council of Paris established a larger one in 1881. It is under the direction of Dr. Girarde, who is assisted by a staff composed of no less than fifty-one persons. Quantitative analyses are made for the public without any charge, and for qualitative analyses a fee of from five to twenty francs is charged.

The Bureaux of Havre, Nancy, and Rheims closely resemble the sanitary authorities of British towns, except that they supervise the collection and publication of vital statistics.

In the departments the sanitary staff under the *Prefet* consists of a director and two inspectors; they are assisted by a sufficient number of police.

In Paris, in 1882, there was a chief sanitary inspector at a salary of £240, six first class inspectors at £160 per annum, and six second class inspectors at a salary of £120 a year. The duty of inspectors is to examine houses to ascertain their fitness for habitation, and factories in which noxious trades are conducted, &c.

There are in France numerous councils charged with the examination of animal food, and with the subject of the investigation of epizootic diseases. The service termed the *Comité Consultatif des Epizooties*, the *Vétérinaires Inspecteurs* (one for each department), and the *Vétérinaires Cantonaux*, was re-organised and rendered more effective in 1881.

The weekly publication of vital statistics is only a recent institution. The hebdomadal returns issued in Paris are very complete documents.

The number of French statutes and decrees in reference to sanitary affairs is very large, and, on the whole, well designed. They are not, however, properly administered in a large portion of the country, and the expenditure of money in effecting sanitary improvements, more especially in providing good water supplies to towns, and properly draining them, is too small.

In the present German Empire there has existed since 1876 a superior Council of Public Health composed of five members, viz., a director, a statistician, a physician, who has made sanitation a special study, a chemist, and a veterinarian. There are besides ten extraordinary members, of whom two are government functionaries, four are physicians, devoted to studies relating to sanitation, &c., two chemists, one pharmacian, and one architect. The Council supervises the distribution of vaccine lymph, the sale of drugs, the programmes for professional examinations of medical men and veterinarians. It suggests new laws for the improvement of the public health, and it conducts original scientific researches. Offences against the sanitary laws are punishable by fines and imprisonment. In Prussia there is a ministry for sciences and medical affairs. There is a sanitary police, but there is no properly organised department of public health. In each province there is a superior office of the State who supervises affairs, medical, sanitary, pharmaceutical, and veterinary. He is advised by a provincial medical college composed of five or more members, including a pharmacian and a veterinarian. With the exception of the President, the sanitary police are wholly under the direction of the Provincial Governor, each of whom is advised by a medical councillor. In the smaller divisions of the country the sanitary police are directed by a *landrath*, who is advised by the district physician, or *kreisphysikus*. The carrying out of the sanitary laws devolves upon the ordinary local police. An ordinance promulgated in 1835 enacts that every town containing more than 5,000 inhabitants shall be provided with a sanitary committee. In some towns this ordinance has not been carried into effect, and in the towns in which there are committees they appear to be even less active public health authorities than the rural boards of guardians in Ireland. On the whole, with the

exception of the inspection of food and drugs, and of factories, the public health administration of Russia certainly admits of great expansion and improvement. The collection and publication of vital statistics are pretty fairly carried out. In Bavaria there is a public health department of the ministry of the interior. It is composed of a permanent staff of *medicinal referenten* nominated by the King, and of delegates from the three universities and the local bodies, termed the Medical Chambers. The committee is consultative and has the right to initiate sanitary laws, but it has no administrative powers. In the provinces there are Medical Councils for the circles and cantons. Each district judge has the services of a physician or *bezirkärzte*, of the second class, who appears to be a kind of general medical expert and inspector. He deals with vaccination, the registration of deaths, inspection of hospitals, food, drugs, &c., and performs post-mortem examinations. An expert of this kind is generally to be found throughout Germany. In Austria and Switzerland a *bezirkärzte* of the first class is appointed in each canton. There is inspection of industrial establishments, of places in which food and drugs are prepared and sold, and where poisonous pigments are manufactured. The chief work falls upon the police. There does not appear to be regular systematic inspection of tenement houses. The town authorities are not specially urged by a central power to improve the sanitary condition of the towns.

In Austria sanitary affairs are almost wholly administered by the Government. The purely consultative bodies seem to exercise little influence in the origination of sanitary reforms, or the administration of sanitary laws. The police do nearly all the inspectorial work, and there are of course scientific experts to assist the authorities. Vital statistics have recently been commenced to be published weekly.

In Belgium the local authorities have a large share in the administration of the sanitary laws. The *Bureau d'hygiène* of Brussels, instituted in 1874, by the Medical Commission of the City, has a strong staff; it inspects the schools, and dwellings, and acts very similarly to a British local authority. It publishes vital statistics, supervises vaccination, and administers the laws affecting prostitutes. The superior officers consist of a director, five divisional medical officers, five assistants, and two medical inspectors of prostitutes. Throughout the provinces the central sanitary organisations are imitated more or less closely. Some of the sanitary laws of Belgium are excellent, but the greater number relate merely to unsound or adulterated food, and to drugs.

In Holland the minister of the interior is the chief of the sanitary administration; he has no advising Council, but of course he has a *referent*. There is a large number of medical inspectors and assistants, who are wholly in the pay of the State; they do not practise. There are provincial councils composed of from six to ten physicians, two to six pharmacists, and the official inspectors. There are numerous sanitary laws, one of which in reference to the compulsory notification of infectious diseases contains very strict clauses.

In Switzerland each canton has its own sanitary laws, and administers them on the whole, at least as effectually as German States do. The most complete sets of laws appear to be those of Geneva, Zurich, and Bâle. Some general laws of the Confederation deal with the control of certain industrial employments, and with epidemics. In Switzerland there are public analysts.

In Italy, Acts of Parliament passed in 1865 and 1870, and a Royal decree issued in 1873, enact an extensive sanitary code, based somewhat on the model furnished by France. The minister, the prefect of the province, and the maire, or Sindaco of the district, are the principal directors, whilst the police are the ordinary agents. The medical practitioners are chiefly graduates of the universities; but quite recently a lower grade of practitioners have been created under the title of surgeons: they correspond to the English apothecary of the present century, and to the French *officier de santé*.

In Scandinavia the greatest attention is given to public sanitation. The sanitary laws are very comprehensive. In the larger towns there are medical officers of health with functions analogous to those of our own health officers. In Denmark the care of national health is at least as well attended to as in England.

In Stockholm and Copenhagen there are sanitary associations, and a valuable journal of hygiene is published in the former city.

With regard to Spain, I have but little information to give. There are sanitary laws and a vital statistic department; from the latter very elaborate and beautifully executed demographical charts and tables are issued.

Of the sanitary laws of Russia I know nothing. Its towns appear to be on the whole very unhealthy, and St. Petersburg stands highest in its bills of mortality amongst the capitals of Europe.

In the great Republic, on the other side of the Atlantic, much has been done towards the preservation of the national health. On this subject a very long address could be delivered, but time will now permit me only to say a few words in reference to the sanitary organisations of the United States. The most important health organisation is the "National Board of Health," Washington. It collects vital statistics on sanitary information, institutes original investigations in reference to the etiology of disease, and other points, and extensive inquiries and suggestions as to quarantine regulations. It has very little administrative powers. Its expenditure from its foundation—April 1st, 1879, to June 30th, 1882—was £108,500. It issued once at least a week, a very interesting Bulletin, which about six months ago was discontinued for want of funds. The Board's estimate for expenditure for the year ending June, 1884 is £25,000. In all the large towns of the Union there are municipal sanitary organisations closely resembling those of our own towns; but they are not subject to any central authority such as our Local Government Board. A large number of the States have Boards of Health which publish elaborate vital statistics. Some of the Boards (notably that of Massachusetts) publish interesting sanitary essays, some of which contain original matter. The collection of vital statistics is accurately conducted in only a minority of the States. It may be said generally of the United States that the sanitary administration is nearly in the hands of the municipalities. There are some excellent codes of sanitary law in individual States, notably in Massachusetts. I think it better not to go into details with respect to the *personnel* and duties of the American sanitary authorities, as I could not possibly at present without unduly trespassing upon your time, give even a sketchy description of these numerous bodies.

And now it remains but to thank you for the patience with which you have listened to this rather rambling address, and to express the hope—in which I am sure you all join—that our sub-section of public health may become one of the most active and important of the departments of the Academy of Medicine in Ireland.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Tubercular Meningitis.

Under the care of Dr. C. E. ARMAND SEMPLE.

LILLIAN W., æt. 4, admitted Sept. 6th, 1882.

History.—Had measles three years ago. No scarlatina. No pertussis. Acute rheumatism two years ago; has not had another attack since, but has been occasionally ill. Losing flesh and easily getting out of breath. Never had any dropsy. No cough. Has suffered from vomiting one week. Bowels regular. Has been hot and restless at night, but has had neither squint nor convulsions. No pain. No rash.

Family History.—Mother's family consumptive. Mother

has had two miscarriages and one child still-born. Father suffers from palpitation of the heart. An uncle had acute rheumatism.

Condition on Admission.—Patient lies curled up in bed, in a constantly drowsy condition; frets and cries when disturbed. The skin over abdomen is dry, shrivelled, and inelastic. The tongue foul, slightly brown in centre. Lung sounds, normal, except slight wheezing over back. No dulness. Heart sounds irregular.

Urine.—No albumen. On addition of nitric acid to the cold urine, a precipitate of nitrate of urea fell.

Sept. 7th.—Still drowsy, and frets when disturbed. Signs a good deal. No sickness. No cry. Motions natural.

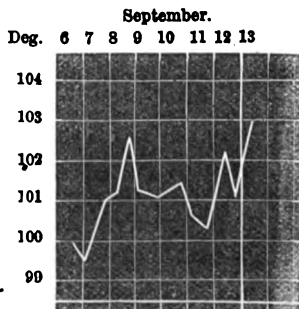
9th.—Last night, about 9 p.m., patient became very restless and wandering; called out repeatedly for water, and talked strangely. Showed signs of irritation on the slightest noise or disturbance. Later on an icebag was applied to the head. At about 2 this morning, she began to scream and cry loudly; was removed to the special ward, and given a dose of chloral and bromide of potassium. This, however, had no effect, and she continued noisy until 7 o'clock, when she became quiet. Still shows signs of irritation when disturbed, but otherwise lies quiet. Lips dry and parched. Will answer when spoken to two or three times, and denies feeling any pain. Pulse irregular. Plantar and abdominal reflexes marked. Skin over abdomen remarkably inelastic. No marked *tâche*. The optic discs on examination were noted to be obscured at the edges, especially the right disc, and the vessels to be somewhat tortuous.

10th.—Slept all night, but talked in sleep, and screamed three times. Occasional twitching of both hands and right leg. Seems not to know her mother, but puts out tongue when required. Tongue dry and furred. Abdomen slightly retracted. Skin very inelastic. Well-marked *tâche*. Slight rigidity about arms only. Hands tremulous. Swallows well. Face flushed.

11th.—Irregular movements of hands continue. Veins about forehead prominent. When disturbed, internal strabismus of right eye. Plantar reflex exaggerated. Skin not so inelastic. Passes urine under her. Bowels confined. *Evening.*—Sweating profusely. Face flushed. Tremors continue. Does not swallow so well. Breathing irregular, somewhat Cheyne-Stokes in character. To have enemata of beef-tea and milk every two hours. Brandy ʒj. every four hours.

12th.—Face very flushed. Perspiration profuse. Pulse rapid and weak. Convulsive tremors continue. Breathing very irregular. Cannot swallow anything. Enemata retained. Slight rigidity (in flexed position) of elbows, which tend to be kept drawn up, with hands resting on clavicles. Left foot rigidly pointed. Occasional rigidity (in claw form) of left hand.

13th.—Condition much the same. Blowing out of cheeks with respiration. Fingers, wrists, and elbows flexed. Occasional convulsive movements of hands and arms, and tremors. Face flushed. Abdomen much retracted. Pulse-rate not obtainable. Died in the afternoon; two weeks after commencement of any symptom, one after admission.



No autopsy permitted.

SIR ERASMUS WILSON, LL.D., F.R.S., has headed the subscription list of the Egyptian Exploration Fund with a donation of £500, and has accepted the office of president.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEB. 23RD.

ANDREW CLARK, M.D., F.R.C.P., President, in the Chair.

Dr. BROADBENT ON

CASE OF SUPPOSED HYDROPHOBIA TREATED BY CHLORAL WHICH RECOVERED.

Case I.—The patient, a boy *æt.* 12 or 13, was admitted into St. Mary's Hospital on February 25th, 1876, suffering from violent convulsive attacks which had been going on for two days. The paroxysms were ushered in by a loud, deep breath, and there were first momentary rigid extensions of the body, followed by rapid rotatory movements of the head with loud laryngeal sounds, which lasted two or three minutes, after which the boy moaned and complained of pain in the head. These attacks were at once brought on by an attempt to drink, by the sight or sound of falling water, by the contact of a cold object or pressure on the heart, or by light thrown into the eye in attempts of ophthalmoscopic examination. In the intervals the boy was conscious and fairly clear in intellect, his countenance was pale and anxious, the skin clammy, temperature normal, pulse 108, small, weak, and hesitating; respiration, sighing. There were frequent extensive jerks of the body and limbs. The idea of hydrophobia had occurred to his parents, but the only dog the boy was known to have played with was alive and well. The boy himself spoke only of the same animal until directly asked if he had ever played with a strange dog, when he said he and some companions had found and shut up a strange dog, and that it had bitten him on the hand, but he had forgotten which. There was found, however, on the fleshy part between the thumb and finger of the right hand a small scar surrounded by an extensive induration like that of a chancre. After a trial of nitrate of amyl with no good effect—chloral, 20 grains; brandy, 1 oz; and beef jelly, 2 oz., were given by the bowel every three hours. The boy slept, had only slight occasional spasms, and was soon able to drink milk. On February 28th, he was apparently well, and the chloral was suspended; but on the evening of the 29th he had a violent relapse, which continued on March 1st. Chloral was again given till March 11th, when he had been up and running about the wards for several days. He remained in the hospital till April 2nd, and was kept under observation for some time longer. When he was taken to the hospital chapel the first notes of the organ threw him into a state of uncontrollable excitement, with violent throwing about of the arms, and he could not, for a time, bear the sound of barrel organs. The case was submitted to the Society exactly as it was written out six years before from the notes of Mr. Jackson Garrett, at that time resident medical officer. If the boy had died there would have been no doubt as to the disease being hydrophobia. The symptoms, while not corresponding in all particulars to those seen in some fatal cases, were extremely similar, and the induration round the bite was corroborative evidence. The circumstances excluded emotional excitement as a cause of spurious hydrophobia, and there was nothing in the boy's previous history or character to suggest that he was a likely subject for hysterio-epileptic simulation of the disease. Chloral was given partly because it seemed best adapted from its physiological effect to relieve the spasms, partly in the hope that it might rob death from such a disease of part of its horror.

Case II.—A healthy girl, a month after being bitten by a strange cat, complained of nausea, sickness, and loss of power in the arms, and next day, after feverishness and thirst, became excited and unmanageable, and was brought to the hospital at 10 p.m., July 31st, 1881. She was excited and delirious, but could answer questions; asked for water, but could only take it out of a spoon after hesitation and with evident effort: it was swallowed with difficulty, and provoked spasm of the pharynx and neck. Chloral and bromide of potassium were given in beef-tea by the rectum. During the night the child became rapidly worse, more delirious and excited, with hawking up of viscid mucus, and complete inability to swallow. She died exhausted less than seventy-two hours after admission. At the post-mortem

tem examination, there was some congestion of the brain and upper part of the spinal cord, especially in the floor of the fourth ventricle, and sections of cerebral cortex and all other parts showed congestion of vessels and a few punctate extravasations into the perivascular spaces, but no cellular infiltration.

PSUEDO-HYDROPHOBIA—DEATH.

Case III.—A man, æt. 26, who had gone through much excitement and anxiety, which had led to more or less alcoholic excess, five years after being bitten by a dog, was suddenly seized with choking while drinking spirits after giving evidence in a court of law; apparently some of the liquid got into the larynx. He was seized with panic that he was going mad. After three days' excitement and sleeplessness he was brought to St. Mary's Hospital on Oct. 25th, 1876, about 10 a.m., in a wild and anxious condition, dreading the approach of liquids, and in any attempt to swallow seized with spasms of the pharynx and neck and gasping for breath. He swallowed solids. He could be quieted by firmness, but soon relapsed. Among his complaints one was that he was in a fog and could not breathe, another that he was going to be murdered. He hawked and spat, and pulled at his throat. During the evening, after removal to an isolated ward, he was quieter, and could drink liquids. In the night he slept at times, at others was noisy, and he tried to strangle himself, and to get out of the window. On the morning of the 26th, he was calmer; through the day his condition varied, but at 4 p.m. he was rational and tranquil, and eating bread and milk. Soon after this, the visit of his wife and child brought on a paroxysm of greater and more violent excitement. In the evening he was put under chloroform, and could then both breathe and swallow. The excitement, however, returned, and was followed by exhaustion, and he died about 10.45 p.m. At the post-mortem examination, fifteen hours afterwards, the *rigor mortis* was very great. All the internal organs, but especially the lungs and kidneys, were congested. The membranes, cortex, and white substance of the brain, pons, and medulla were greatly congested, as was also the spinal cord. There were no embolisms.

Case IV.—The patient, a boy, æt. 13½, was admitted January 18, 1883. He had been bitten by a puppy, three months old five months previously, on the finger; the wound was cauterised within five minutes, and twice subsequently; the dog was confined, and a week later killed, because it was then thought to be going mad. The boy read all the accounts of cases of hydrophobia he could find, and constantly talked about it. On January 15th he had pain in his back, but up to the 17th had only symptoms of a bad cold. On January 18th he could not swallow liquids or suck an orange; spasms were induced by the attempt. There was an excessive flow of saliva and foaming at the mouth. He started up at times saying he could not breathe, and was excited. On admission the prominent symptom was emotional excitement. He would not allow liquid to be brought near him. The abdomen was retracted and hard. Face flushed and wild. Pulse frequent. Temp. 107°. An enema of gruel and castor oil was ordered, and after this an enema of beef jelly, brandy (half an-ounce), and chloral (twenty grains) every three hours. Three hours later he asked for and tried to drink milk. It was with much difficulty that he got the spout of the feeding-cup to his mouth, and when he did so the fluid provoked a most violent spasm of the neck and arms, and great respiratory distress. He afterwards, however, sucked an acid-drop, and swallowed the saliva. Respiration, irregular and jerky, 36. Much moaning and whining. Pain and tenderness at epigastrium. The gruel and castor oil did not return, and the beef-tea and chloral had to be given upon it at 7 o'clock. During the evening and night the patient became more and more excited and violent, starting up, clutching throat with both hands, beating his head against the wall, screaming, and saying he was choking. The respiration was rapid, catching, oppressed; the pulse extremely frequent; perspiration pouring off the face; at times convulsive paroxysms of neck and arms. At 11 p.m., after a second chloral, brandy, and beef tea enema, he was so violent that restraint by bandages was necessary. At 2.45 twenty grains of chloral was given hypodermically, and the patient slept three hours. At 10 a.m. of the 19th he was quiet, listless, and drowsy, but contact of the hand, or turning down the bedclothes, caused a long deep inspiration. He complained of no pain. Respiration more even; pulse 130, small and

weak; temp. 107°. At 11 a.m. the urine had to be withdrawn by a catheter. The amount was sixteen ounces; the sp. gr. 1030; no albumen or sugar, but urates thrown down on cooling. After this the spasms were slight and infrequent, but the exhaustion increased. There was much foaming of the mouth. The temperature remained at about the same point. Sordes formed on the teeth. The patient died at 10.25 a.m. on the 20th, about forty-three hours after admission. The administration of chloral was suspended when the spasms ceased, beef-tea and brandy only being given. On post-mortem examination three hours after death the *rigor mortis* was extremely pronounced. The cerebral meninges, cortex, and white centres were extremely congested. Puncta cruenta more numerous and large. Membranes over pons and bulb milky and specially congested. No excess of serum in ventricle. Nothing noteworthy in chest or abdomen, except two living round worms in small intestine just above the valve.

The author added that he was convinced the last two cases were not true hydrophobia; that of the man obviously was not. These spurious cases seemed to warrant the assumption that the higher nervous centres might so influence the lower as to create reflex spasms apparently characteristic of hydrophobia. This also afforded an explanation of the connection between the symptoms and appearances—that is, of the relation borne by the dynamic changes which preceded the structural wreck revealed on post-mortem examination. The first case was that of a boy, æt. 13. His urine was normal throughout, containing no albumen or sugar. The little girl was also æt. 13—the man, 26.

Dr. DYCE DUCKWORTH congratulated Dr. Broadbent on the successful result obtained in the first of his cases, which, Dr. Duckworth considered, was certainly one of hydrophobia, and exhibited a most complete and typical train of symptoms. The employment of chloral as a remedy reminded him of a case occurring some years ago in which administration of this drug *per rectum* undoubtedly prolonged life. Chloral was certainly as useful as any remedy in hydrophobia, but he thought Dr. Broadbent had obtained the first cure by its use. It should be given by the rectum, and in combination with nutrient enemata. He suggested that the most certain test of hydrophobia was that afforded by a current of air directed into the sufferer. If it produced the typical phenomena of hydrophobia, it would indicate a real attack, as patients simulating the condition would fail to attach any importance to the experiment, and would not react to it. In time he hoped a remedy for hydrophobia would be discovered.

Mr. PICK doubted whether the case should be regarded as one of true hydrophobia chiefly because the symptoms, commonly experienced, of pain in the wound originally inflicted by the infecting animal were absent; general *malaise* preceding the attack, and mental terror in the intervals separating the paroxysms also seemed to have been unnoticed, on which account as well he would hesitate to accept the case as one of true hydrophobia.

Dr. WHIPHAM asked whether the cervical spasm was always present in these cases? He had not seen any instance of the disease in human beings, but in the cases of three rabid animals he had examined—one of that of a sow, the other two of dogs, he had failed to detect this spasm of the neck.

Dr. WM. EWART commented on the confusion introduced by the application of a different terminology to essentially similar diseases. He contended that the virus of rabies in a dog ought to be held to communicate *rabies* to any other animal infected from it, and if the result of such inoculation occurring in the human being were true hydrophobia, what, he inquired, was false hydrophobia? One set of cases might exhibit post-mortem changes which would be sought in vain in the other series, and it might be said, therefore, that the infiltrations always declared to be present in the medulla of patients succumbing to attacks of true hydrophobia were characteristic of that disease. In two cases narrated by Dr. Broadbent, in which the spasmodic symptoms were present, fatal terminations were recorded, and the assumption that death invariably followed when these characteristic symptoms of true hydrophobia were developed made it of the first importance to discuss the subject fairly and fully. The necessity for precision in the employment of terms descriptive of the conditions induced under different circumstances offered additional reasons for insisting on this course. In absence of all knowledge as to the curability of hydrophobia.

by destruction of the virus, it would be unjustifiable to prejudice the question. Dr. Ewart believed that careful examination of past records of cases of hydrophobia might reveal instances of recovery, and he urged it was fallacious and unphilosophical to form hasty judgments on the question on the evidence afforded by the fate of the dogs from which the disease had been contracted.

Dr. LONGHURST said it would be interesting to know what amount of chloral had been administered during treatment of the cases. This knowledge might be of assistance in defining the pathological changes observed.

Dr. ANDREW CLARK requested Dr. Broadbent to explain the precise differentia which led him to term the first case true hydrophobia and the others false; and also to explain his meaning in speaking of influence exerted over the lower by the higher nervous centres. The age of the boy was, he suggested, that at which the nervous system might be expected to influence the exhibition of *bizarre* effects.

Dr. MAHOMED considered that every one present to whom opportunities presented of experimenting with the virus of hydrophobia should pursue such a line of investigation. To his query whether the Government would grant licences for this purpose,

The PRESIDENT replied that such applications would certainly be refused.

Dr. DUCKWORTH mentioned that such experiments had been conducted at St. Bartholomew's Hospital.

Dr. BROADBENT admitted the necessity for possessing distinctive names for the various forms of disease under consideration. Evidence of specific inoculation through a rabid animal was the essential differentia of true hydrophobia as he conceived it, and it was observed in his case where the patient recovered, in which also there was tenderness, &c., at the seat of injury, thus aiding the diagnosis between true and false hydrophobia. In the case of the man the disease was of the spurious kind, and had been induced by abnormal conditions set up by irregular living, drink, &c. In the other cases where proof of specific inoculation was deficient there were traceable such influences as might have occasioned nervous disturbances. The first case was free from any suspicion of such influences, however, and, moreover, there was a deficient train of circumstances by which to associate the occurrence of disease with the infliction of a wound by biting, which wound clearly cicatrised. In the last fatal case, a boy, 220 grains of chloral were administered. Exactly how much had been given to the boy who recovered was uncertain.

Dr. J. K. FOWLER on

TWO CASES OF PSEUDO-HYPERTROPHIC PARALYSIS IN ADULTS.

Case I.—A male, *æt.* 40, a blacksmith. *Family History.*—No evidence of heredity. A brother similarly affected *Case II.* The patient has had four attacks of acute rheumatism. Twelve years ago he was noticed to have a peculiar swaggering gait. Five years ago he himself noticed that he had difficulty in ascending stairs, that he was easily tired by walking, that he could not rise from a chair without difficulty. He was an in-patient in the Middlesex Hospital in 1879. His weakness increased subsequently, and he frequently fell down. He noticed in December, 1880, that he could not stand steadily with his eyes shut. In January, 1882, he observed that his legs and arms were increasing in size. There has been no difficulty in micturition or defæcation. Mental power is unimpaired. The patient has the characteristic attitude and gait of the disease as seen in children. He cannot rise from a chair without great effort. When placed upon his back on the ground he is powerless to rise. The triceps on both sides and *infra-spinati* are remarkably enlarged; both biceps are atrophied. In the paper various measurements are given, showing the gradual change in the circumference of the arm and calf. The electrical reactions are given in detail. The paper is accompanied by photographs of the patient, and drawings and microscopic specimens illustrating the condition of the muscles. Reasons are given for regarding the disease as essentially the same as that occurring in children. Other cases in adults are cited.

Case II.—Brother of the above. He has lately been noticed to have a difficulty in ascending stairs. There is marked enlargement of the muscles and of the calf and triceps of both sides. The case is detailed on the same plan as *Case No. I.*

Dr. BROADBENT observed that these cases were highly interesting, and had been most carefully and accurately

reported. He instanced the case of two sisters aged between eighteen and twenty, in whom this condition was observed. He was struck by the much less pronounced degree of hypertrophy seen in adults as compared with children. The primary change was clearly atrophy. He had seen an instance in which the disease was coming on in a patient about fifty years old, but with an appreciable hypertrophy; and the suspicion was justified that a disease hitherto supposed to be confined to children occurs also among adults, in whom especially atrophy is a conspicuous feature.

Dr. GREEK mentioned a case in which the disease followed injury received by a patient twenty-two years old, and in which enlargement as marked as occurred in children took place.

Dr. EWART was glad to hear Dr. Broadbent's account of the disease in women. He had seen a case in St. George's Hospital in which the age, thirty-five, aroused doubt, but the want of symmetry in the corresponding muscles confirmed diagnosis. He asked if Dr. Fowler could refer to instances where females had been attacked.

Dr. ANDREW CLARK described the cases as model cases admirably recorded, and considered them an important contribution to the study of diseases implicating anatomical units, or separate tissues, the importance of which kind of investigation was very great.

Dr. FOWLER could not refer to any instances in which females had been affected. The tendency to the disease was inherited, and was transmitted in the ovum; it usually affects males, but sometimes females also suffer. The enlargement was due to fatty deposits. Atrophy preceded hypertrophy, as shown by records in which the size of limbs ultimately affected had been registered.

ACADEMY OF MEDICINE IN IRELAND. MEDICAL SECTION.

A MEETING of the Medical Section was held on Friday evening, 16th February, at the College of Physicians, Dr. WILLIAM MOORE, President of the College, in the chair.

EXHIBITION OF LIVING SPECIMENS.

Dr. H. C. TWERDY exhibited two cases of locomotor ataxy.

SPECIMENS EXHIBITED BY CARD.

Dr. G. F. DUFFY showed a specimen of Farre's tubercle of the liver; Dr. J. W. MOORE, a specimen of pulmonary tuberculosis in a girl, *æt.* 12, with secondary infection of the intestines; Dr. LENTAIGNE, a specimen of ulceration and perforation of the intestines, with microscopical sections by Dr. SCOTT; and Dr. REDMOND a specimen of Bright's disease of the kidneys complicated by peritonitis.

THE PRESIDENT OF THE ACADEMY.

Dr. BANKS, President of the Academy, who, owing to domestic reasons, had been unable to attend any of the earlier meetings, expressed his gratification at having been elected President, and said to be well thought of by one's fellows, especially by one's brethren in the profession, was of the greatest satisfaction. He had no words to express adequately his acknowledgments. Indeed, he might say in the words of the poet—

"What can idle words avail
Unless the heart can speak?"

SUDDEN CHANGE IN THE COLOUR OF THE HAIR AND SKIN.

Dr. W. J. SMYLY read a paper on sudden change in the colour of the hair of an infant. The child was perfectly healthy to all appearance until he was four months old. He was then attacked with acute inflammation, followed by suppuration in the left temporal bone, the symptoms being pain, heat, and swelling about the temporal region, with high fever and profuse perspiration; paralysis of the left side of the face, with exophthalmos and of the soft palate. One morning (1st November last) the hair on the right side of the head was discovered to have undergone a remarkable change from its original mouse-coloured hue to a reddish yellow. The right eyebrow was similarly affected, and the skin of these parts as well as that of the right hand was icteric. The pillow also was saturated with a reddish-yellow perspiration. The abscess, which had formed very slowly, pointed behind the ear, was evacuated by a free incision.

Although the child subsequently became hemiplegic, it made a fairly good recovery. The suggestion offered as to the possible cause of this remarkable change of the colour of the hair was that the perspiration, which was of a peculiar colour, and probably of abnormal chemical constitution, not only destroyed the original pigment, but also dyed the hair a reddish-yellow colour.

Dr. BANKS referred to a case which had come under his notice, that of a young woman: half of the lashes of one of her eyes became snow white, which she attributed to the annoyance suffered from the persistent gaze of a "wall-eyed" admirer who had white lashes on the defective eye.

Dr. WALTER SMITH related the case of a boy in whom the skin of the lobes of both ears and that of the back of the neck was of a sulphur yellow, the downy hair being of a bright yellow, while the hair of the head was brown. The yellow colouring could be readily removed by a moistened cloth, but no washing could decolourise the skin; nor did either of chloroform produce any effect. He exhibited specimen of the hair. He also referred to a case of red discolouration recorded by Wilson. After relating the case described by Darwin, in which the hair of a criminal brought out for execution turned white in the presence of the spectators, he said he could not agree with Dr. Smyly in ascribing bleaching properties to the perspiration, but did not give any explanation in lieu of it.

Dr. CHARLES MOORE, Mr. LENTAIGNE, the PRESIDENT, and Dr. GRIMSHAW also joined in the discussion. Dr. Smyly did not reply.

LOCOMOTOR ATAXY.

Dr. H. C. TWEEDY read a paper on two cases of locomotor ataxy, and exhibited the patients. The first case was that of a pensioner, æt. 64, who was admitted into Steevens' Hospital in 1871, presenting most of the symptoms of the affection—the peculiar gait, the absence of co-ordination of the neuralgic pains characteristic of the earlier stages of the disease. He was persistently treated with nitrate of silver, in doses of 1-3rd gr. three times daily, and continued the use of the drug at intervals for nearly twelve years, during which time he was again in hospital during the years 1873-6-82. The ataxic symptoms had completely disappeared, but from the length of time the silver had been taken the patient had become argyrised. Attention was invited to the peculiar leaden discolouration of the skin from this cause, and the opinion of the members was requested as to whether the symptoms clearly indicated a case of tabes dorsalis, or one of those rare cases in which the progress of the disease had been arrested, and a cure had followed, whether spontaneously or the result of the remedy employed. The second case was that of an engine-driver, æt. 42, in whom the disease was only of six months' standing. This patient also exhibited most of the phenomena of the earlier stage of the disease, the peculiar gait, and furfurant pains along the course of certain nerves; but in addition there were consecutive attacks of a cutaneous eruption resembling erythema, entirely confined to the left side of the body, and unaccompanied by any of the usually attendant neuralgic pains. There was also a patch of an eruption resembling psoriasis on the back of the left wrist; no similar patch co-existing at the opposite side. Attention was drawn to the fact of eruptions, usually bilateral, appearing only on one side of the body, the connection between these and similar eruptions occurring as trophic lesions in tabes dorsalis, but accompanied invariably by lancinating pain along the course of the nerves over which the eruptions were found.

Dr. BANKS, having seen a great many cases of locomotor ataxy, was of opinion that in a considerable number the disease stood still, and in others appeared to be removed. He had used nitrate of silver with great advantage, and did not participate in the terror some had of its effects in producing discolouration of the skin. He had once seen it occur in a case of epilepsy. He believed in the existence of a syphilitic taint in a large proportion of cases.

Dr. GRIMSHAW remembered the case brought forward by Dr. Tweedy. The result of the treatment was admirable.

Dr. NIXON agreed with Dr. Banks as to the frequency of arrest, and even occasional cure, of the disease, especially in cases in which syphilis existed. He considered the skin affections in one of Dr. Tweedy's cases as coincidences, and preferred referring them to a syphilitic origin.

Dr. ROBINSON asked whether either of the patients was addicted to the abuse of stimulants?

Mr. LENTAIGNE mentioned a case in which Langenbach

stretched the sciatic nerve, and the symptoms disappeared. A subsequent autopsy showed the spinal cord to be perfectly healthy.

The PRESIDENT related a case of syphilitic origin which recovered under the use of KI.

Dr. HENRY KENNEDY and Dr. W. G. SMITH also took part in the discussion.

Dr. TWEEDY, in replying, said that in the case which had recovered the man had no syphilitic history. Neither patient had been addicted to intemperance.

ULCERATION AND PERFORATION OF THE INTESTINES.

Mr. LENTAIGNE read a paper on a case of ulceration and perforation of the intestines, which was remarkable on account of the great obscurity of the symptoms. It was that of a man æt. 30, who had been admitted into Jervis Street Hospital, 6th December last, complaining of cough and debility, and who died there December 19 from peritonitis consequent on perforation of the intestines. After his admission he had been carefully examined by Dr. MacSwiney, physician on duty; but no evidences of organic disease could be found. Both pulse and temperature were perfectly normal, and the lungs apparently sound. After a few days, the man asked leave to go home, feeling perfectly well; but on December 11, on leaving the water-closet, he was suddenly attacked with all the symptoms of acute intestinal obstruction. These continued unabated until the 14th, when his bowels were freely moved by enemata, after which he had four free motions, passing large quantities of liquid, yellowish-brown fæces. Next day he seemed better, the pain having ceased, and the vomiting only occurring after long intervals. The ejected matters consisted of recently-administered food. On the following day all the severer symptoms returned, and the man died on the 19th, eight days after the inception of the symptoms from obstruction. At the post-mortem examination, besides the usual signs of recent general peritonitis, there was found a large collection of purulent putrid matter occupying that part of the peritoneal cavity which lay in the right inguinal region, the right half of the hypogastric region, and the cavity of the true pelvis. It was apparently localised by the matter of the intestines. On removing the viscera, the pleura was found to be ulcerated in its lower part, and the perforation had taken place through the floor of one of the ulcers. It was situated in one of the coils forming the boundary of the pus-containing cavity, and was apparently sealed up by adhesive inflammation of the peritoneal coat. The spleen and mesenteric glands were enlarged. The lungs were apparently healthy. There was no ulceration anywhere else but in the lowest thirty inches of the pleura. He believed the case to be either one of typhoid fever or of ulceration as the result of a previous attack of typhoid; and he drew attention to the great tenderness and pain over the thyroid foramen, and for a few inches below Poupart's ligament, or the inner aspect of the thigh—a condition which, when coupled with the symptoms of intestinal obstruction, might easily lead to a mistaken diagnosis of obturator hernia, due to pressure or inflammation of the obturator nerves before their exit from the thyroid foramen.

Dr. MACSWINEY said that when the patient in the early stages of his illness was under his care, he did not present any symptoms of typhoid fever.

Dr. C. NIXON insisted on the importance of splenic enlargement in the diagnosis of typhoid fever.

Dr. J. W. MOORE said that constipation in those cases was a most unfavourable symptom. Perforation was sometimes produced by over-distension of the intestines, consequent on the formation of gases by the decomposing fæcal matter. The patient, he considered, had passed through typhoid fever before his admission to hospital.

Mr. LENTAIGNE, in replying, agreed with Dr. J. W. Moore that the case was one in which the typhoid had been passed through, and that the perforation was the result of necrosis, a sequela of the fever.

The Section then adjourned.

MR. H. HEATHCOTE STATHAM is announced to give the first of two lectures on "Music as a Form of Artistic Expression," at the Royal Institution, on Saturday, March 10, and Professor Tyndall one on Friday evening, March 16, on "Thoughts on Radiation—Theoretical and Practical."

France

[FROM OUR SPECIAL CORRESPONDENT.]

PARTICULAR FORM OF GUN-SHOT WOUNDS.—M. Jules Guérin communicated to the Academie de Médecine a note on a particular form of gunshot wounds, in which the projectile, on entering, ran a certain distance in the tissues before making its exit (*plaies en sillon*). The veteran professor went very minutely into his subject, and gave the treatment which he considered best applicable to this kind of wound, and which consisted in washing out the wound antiseptically by a continued current effected by an india-rubber tube, of which one end is fixed in the wound while the other is plunged into a basin filled with an antiseptic solution. His reflections were no doubt suggested by the wound which caused, although indirectly, the death of the great republican.

HYPOGASTRIC LITHOTOMY.—At the Société de Chirurgie M. Monod read a paper on abdominal, or more strictly, hypogastric lithotomy. Three times he practised the operation, and of the three patients but one succumbed. The first case was that of a man, *æt.* 56, who, in his youth, underwent the operation of lithotripsy, which was very successfully performed, and for years he had no further trouble in the urinary organs. However, for some time before his admission into hospital in August last, all the symptoms of stone returned; and having rapidly increased in gravity, he decided on placing himself under the care of M. Monod, who, on examination, found the calculus to be voluminous. Lithotripsy being recognised impossible, the already eminent surgeon, after dilating the bladder by means of a large injection of water containing boric acid, and its displacement forwards by distension of the rectum, proceeded to cut down on the stone a little above the pubis. The bladder reached, it was found that the calculus was encysted, and intimately connected to the walls of the urinary receptacle, so that it was with great difficulty the foreign body was detached, and not until the adhesions were broken down and the stone fractured into four pieces. The bladder was then washed out with a current of water and two drainage-tubes placed. During the whole time of the operation the *cul-de-sac* of the peritoneum was kept pushed back, so that it in no way interfered with the operator. The cure, though a slow one, was, nevertheless, very satisfactory, and M. Monod congratulated himself that he did not attempt perineal lithotomy, which, under the actual and revealed circumstances of the case, would have presented greater difficulties and been attended with considerable danger. The second case was that of a man, *æt.* 67. The operation was practised in the same manner—dilatation of the bladder, distension of the rectum by means of an air-bag, lithotomy above the pubis, extraction of the calculus, and drainage. The results were not satisfactory; from the outset the patient showed bad symptoms, and he succumbed on the fifth day. The third case was that of a young man, *æt.* 28, who had a calculus since his youth. Lithotripsy was tried, but failed from the extreme hardness of the stone. The bladder was being distended by an injection of the same solution as in the other cases, when it suddenly gave way under the pressure, to the no little consternation of all present. After some hesitation as to the conduct to be followed, the intrepid operator decided on continuing, and the operation was completed with facility. Although the bladder was ruptured, the cure was no less satisfactory as in the first case. In

concluding his remarks, M. Monod said that the operation had been performed in sixteen cases, of which eleven were successful. M. Verneuil said he practised the operation himself in a very unfavourable case, and yet with complete success. It was that of a man with double hernia, very voluminous, and a very large prostate and a kidney affection. M. Verneuil, after extracting the stone, sutured the bladder which gave him some trouble, so that in future he was determined in these cases to renounce sutures. Several other members followed, expressing themselves as favourable to the operation in question.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1883.

MATERIA MEDICA: ITS POSITION AS A BRANCH OF THE ART OF MEDICINE.

In medicine, as in everything else, "the middle course is the safest," is a good and safe proverb to remember. Over-drugging is certainly an evil, but equally so is scepticism in the use of drugs. It is easy to scoff, and sneer, at those who have faith in the remedies they use, and to ask for a *rationale*, as yet perhaps not thoroughly understood, as to the manner in which a drug effects the purpose for which it is given, but observation teaches that those men are the most successful in the results obtained in their practice, who have faith in the remedies they use, and who do not prescribe them as a mere matter of routine, but

who, having a definite object in view, give them with due consideration, and watch and note their effects with keen interest. Such men have an unceasing, and continually increasing interest in their profession, and are prepared to fight to the end for the life entrusted to their care, with a zeal that cannot be experienced by those who are not possessed of the same faith, and who practically are mere believers in the doctrine of the survival of the fittest. Whilst freely admitting, that much has been done, and that much good is likely to be accomplished, by "preventive or hygienic" medicine; all the good, that is anticipated by enthusiasts in that branch of our art, is not likely to be attained,—at least, not until the millenium arrives. It is hard to believe in the perfectability of the human race. So long as men exist, so long is it likely that there will be disease, and so long as there is disease, so long will the necessity for the use of drugs continue, and *materia medica*, in its therapeutic sense, will hold an honoured place as a branch of the art of medicine. In his address to the members of the "Medical Union Society" of London, Dr. Richardson has used an expression, the interpretation of which is open to some doubt as to its real meaning. Speaking hopefully of the preventive side of medicine, and rightly so, he says, "*Materia medica* must also grow of less importance, for presently all men would become wise in their estimate of drugs, and would call for them as reluctantly as the members of the profession did themselves when they were out of health." Do medical men at present refrain in their own cases from the use of drugs, *because* they disbelieve in their efficacy. If such be the case, the standard of professional honesty and morality must be a low one, representing men as capable of prescribing for others, things in which they themselves have no faith, and which, since they are known to possess some active qualities, must, if not beneficial, be positively injurious to their patients. The only justification a man can have for administering to any one a drug is his belief in its likelihood to prove of service. Unbelievers in the efficacy of medicine should have the courage of their opinions. They should honestly tell their patients they have little or no faith in medicines, and, above all, they should carefully record and publish for the guidance of others the results of their practice. Once let it be seen clearly that all diseases have a fixed course, unchecked, or unaltered by treatment, and a grave responsibility will be removed from the shoulders of the members of the profession, and their task be made an easy one. This consummation has not as yet been arrived at, nor is it likely to be so at an early date.

By all means place people in healthy surroundings, and educate them in all the rules that are necessary to the preservation of a healthy life, but do not cast any reflections upon the means by which health is to be restored when diseased action is once set up. The enlightened use of drugs is surely one of those beaten paths "laid down in the grand old history of medicine," from which his hearers ought to have been warned not lightly to depart, or to think slightly of; the rather, ought they to have been urged to zeal and industry in the exact observation of the effects of drugs,

and the exact record of the conditions which lead to their exhibition, and the effects that were expected from their use. Such study would go far, if honestly pursued, to place the art of prescribing on a sound foundation. All must admit that much solid work has been accomplished in this direction; our knowledge of the action of many drugs is as definite as we can reasonably expect it to be, if we take into consideration the peculiar idiosyncrasies, that are occasionally to be found in different constitutions, and which set at defiance all our previously acquired experience, and which are unrecognisable until discovered by the test of experiment. Whilst readily admitting that in many instances there is a tendency to cure on the part of the natural powers of the body, still, Nature, if left to herself, does not always prove a successful physician, and is often glad of a little help to get her out of a difficulty, and to re-establish the balance of power amongst the various organs of the body. Without the help of our art, excitement, and pain, remain unsoothed or unrelieved, or there is failure on the part of the excretory organs to remove the waste products of the body when diseased action has taken place. Collective work, and the severe habits of observation and deductive reasoning that such work is likely to foster, will do much to bring forward a vast amount of evidence on such points as these, and, in time, much, that is at present a scattered and floating kind of clinical experience, will be brought together and crystallised into definite knowledge.

Certainly he who has not faith, and does not use in the spirit of faith, properly guided by careful consideration, and an ever-increasing experience, opium, ipecacuanha, mercury, arsenic, antimony, ergot, iron, zinc, phosphorus, bismuth, and their preparations, chloral, croton chloral, aconite, belladonna, *sp. eth. nitrosi*, *sp. eth. sulphurici*, quinine, iodide, and bromide of potassium, and many other drugs, can never be a thoroughly successful practitioner in the curative results of his practice; nor can we believe him to be a happy one, if possessed of a conscience, since he must see many cases—that in other hands might do well—go from bad to worse, and end fatally in his.

Many men doubt the efficacy of drugs because their efforts have not been attended by success; but this want of success is more often not the fault of the remedies themselves, but the fault of the prescriber, who fails, from the want of an almost intuitive tact, in the selection of the best drug, or drugs, and in their proper combination, and dosage. How frequently one sees a patient, who, under the treatment of one man, drags on wearily from week to week, no better—often, indeed, going from bad to worse,—under another man's care rapidly improve, and from the very rapidity of recovery, giving proof of the efficacy of the drugs employed. Instead of lowering the estimation in which our *materia medica* is held, increased knowledge is likely to carry it to a still more honoured position, when the powers of each drug, from accurate observation, become more thoroughly defined.

PROFESSOR SAYRE, we regret to learn, is dangerously ill,

FOUNDATIONS FOR DEATH.

DURING the past week the old question of infection-breeding foundations has once more been raised, this time in a court of law, and with the result—scarcely a novel one, it must be confessed—that a parish vestry stands revealed as countenancing the vicious system which leads to such frequent dire consequences. In the case referred to a resident in Fulham, living near a vacant piece of ground known as “Dancer’s Land,” sought to restrain the defendant from depositing on the land any solid or liquid refuse so as to occasion a nuisance. For the defence it was urged that permission had been accorded to the defendant by the Fulham Vestry to deposit such rubbish in places whence he had removed the clay and gravel, for the purchase of which a contract had been entered into with the parochial authorities. Mr. Justice Fry, in giving judgment for the plaintiff, commented severely on the evils likely to be perpetrated so long as proceedings of which the defendant had been guilty were permitted, and the importance of the matter is so great that too much attention cannot be paid to it in the public interest.

At the present time building operations are rapidly progressing in every direction on the outskirts of London; and the demand for houses at moderate rentals is so great that contractors for the erection of this class of property naturally employ every device for securing to themselves the fullest advantages the demand will permit. To this end they excavate the “eligible plots of building land,” and sell the clay and gravel or sand so removed, and the vacancies thus formed are in almost every instance refilled by means of such assistance as can be lent by those who are always on the look-out for the legend, “Rubbish may be shot here.” Unfortunately, there is no sort of supervision exercised as to the quality of the rubbish so invited; quantity is the first and foremost element considered; and the consequence is that houses innumerable are at this moment standing on foundations consisting mostly of decomposing garbage, house refuse, and the indescribable compound that goes to fill the ordinary domestic dust-bin. Some time, it will, by-and-bye, occur that atmospheric conditions favourable to development of influences antagonistic to human life will educe the harmful products thus ruthlessly encouraged by a short-sighted Government, and mysterious recurring epidemics will exercise the ingenuity of hygeists to account for their mode of origin. What is known as “Kensington sore throat,” a malady before which we have known immigrants into the “fashionable suburb” quickly succumb, might not improbably be successfully eradicated could the foundations, on which the costly “mansions in flats” are built be replaced with healthy and cleanly mother-earth. The whole subject, however, can only be dealt with under the highest authority, and it cannot be too speedily so investigated.

THE preservative injection of Dr. Tounletti, by which animal bodies may be preserved in a fresh state for an unlimited time, has been found perfectly successful, but its composition is still a secret.

“HAVE PARLIAMENT OR THE PUBLIC SANCTIONED COMPULSORY NOTIFICATION?”

THE assent given by the House of Commons’ Select Committee of last year to the passing of the eight private Bills submitted to them, each Bill containing provisions for compulsory notification by the physician, has been heralded by the advocates of a general notification law as a conclusive parliamentary decision in favour of their cause, and abundant use has also been made of the fact that twenty-two town councils have obtained the power to force the physician to notify without any serious opposition on the part of the medical profession. As both of these statements are disingenuous and calculated to convey a false impression, it is necessary for us to state the truth of the matter, lest physician notification may come to be regarded as a foregone conclusion.

In the first place it is a fact that compulsory notification has *never yet been discussed in Parliament* at all, nor has any opportunity ever occurred for submitting the proposed law to legislative criticism. In each and every case the notification clauses have been schemed through the House of Commons concealed amongst a mass of local regulations for the making of roads, laying down of water, or gas pipes, or other civic improvements in which no one takes the least interest, and very few have the least knowledge, save the Corporate officials of the town to which they apply. The usual method of “dodging” a bill of this sort through the house is too familiar to need a detailed description. It is drafted so as to arouse as little suspicion or opposition as possible, and the money interest of all parties who might throw difficulties in the way is “squared” quietly beforehand; the Town Surveyor contributes his clauses, the Town Clerk his, the Medical Officer of Health his, and the Bill is glanced over by half a dozen of the Town Councillors in committee. Then the necessary parliamentary notice is given by advertisement, and care is taken to hide it away in the columns of local newspapers which are not likely to be read, and which are known to be friendly to the cause. The standing orders of Parliament, however, provide that, in case the costs of promoting the Bill are to be paid out of the Borough funds, it must be submitted for approval to a public meeting of ratepayers. In the majority of cases this meeting means nothing; it is planned so as to go off smoothly, and generally is a mere matter of form, but wherever anything in the way of serious opposition is expected, the difficulty is got over by the Town Council paying the promotion costs out of some other fund than the Borough fund, and thus dispensing with the public meeting altogether. The stage of drafting, advertising, and public meeting being got over, the Bill is ready for introduction to the house. It is usually kept back until the fag end of the session, and, at length, laid on the table of the House and read a first time at cock-crow on a summer’s morning when half the members are gone off to travel, or to prepare for grouse shooting. If unopposed, it is not even read through by anyone, and in a few days the local public and the medical practitioners are officially informed that a new law to bind them has been passed—that the Town Council, by its authority, has made a sheaf of new

regulations, and that, as it is now too late to object, they must either obey or go to goal. That this method of procedure is in substance the one which has been hitherto pursued with reference to compulsory notification is proved by an examination of the answers given by Town Clerks to the question put by the English Local Government Board, whether "before the powers contained in these provisions were obtained, public attention was specially directed to the intention of the local authority to apply for them?"

It is admitted that in Birkenhead, Blackburn, Lancaster, Preston, and Stafford no public notice in any form was given. Norwich, Blackpool, and Rotherham make no reply, and may, therefore, be assumed to have no affirmative answer to give. The other towns answer simply "Yes;" but when we turn to the detailed replies given by the Town Clerks we find that what they call public notice was nothing more than the formal Parliamentary advertisement to which we have above referred, no public discussion of the subject having taken place. This is true of Barrow, Blackburn, Bolton, Derby, Reading; and Stalybridge, Llandudno, Manchester, Oldham, Jarrow, and Burton give indefinite replies, and do not state that any public discussion of the subject ever took place.

In Warrington, a public discussion of the proposed Bill did take place; but the Town Clerk states that that discussion had reference only to gas clauses, and that the notification clauses were not considered. In Leicester the medical practitioners memorialised the mayor to afford an opportunity for considering the proposed law, but they were refused any facility for doing so. In Bradford, Huddersfield, Greenock, and Nottingham the medical profession got wind of the intentions of the corporation, and, by vigorous agitation, succeeded in defeating many of the provisions of the proposed law and modifying others.

The case of Edinburgh is illustrative of the method which the compulsionists pursued to obtain the assent and co-operation of the medical profession, of which they now boast. In that city the corporation went honestly to work, and circulated their proposals largely. The immediate result is stated, as follows, by Dr. Littlejohn, the Medical Officer of Health, in his report:—

"Both Colleges (of Physicians and Surgeons) reported against the proposal, and stated that they would oppose in Parliament any Bill which contained the clause in question. This was somewhat discouraging, but so convinced was the corporation of some such enactment being absolutely requisite to prevent the spread of epidemic disease that they introduced into their proposed Police Act a clause rendering it imperative on all practitioners within the burgh to report, and the Bill passed."

The truth of the matter, as stated, on Dr. Littlejohn's authority, at the Dublin meeting of the Social Science Congress, is that when the Corporation of Edinburgh found that the feeling of the profession was dead against compulsory notification, they withdrew the proposal for the time being, and when, by this means, they had lulled the profession into a sense of security, they allowed Dr. Littlejohn to alip the objectionable clauses into a quiet little local Bill, which was got through Parliament

while the Colleges slept. Dr. Littlejohn is stated to have boasted that he managed to put the profession off their guard by refraining from going to London to promote the Bill, and that the Colleges knew nothing of the matter until it was too late for them to resist.

With these facts before us, we feel ourselves fully justified in characterising as totally false the assertion that either the public or Parliament have given any assent to the principle or practice of compulsory notification by the physician; and we assert, without hesitation, that the law on this subject has been obtained by corporate trickery, and by hoodwinking Parliament, under the pretence that the Bills containing that law were mere unopposed local and private measures.

Notes on Current Topics.

The Medical Union Society.

THE Medical Union Society appears to be making steady progress, and to have set out on the path of usefulness sketched out in its preliminary announcements. A large gathering of members took place on Saturday evening last at the rooms of the Union, 10 Adelphi Terrace, W.C., the occasion being a debate on "The Plea of Insanity in Criminal Cases." Dr. L. S. Forbes Winslow opened the discussion, and submitted a resolution in favour of appointing medical assessors, by whom the condition of criminals condemned to death should be examined, and by whom the question whether or not the prisoner is of unsound mind should be decided. A well-sustained debate was carried on for more than two hours, a large number of student members of the Society engaging in it; and ultimately the motion was carried, after one or two amendments had been put and lost. The success of the meetings for debate, which with one exception have all been well attended, affords ample proof that students are willing to avail themselves of *bona fide* opportunities of combining instruction with relaxation. The institution of these debating meetings is almost the happiest outcome that has yet attended the Society's efforts; and we sincerely hope that so valuable a means of intellectual recreation may be assiduously cultivated.

Re Advertising.

At the present moment, when the Royal College of Physicians of London is believed by more trustful members of the profession to be debating how best to give effect to its desires on the subject of Advertisers, it may not be improper to recommend to its notice such infringers of the "resolution" as have substantiated a claim to immediate consideration. Among these is a gentleman who has for some time requested the public to "shut its mouth" through the agency of a penny pamphlet, on the title-page of which the author of the mouth-shutter carefully prints his name and the following qualifications—M.D., M.R.C.P. Lond., M.R.C.S. There is also appended beneath the "price one penny," which relieves the author of any suspicion of charitableness—and thus possibly enables him to smile at the "College's" restrictions—the following most ingenious legend: "The

profits of the sale of this pamphlet will be given to the Dispensary for Deafness and Affections of the Speech.' As the College is apparently not always conversant with the ways of its licensed advertisers, it may be well to add that "Shut your Mouth" contains a page advertisement of the no doubt admirable Dispensary for Deafness and Affected Speech to which its author's invaluable services are given. Announcements also of Keen's mustard, Fry's cocoa, and other useful and nutritious articles of food are, however, held forth to the perusal of readers of "Shut your Mouth," the spirit of which command will not, we trust, be discernible in the expected action by which the Royal College of Physicians is supposed to be about to vindicate its pretensions.

Another point might also not inappropriately be considered, namely, that to which a correspondent draw attention in our present issue, dealing with the advertising by the College itself of "Lectures on Sterility in Woman" in the columns of the lay press.

Prof. Flower's Lectures.

THE annual course of lectures by Prof. Flower, delivered at the Royal College of Surgeons, will this year be on "The Anatomy of the Horse and its Allies." The course commenced on Monday last, and will be continued each Monday, Wednesday, and Friday succeeding for three weeks. The following syllabus of the nine lectures has been issued:—Lecture I. Position of the Horse in the Animal Kingdom. Classification of the Mammalia. The *Ungulata* or Hoofed Mammals. Generalised forms, mostly extinct. Characters of the two principal surviving groups—the *Perissodactyla* and *Artiodactyla*.—Lecture II., Wednesday, February 28th. The perissodactyle or "Odd-toed" Ungulates. Characters of the existing species of *Tapirida*, *Rhinocerotida*, and *Equida*. Lecture III., Friday, March 2nd. Extinct species of Perissodactyles. Generalised forms. Forms closely related, or which lead up to existing forms. Forms which have become specialised without leaving descendants or representatives.—Lecture IV., Monday, March 5th. Anatomical characters of the Horse in further detail, and as compared (a) with the generalised Mammalian type, (b) with the allied forms of Ungulates, and (c) with Man. The Skeleton.—Lecture V., Wednesday, March 7th. The Dentition.—Lecture VI., Friday, March 9th. The Muscles. Structure of the limbs, especially of the feet.—Lecture VII., Monday, March 12th. The Brain and Organs of the Senses.—Lecture VIII., Wednesday, March 14th. The Respiratory, Circulatory, Digestive Systems, &c.—Lecture IX., Friday, March 16th. Recapitulation and Conclusion.

DR. CHARLES M'DONALL, formerly Professor of Greek in Queen's College, Belfast, died at his residence in that town on Sunday last. He was born near Edinburgh in 1813, and in 1847 was appointed Professor of Hebrew and Oriental Literature in Edinburgh in succession to Professor Brunton. He resigned in 1848, and in the following year was appointed to the Chair of Greek in Queen's College, Belfast, which he held until a few years since, when he retired in consequence of loss of eyesight.

Surgical Appliance Society.

AT the tenth annual meeting of the Provident Surgical Appliance Society, held last week at the Cannon Street Hotel, the secretary read a satisfactory report of the year's work of the Society. There was, however, a balance against it of nearly £190. The office is kept open until seven o'clock p.m., and a surgeon attends twice daily—in the morning and evening. During the year the Society had distributed an increased number of surgical appliances—upwards of 3,000—which augmented the total since the foundation of the institution to 24,719. It was now able to provide an artificial arm and hand at a cost not exceeding 30s., and an artificial leg and foot at a cost not exceeding 50s. These limbs have been procured from France, where they have been used and appreciated for some years on account of their being lighter than, and equal in durability and usefulness to, the more expensive cork leg.

The Royal Barracks, Dublin.

LAST week, Lord Hartington, in reply to a question by Mr. A. O'Connor, stated in the House of Commons that on November 30th last the Lord Lieutenant drew the attention of the War Office to rumours that cases of typhoid fever among the troops in Dublin were attributable to the insanitary condition of the Royal Barracks. A full inquiry was at once made, and it was found that there had been two cases of typhoid fever at the barracks. The principal medical officer considered them as part of a general outbreak of typhoid fever in Dublin, rather than the result of any special defect in the Royal Barracks. No positive sanitary defects could be found in the barrack drains; but steps were taken to secure more perfect ventilation.

The Medical Reform Bill.

BOTH Lord Granville and Lord Hartington have promised that the Government Bill will be introduced before Easter, and as that epoch occurs on the third week in March, we shall probably have the measure in hand within the next ten days. We hope that within that period all reformers will make their preparations for a great effort in support of its principle (assuming that it will be framed on the Royal Commission's Report).

It will, of course, need many minor amendments, and every one will be at liberty to fight for these when the time comes, but what every reformer must put out his strength to do is to defeat the solid opposition of the General Medical Council and the Scotch licensing bodies, who will resist any or every sort of reform by any or every means. This opposition will have to be met on the second reading of the Bill in the Lords, and again at the same stage in the Commons, and it will, no doubt, be carried to the verge of obstruction, when the Bill gets into committee, in the hope that the measure may be pushed over to the end of the session and so defeated. This opposition will represent not more than half-a-dozen institutions, and say 150 individual members of our profession; but this handful will be fighting for their pockets and prejudices, and, moreover, will be generalised by strong men. We suppose that Professor Turner will be the leader of the Scotch onslaught, and Mr. Simon, his ally, in charge of the Medical Council forces. If the medical reformers do

not meet and overwhelm this forlorn hope, they will certainly deserve to lose the reform, which, ever since 1870, has been almost within their reach. We have no apprehension of such a result. Government seems determined, and the course is fairly clear of legislative encumbrance, so that we have every hope that before next August the days of sham education, Medical Council incompetency, and impunity for quackery will have passed.

Residences for Medical Students.

THE want of suitable residential accommodation for students attending the schools attached to our hospitals is one of the drawbacks which mitigate in various ways against the full measure of success of those institutions which are not favoured with "chambers within college walls." This is particularly so with such an one as the London Hospital, situated as it is in the densest and poorest part of the metropolis, yet having the largest number of students attached, who have to seek the necessary accommodation in remote districts, and at great loss of time and expense. To remedy this grievance, a meeting of the House Committee and Medical Council was held last week for the purpose of discussing the question of providing a resident college for the students connected with the hospital. Mr. J. H. Buxton presided, and explained that the notion had long been in the minds of many interested in the hospital. Dr. Andrew Clark, senior physician, then moved the following resolution:—"That, in the interests of the London Hospital and Medical College, it is expedient that a suitable resident college for students be provided." After referring to the intimate connection between medical and surgical practice and medical and surgical education, and also to the value of the stimulus received by professors and teachers from contact with the younger minds of students, Dr. Clark spoke of the difficulty of managing the increasing number of students owing to the character of the neighbourhood of the hospital, and consequent difficulty in finding suitable lodgings for them, and said the time had come for some effort to provide these students with a place of residence which should give them that unity and solidarity which was desirable for their success. It would also provide for the hospital a certain number of young men always at hand who could be enlisted in the various services required in the hospital, which are now, as regards surgical subjects, somewhat inadequately done. A resolution to the effect—"That a committee be appointed to inquire into the best method of carrying out the above resolution, and to report to a subsequent meeting at an early date"—was then carried unanimously, and the said committee was nominated. It was understood that the carrying out of the scheme was in no way to interfere with the funds of the hospital, as the money would be obtained either by the formation of a company or by some other suitable means.

WE learn by telegram that five insane persons in the Asylum at Staunton, United States, have died almost instantly after taking their morning medicine, which, it is believed, a lunatic poisoned. Throughout the whole institution a painful terror was created.

Compulsory Notification put to the Test.

THE advocates of compulsory notification have persistently filled the ears of the public with the assertion that, wherever it has been tried, that system has been productive of the most beneficent result on the public health, and by dint of repetition has caused this statement to be taken for granted by many. It is, however, not only totally unproved, but, we believe, absolutely untrue, and of this fact anyone may satisfy himself who pleases to peruse a pamphlet just issued by Holden, 48 Church Street, Liverpool, or Hodges, Grafton Street, Dublin, on behalf of Dr. Hamilton, Senior Surgeon of the Liverpool Southern Hospital, and a member of the Health Committee of the Liverpool Corporation. That Committee, not being content with the gushingly laudatory reports which it received from various medical officers of health, sent a deputation, of whom Dr. Hamilton was one, to eight selected towns to investigate the working of the system therein. The deputation wrote in advance to the town clerks asking them to summon those representative medical practitioners who might be able to throw light on the subject; but as the town clerks carefully omitted to do so, the deputation was obliged to take that evidence on its own behalf. The fact was then disclosed that in these towns, where, according to the account given by the medical officers of health, all was harmony, sanitary enthusiasm, and blissful immunity from disease, there really existed acrimony, concealment of infection, and undiminished mortality from infectious ailments. Dr. Hamilton does not confine himself to assertion; he proves the failure of the notification system out of the mouths of the medical officers of health themselves, and other most creditable witnesses, and in the case of each particular town is enabled to give a contradiction amounting to the lie direct to the audacious assertions of the sanitary enthusiasts. We invite the sceptical to read and learn, and, when they have done so, to refrain from repeating the discredited assertions which have been heretofore put forward by them as uncontradicted, but which are now flatly denied and conclusively disproved.

Medical Education on the American Model.

IN the recent debate on medical reform in Dublin, the chief speaker against reform quoted America as a model country, where free trade in medical education, and consequent rapidity of scientific progress, was manifested. Probably most of the speaker's auditors were not familiar with the condition of things thus held up for their admiration and imitation. The following extract from the evidence given by Dr. Billings, probably the greatest authority in America on such a subject, before the Royal Commission, will serve to enlighten our readers on the educational advantages which they might expect from the maintenance of multitudinous licensing portals and free trade in practice in our country. Dr. Billings was asked: "Is it your opinion that any American graduate before being allowed to register in Great Britain should be required to submit his degree, &c., to the General Medical Council; and that that body should inquire into the character of the examination which he had undergone?—It would be rather difficult, I fancy, for the General

Medical Council to inquire into the character of the examinations of the American schools. There are a great many of them, and of all grades, and in the majority of the States any three, or four, or five men who choose to associate themselves together and expend a very small amount of money (£15 or £20, perhaps, paid to a lawyer to conduct the matter), can obtain a charter from the State, which will empower them to act as a medical school, and confer the degree of doctor of medicine.

The Profession at the Levee.

At the Levee held last week at St. James's Palace by H.R.H. the Prince of Wales, on behalf of the Queen, the following members of the profession had the honour of being presented:—Dr. Arthur Farre, Dr. Sieveking, Dr. Owen Rees, Dr. P. H. Watson, Dr. Clement Godson, Dr. T. J. MacLagan, Dr. T. B. Crosby, Dr. Douglas Lithgow, Dr. Dalzel, Dr. Laking, and Dr. Reginald Read; Mr. Francis Mason and Mr. Borlase Childs; Deputy Inspector-General J. Breakey, M.D.; Surgeon-Majors Robert Anderson and F. B. Baker; Surgeons William Campbell, M.B., C. E. Harrison, and Charles P. Turner; Fleet Surgeons B. Ninnis, M.D., and Alexander Turnbull, M.D.

Medical Appointments for India.

In the House of Commons last week Mr. Gibson asked the Secretary of State for War whether the medical appointees in the Army, Navy, and in India had to give their names and qualifications to the Board of Examiners instead of being known to the examiners by numbers only, as in almost all other public examinations; whether there was any member of the Board of Examiners with an Irish qualification, or having any connection with Ireland; and whether, having regard to the dissatisfaction and discontent which existed among Irish candidates as to the results of the recent examinations, he would either have Ireland represented on the Board of Examiners, or else take care that the candidates should only be known to the examiners by numbers. Lord Hartington said one of the examiners was a Dublin member of Parliament. He would consider the desirability of substituting numbers for names.

Mr. Benjamin Banks.

THIS gentleman, the well-known and much-esteemed Secretary to the Irish Local Government Board, has, after many years of official service, retired. Mr. Banks had, perhaps, the longest standing of any high-placed official in Ireland. He was Chief Clerk of the old Poor-law Board, not only for years but for decades of years, and as such his name appended to documents in the union boards of the country became familiar as household words. Before his Irish appointment he had been in a Governmental clerkship in England, of which country he is a native, and whence he was transferred to Ireland. Always at his post, his experience was invaluable to the board. On the formation of, or rather change of name to the Local Government Board, Mr. Banks became its first Secretary, the duties of which post he has discharged for more than ten years. The Poor-law guardians throughout Ireland have reason to be indebted to Mr. Banks for his painstaking assiduity in guiding them when they needed

his aid through a labyrinthian code of laws, the mastery of which is a matter of long time and great trouble. Mr. Banks is succeeded by the assistant-secretary, Mr. William D. Wodsworth, a gentleman who has worked in harness with the now retiring secretary for a very considerable period. The new assistant-secretary is Mr. James Brenan.

Dr. H. MacNaughton Jones, of Cork.

At the annual meeting of subscribers to the Cork Ophthalmic and Aural Hospital, held on the 12th inst., a warm vote of thanks to Dr. H. MacNaughton Jones for his services in connection with the hospital was passed, and while expressing sorrow at the loss of his services, the meeting assured him that he had their heartiest wishes for his success in London.

A Counterblast to the Anti-Vivisectionists.

MR. ARTHUR BALFOUR has given notice that on the order for the second reading of the Vivisection Abolition Bill he will move:—"That, while due provision should be made for preventing the infliction of unnecessary pain on animals, it is inexpedient so to limit scientific investigation as to hinder discoveries which must result in a great diminution of human suffering."

Private Lunatic Asylums.

MR. CORBET, M.P. for co. Wicklow, who, before entering Parliament, was chief clerk in the office of the Inspectors of Lunatic Asylums, in Dublin Castle, has got leave to introduce a Bill to amend the law relative to private asylums in Ireland, with a view to making other arrangements for admission of paying patients. Of the terms of the Bill nothing is yet known.

Medical Research Association.

WE are informed that Mr. Watson Cheyne, of King's College, London, has been deputed by the Association for the Advancement of Medicine by Research to proceed to Toulouse and Berlin for the purpose of carrying out a series of investigations on the *bacillus tuberculosis*. This course is rendered necessary by reason of the obstacles to research in this country through the existence of the Anti-Vivisection Act.

THE death-rate in the large towns last week from diseases of the zymotic class was considerably below the average, the highest being—From whooping-cough 1.3 in Wolverhampton and in Nottingham, 1.4 in Halifax, and 4.1 in Hull; from scarlet fever, 1.4 in Sheffield and in Blackburn; and from fever, 1.1 in Preston, 1.4 in Halifax, and 2.9 in Blackburn. The 31 deaths from diphtheria included 14 in London, 6 in Glasgow, 2 in Edinburgh, 2 in Plymouth, 2 in Nottingham, and 2 in Sheffield. Small-pox caused 3 deaths in London, 3 in Birmingham, 2 in Newcastle-upon-Tyne, and one in Sunderland. In Dublin the general death-rate was excessive, the increase being principally from deaths of aged persons and those in public institutions. The excess in Bradford was entirely due to the completion of the inquest on 30 bodies, killed by the fall of a chimney in December last.

St. Thomas's Hospital Paying Wards.

THE success attending the experiment made at St. Thomas's Hospital in the way of opening a ward for the reception of paying patients has been so great as to encourage application for an additional ward. The number of candidates for admission has often exceeded the beds—forty-one—available. That the innovation has conferred great benefits in many ways on the middle classes of society is fully apparent; and though we may be allowed to regret that all the resources of the hospital cannot, for want of funds, be utilised in behalf of the sick poor, it is still a matter for congratulation that its advantages are not confined within the limits its income prescribes.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Birkenhead 15, Brighton 17, Leicester, Oldham, Derby 18, London, Bristol 20, Norwich, Sunderland, Salford, Halifax, Portsmouth, Bolton 21, Edinburgh, Plymouth, Leeds, Cardiff 22, Nottingham, Preston, Birmingham 23, Sheffield, Newcastle-on-Tyne, Bradford 24, Manchester 25, Blackburn, Huddersfield, Wolverhampton 26, Liverpool, Hull 27, Glasgow 29, Dublin 39.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 38, Bombay 30, Madras 33, Paris 28, Geneva 33, Brussels 24, Amsterdam 32, Rotterdam 30, The Hague 23, Copenhagen 24, Stockholm 29, Christiania 15, St. Petersburg 40, Berlin 24, Hamburgh 32, Dresden 24, Breslau 29, Manich 32, Vienna 32, Prague 32, Buda-Pesth 32, Trieste 37, Rome 22, Turin 25, Venice 44, New York 25, Brooklyn 20, Philadelphia 23, Baltimore 32.

Scotland.

FROM OUR NORTHERN CORRESPONDENTS.]

REMARKABLE CASE OF LONGEVITY IN SCOTLAND.—Dr. Charles Stewart, of Larkhall, states relatively to cases of longevity that there at present lives in the town of Larkhall a man whose years now undoubtedly reach 103. His faculties are unimpaired, and he is extremely high-spirited and fond of fun. He works daily, walking a distance of nearly two miles to and from his work each day. He is the father of a considerable progeny, who naturally are people in the decline of life. He never had a day's illness during his long life until about nine months ago, when he had a severe and dangerous attack of a disease peculiar to senility, from which he entirely recovered with surprising rapidity, to the astonishment of his friends and Dr. Stewart, his medical attendant. This highly interesting individual is an Irishman.

TYPHOID FEVER AT BANNOCKBURN.—For some weeks past typhoid fever has been prevalent in the village of Bannockburn, and several cases have proved fatal. The county authorities had no official intimation of the epidemic, but the local police discovered that a woman who kept a dairy had a son and daughter ill with the fever, and that most of the persons affected with the disease had been getting their milk supply from her. The dairy was at once ordered to be closed.

DEATH BY SWALLOWING FALSE TEETH.—A woman residing

in Edinburgh was admitted into the Royal Infirmary on the 17th inst., in consequence of having some hours before swallowed the upper section of a set of artificial teeth. It appeared that the woman got up hurriedly in bed to attend to her child, and in doing so the socket and teeth fell into her throat. An operation was performed during the day, but the woman died about noon the following day.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday the 17th inst. were at the rate of 29 per 1,000 per annum, against 30 in the preceding week, and 28, 29, and 30 in the corresponding periods of 1882, 1881, and 1880.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 17th inst., was 94, and the death-rate 21 per 1,000. Diseases of the chest accounted for 50 deaths, and zymotic causes for 5, of which 1 was due to fever, 1 to scarlatina, and 2 to measles, the intimations of these diseases for the week being 6, 33, and 6.

UNIVERSITY OF ST. ANDREWS.—At a recent meeting of the Privy Council, we understand that Her Majesty was pleased to reappoint for a period of five years, Dr. J. Ball Pettigrew, F.R.S. (Professor of Anatomy and Medicine in the University of St. Andrews), to represent the Universities of St. Andrews and Glasgow in the General Council of Medical Education and Registration in the United Kingdom. Professor Pettigrew has represented these Universities since 1877. If we consider the fact that in 1882 the number of first year's students which entered at St. Andrews amounted to but 21 while at the University of Glasgow the number was 131, it will surely be admitted that this is the reverse condition of what ought to obtain.

Correspondence.

THE THERAPEUTICS OF RHEUMATIC ENDOCARDITIS (THE LETTSOMIAN LECTURES).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I find it necessary to make a few observations with reference to Dr. J. J. MacLagan's communication in your last issue.

With regard to the treatment of the various manifestations of the rheumatic process by salicin or the salicylates I am in accord with Dr. MacLagan. I have examined and tested the extant evidence, and have concluded that the pain and pyrexia of rheumatism are reduced by such treatment in so marked a manner that I would always employ it in any manifestation of acute rheumatism. The preference which Dr. MacLagan gives to salicin over the salicylates will induce me to give it careful trial—it is quite probable that salicin, a bitter tonic, may dispose to a more speedy convalescence than salicylate of soda, a possibly depressing saline. It must not be forgotten, however, that Dr. Isambard Owen has advanced important evidence derived from the experience of St. George's Hospital to the effect that the best results were obtained when the salicylates were administered in combination with alkalies—the latter in doses sufficient to render the urine alkaline. It is quite probable, nevertheless, that salicin, in combination with alkalies, may give better results than the salicylates in such combination.

Again, I am quite in accord with Dr. MacLagan when he advises the early administration of the drug in any rheumatic manifestation—that is, immediately upon the case coming under observation. Whether the dose recommended by Dr. MacLagan—20, 30, or even 40 grains every hour for six hours or until pain is relieved—errs on the side of excess can only be proved by experience as to toxic effects. The advice *frappez fort et frappez vite* is sound provided the blow be not too heavy. Dr. Isambard Owen, however, says that the advantage was least marked when the salicylate was given in large initial doses without alkali, and more marked for the salicylate in moderate initial doses. I quite think that the salicin treatment should be put in force as early as possible, and that the doses should be sufficient,

for there is a *prima facie* probability, as I have said, that the agent which reduces the pyrexia of rheumatism shall also reduce the inflammatory process which is its concomitant wherever that process may be manifested. Dr. MacLagan says, "it is by no means certain that we may not, in some cases, by the early and free administration of the salicyl compounds, prevent the inflammation and consequent thickening of the valve" in rheumatic endocarditis. "If we see a case early, and give these compounds freely, we may prevent the heart from suffering, as we undoubtedly do prevent joints from suffering." This is both possible and probable. My object in my Lettsomian Lectures was to enunciate the lessons told by hard facts. These were, I considered to the effect that the salicin compounds as at present employed, valuable as they were in reducing the sum total of fever and of suffering, had in no appreciable degree lessened the liability to heart complications. It may well be, however, that with an extended experience, a more prompt and more efficient application of the remedies, a more encouraging lesson may be taught by future statistics, and that rheumatic endocarditis may be possible of prevention if only we are enabled to observe the case sufficiently early—but there's the rub.

On the question of the pathology of rheumatic endocarditis, I am afraid that I am considerably at variance with Dr. MacLagan.

Dr. MacLagan says of the endocardium, "when it is affected in acute rheumatism there is no general inflammation of its surface, such as is found in the pericardium and synovial membranes. The mischief is limited to a small portion of one surface of the affected valve." This view, although very generally accepted, is by no means in accord with my observations. One of the chief purposes of my first Lettsomian Lecture was to show, by a reasoning that was necessarily condensed, that the endocarditis of acute rheumatism is much more widely spread than appears by a naked-eye inspection. The bead-like elevations on the surface or borders of the valves, or on the endocardium, are but the concomitants of an extensively-diffused inflammation. The whole tissue of the valve is swollen; it is seen under the microscope to have lost its normal fibrous appearance, and to be infiltrated with cellular elements; these are scattered throughout the whole thickness of the valve, though they are sometimes aggregated at the free surfaces or borders where friction may intensify the inflammatory change. The inflammation, moreover, is not confined to the endocardium; the exudation spreads to, and infiltrates the muscular structures to which the valves and the tendinous cords are attached, and even the root of the aorta, as preparations made by my colleague, Dr. F. Charlewood Turner, demonstrate.

I cannot, therefore, accept the friction theory as accounting for rheumatic endocarditis, though friction may well be a cause determining the aggregation of cellular elements at certain spots of the endocardium, the formation of beads and the deposit on the devitalised surfaces of the little caps of fibrin with which we are familiar.

The evidence seems to me to point strongly to the conclusions that the endocardium is attacked in rheumatism at a very early period of the disease, that the advent of endocarditis may be extremely insidious, and that, though we may hope much from the very early administration of the salicyl compounds, the probabilities of successful treatment reside chiefly in the employment of preventive measures.

I am, Sir, yours faithfully,

A. ERNEST SANSOM.

84 Harley Street, W., Feb. 24th, 1883.

SALICIN IN RHEUMATIC FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I think that Dr. MacLagan's views as to the method of successfully exhibiting salicin in rheumatic fever are more recognised than he appears to imagine. It is perfectly useless to administer it in doses of 15 or 20 grains every three hours.

This morning a severe case of rheumatic fever, with a temperature of 101.4°, came into St. Vincent's Hospital; and my instruction was to give 30 grains of salicin every hour for six hours. I ordered that if the temperature did not reduce after the third dose, the quantity should be increased to 40 grains. As soon as the temperature should be decidedly lowered, I ordered the dose (whichever it might be) to be continued every second hour until the pain should

be gone, and the normal heat restored. If I may speak from the analogy of many former cases, I expect to find this condition of things to-morrow morning. Again and again I have verified the truth of Dr. MacLagan's assertion that "the course of acute rheumatism may be arrested within twenty-four hours of the time that treatment commences." To ensure this most desirable result, however, it is indispensable to give the salicin boldly and freely. I have always found 40-grain doses to answer; but, if they did not reduce the temperature, I would give more. There is not the slightest danger; and the clinical thermometer will prove an unerring guide.

I have long since discontinued the use of sodium salicylate. It is inferior to the salicin; and patients treated by the latter, as Dr. MacLagan observes, convalesce more rapidly. Still more important, while there is practically no limit to the doses of salicin, the sodium compound often disagrees, and has to be discontinued.

With such rapid treatment there is hardly time for cardiac complications; still I cannot agree with Dr. MacLagan that "a joint generally recovers from rheumatic inflammation, and that the heart does not." I believe that if from the outset the patient's heart be examined daily, whether he complain of it or not, inflammation will be found out in time; and that blistering and rapid but slight mercurialisation (going on with the salicin all the while) will arrest the mischief. On account of the recumbent position the heart affection seldom causes inconvenience; and the patient's attention is taken up with his inflamed joints. For these reasons the cardiac mischief is often overlooked altogether, or until irreparable mischief has been done.

When the pain is gone and the temperature become normal, the salicin may be given every third hour, then every fourth, and subsequently three times a day. It should be continued morning and night for a fortnight unto convalescence, and once a day for another fortnight; otherwise a relapse may occur. I believe it will yet be proved that rheumatic fever is a bacillar disease.

If the pain be severe, I am in the habit of using hypodermic morphia to tide the patient over the painful first six or eight hours. Also, generally a chloral and potassium bromide draught for the first night or so. These measures much conduce to the comfort of the patient, and do not interfere with the salicin.

Where quinine and other really expensive drugs are used in such quantities, even in hospital practice, the price of salicin cannot be a consideration. It is, however, inexpensive. In this city the cost is from tenpence to a shilling per ounce. The raw material can be obtained in any quantity in spring; and the extraction process is simple. In large doses it is best administered in wafer paper, or in capsules. Stirred up in a little cup of milk it is taken very easily. A drop of solution of salicin placed under the microscope, with the polarising apparatus appended, exhibits one of the most beautiful kaleidoscopic displays that can be imagined.

I am, Sir, yours, &c.,

F. J. B. QUINLAN, M.D., F.C.P.,
Professor of Materia Medica and
Therapeutics, Catholic University;
and Examiner in the same, Royal
University.

29 Lower Fitzwilliam Street, Dublin,
23rd February, 1883.

P.S.—25th February, 1883.—The date of your publication enables me to add a brief note upon the progress of this patient—a strong-looking woman, aged 42, and who had been ill for four days previous to admission. The joints affected were both knees, along with the left hand and wrist, which were hot, swollen, painful, and immovable. The tongue was white, the skin dry, pulse 120, and temperature 101.4°. The salicin was commenced at 11 a.m. on Friday, the 23rd, in 30-grain doses, and continued every hour up to 5 p.m. At 5.30 p.m. (after seven doses) the temperature was down to 100°, and the pain was nearly gone. The salicin to be given every second hour. The patient slept a good deal during the night, and this could not be done with exact regularity; the quantity, however, was given.

Saturday, 24th.—Much better; pain gone; temperature 99.2°. Continue the salicin every second hour.

Sunday, 25th, 11 a.m.—All fever gone; temperature normal; tongue clean; joints still swollen, but cool, painless, and movable. I expect a quick and good convalescence.

THE BUMBLEDOM OF THE ROYAL COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR—The bumbledom of the Royal College of Physicians richly deserves the withering sarcasm which you bestow upon it in your last week's issue. There is a mock sincerity in all their doings with regard to the vexed question of advertising. The cynicism of our would-be censors is made more apparent than ever just now when, with an utter disregard of decency, they flaunt a most offensive advertisement in the face of our families in the most conspicuous part of the *Times* newspaper, and which would be considered very disgraceful if it emanated from the quack you have lately exposed. It runs thus:—"The Gulstonian Lecture, *On the Sterility of Women*, will be delivered at the Royal College of Physicians by J. Matthews Duncan, M.D., F.R.C.P., &c." Can anything be in worse taste than this in the way of advertising one of their prominent Fellows?

I remain, yours, &c.,

A MEMBER OF THE COLLEGE.

February 26^h, 1883.

Medico-Legal Intelligence.

BREACH OF CONTRACT FOR MEDICAL COACHING.

THIRSK COUNTY COURT, FEBRUARY 21, 1883.

(Before E. R. TURNER, Esq., Judge.)

THIS was a case in which George Moore, M.D., L.R.C.P., of London, summoned J. J. Eberle, L.R.C.S., L.R.C.P. Edin., for £40 for a breach of contract said to have been entered into with him for the coaching of his son as a preparation for the medical profession.

The plaintiff was represented by Mr. Skidmore, of Darlington (instructed by Mr. A. W. Cass, of Thirsk), and the defendant by Mr. Mellor, of Leeds (instructed by Mr. Dale, of York).

It appears that the plaintiff, Dr. George Moore, had sent his son, George Lennox Moore, to Dr. Eberle's establishment in Thirsk to be prepared for the medical profession in the spring of 1882, and had paid for his coaching up to the end of October. In the meantime some misunderstanding arising as to the fulfilment of the contract, the plaintiff instituted the present action. After counsel for the plaintiff had waded through a considerable amount of correspondence relating to the absence of any systematic course of teaching on the part of the defendant, his Honour came to the conclusion that unless one of the letters put in was stamped he could not go on with the case. The contending parties then left the Court to see if an amicable arrangement could not be come to. On returning into Court, Mr. Skidmore, for the plaintiff, announced that an arrangement had been made, the defendant agreeing to pay £13 6s. 8d., and to withdraw any imputations which had been made. The case was then withdrawn, his Honour remarking that, had the defendant acted honestly at the beginning of the matter, there would have been no occasion for the present action.

Royal Colleges of Physicians and Surgeons, Edinburgh.—

Double Qualification.—The following candidates having passed the necessary examinations, were admitted L.R.C.P. Edin. and L.R.C.S. Edin.

- | | |
|------------------------------------|-------------------------------------|
| Adams, A. M., co. Londonderry. | Gormley, J. Jhu, co. Roscommon. |
| Albrecht, John Adolph, Pendlecon. | Green, J. Unsworth, Worcestershire. |
| Ambler, James, Lisburn. | Irwin, W. S. muel, Dublin. |
| Campbell, Kenneth J., Yorkshire. | Kemin, F. St John, Wiltshire. |
| Clark, George, Belfast. | Macd naid, W. Hector, Toronto. |
| Clarkson, H. G. H., Yorkshire. | MacKenzie, Murdoch, Stranaway. |
| Clay, Charles, Wiltshire. | Mosent, Walter, Nackington. |
| Conamoney, Austin, co. Galway. | Nichol, Edward H. Bird, Milton. |
| Curia, James Henry, Cork. | Owen, Rowland, Holywell. |
| Curie, Robert, B. Lyvena. | Paul, David Robert, Vizagpatam. |
| Dunlop, Joseph, Conagher. | Rogers, S. Robert, Ontario. |
| Fernandes, Ambrosio F., Goa. | Smyth, James, co. Limerick. |
| Foulis, Robert James, Edinburgh. | Steeple, Adam R., Australia. |
| Fleet, William Simpson, Cullinst. | Tranwood, William, Rathfriland. |
| Fletcher, W. J. H., Staffordshire. | Van Rooyen, G. St. Clair, Columbo. |
| Givin, Robert Daniel, Derroek. | Weichman, Eliot W., Lichfield. |

Royal College of Surgeons, Edinburgh.—

The following candidates were admitted Licentiates of the College on January 26th—

1. Dick Lucia Nicholls, Esq.; Thomas O'Kelly, County Clare,

During January the following also passed their final examination for the Dental Diploma, and were admitted L.D.S.:—
Frank Herbert Briggs, Leeds; Francis Bromley, London.

Faculty of Physicians and Surgeons of Glasgow.—The following candidates, having passed the necessary examinations, were admitted Licentiates at the January sittings:—

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|--------------------------------|-------------------------------------|
| Binnie, Robert M. G., Glasgow. | Si clair, Hugh, Glasgow. |
| Church, William, Glasgow. | Steele, Andrew Neil, Glasgow. |
| Churchouse, Wm. J. F., Chard. | Tovey, Richard A., Glasgow. |
| Gibson, James, Doune. | Whitecombe, Ch., Christchurch. |
| Prowde, E. L., M.B., Mel-onby. | Woolfsen, Louis E. G. de, S. Devon. |

King and Queen's College of Physicians in Ireland.—At the usual monthly examinations for the Licences of the College, held on Monday, Tuesday, Wednesday, and Thursday, February 5, 6, 7, and 8, the following candidates obtained the Licence to practise Medicine:—

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|-------------------------------------|---|
| Beattie, W. T., Doovary, Omagh. | McClighry, T. P., Riverstown, co. Wick. |
| Coke, Thomas Joseph, Hull. | Shro. |
| D. Iv, Ch. A., Charville, co. Cork. | Mackintosh, G. D., Harrogate. |
| Lane, Thomas, Rathmine, Dublin. | S rickland, C. E., Kildgreve, Staffs. |

The following obtained the Licence to practise Midwifery:—

- | | |
|--|--|
| Croke, Thomas Joseph. | Henry, James, M.D., Monaghan. |
| Daly, Charles Andrew. | lane, Thomas. |
| Henderson, F. D., M.D., Kils, co. Derry. | Morell, L. D., M.D., Ballysby, co. Moaaghan. |

The following Licentiates were admitted Members:—

- | | |
|----------------------------|-------------------------------|
| Falkiner, Thomas Falkiner. | Flanagan, John Wm. H., A.M.D. |
| Vesey, Thomas A. G. B. | |

Edinburgh University.—The following bursaries, &c., were awarded at the competitive examinations in the Faculty of Medicine during the session 1881-1882. First Year Bursaries: Subjects of preliminary examination required for first professional examination. The Thomson Bursary of £25 a year to Mr. Arthur Clarkson. The Grierson Bursary of £20 to Mr. James Taylor. The Thomson Scholarship, in Botany, Zoology, and Elementary Mechanics, of £40 a year, to Mr. Alexander Edington. Third Year Bursary: The Grierson Bursary, in Anatomy and Physiology, of £20, to Mr. Paul Bowes. Fourth Year Bursary: The Tyndal-Bruce Bursary, in Materia Medica and Pathology, of £25, to Mr. Thomas E. Dyson. The Neil-Arnott Prize, in Experimental Physics, of £40, was awarded to Mr. John Morrison.

The Cancer Hospital, Brompton.—At the annual general meeting of the Governors of this Hospital on the 21st inst., Earl Sydney, President, in the chair, the 32nd annual report of the committee showed that there had been a falling off of income from legacies and donations, and a slight increase in annual subscriptions. The extension of the building is progressing satisfactorily, and a large portion has been already occupied by patients, and it is hoped that the whole of the extensive works will be finished in the early summer, and the usefulness of the charity thus increased. The medical report showed that 994 new patients were received during the year, 275 being in- and 719 out-patients. Of the in-patients, 92 were treated by operation, and 183 by other means. The customary votes closed the proceedings.

The Sanitary Assurance Association.—The second annual meeting of the Sanitary Assurance Association was held on Thursday last, Professor T. Hayter Lewis, F.R.I.B.A., in the chair. The secretary read the report of the council for the year 1882, from which it appeared that the inspection of houses, supervision of work, and issue of certificates had been continued on the plan initiated by the Association in 1881. The property placed on the Assurance Register and inspected during the year had varied in annual rateable value from £10 to £1,000, and in every case the sanitary arrangements had been found to be defective. Professor Hayter Lewis, in moving the adoption of the report, referred to the work done by the Association during the past year, pointed out that the officers of the Association had inspected a much greater number of houses than in the preceding year; still, he was of opinion that, when the benefits to be derived from such operations were considered, the progress ought, for the future, to be still more rapid. Great good had, however, been done, and he believed that there was ample promise of further good in the same direction. The report having been adopted, Mr. Mark H. Judge proposed, and Professor Roger Smyth, F.R.I.B.A., seconded, the re-election of Sir Joseph Fayer, F.R.S., and Mr. H. Rutherford, as members of the council.

Notices to Correspondents.

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

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

DR. RAYNOR.—A committee has been appointed to investigate the subject, and will be glad, doubtless, to receive any information you may be able to provide. The results hitherto obtained have not all been successful, even in the hands of those who have recorded the least amount of failure.

MR. JEPSON asks to be informed whether any one has ever been known to walk immediately after receiving such injuries as produced fracture of both bones of the leg? We do not know of any such instance; but the possibility of locomotion with an impacted fracture of the tibia in which one end is driven into the other and firmly looped, is quite conceivable. Our correspondent does not say he has seen such a case as he mentions. Perhaps some reader of the *Medical Press* can reply to his question.

PERTUSSIS (No. 1).—As the ticket was issued by the R.O., the case is not a very favourable one to sue for your fee; but you would recover the amount if you could show that the ticket had been obtained by a false representation.

PERTUSSIS (No. 9).—In the book referred to on "Whooping-Cough and its Treatment," you will find an appendix of formulae giving the prescriptions of about fifty of the leading English and foreign authorities. The particular ones referred to in your note are as follows:—

5.—Potas. bicarb., gr. xv.;
Cocci caeli, gr. viij.;
Aque destil., f. ℥vj.

Rub together, strain, and add acid. hydrocyanic dil. ℥x. A teaspoonful when the cough is troublesome.—Dr. Granville.

6.—Cocci pulv., 1 scruple;
Potas. carb., ℥j.;
Aque ferventis, ℥viij.

Rub together and strain. A teaspoonful thrice daily.—Dr. Allnatt.

DR. IRVING (Liverpool).—We will again look into the matter and see if any other points can be brought out.

MR. BAKER (Portsmouth).—The case is one commonly seen amongst lunatics, and has been reported on in various media.

INVALID TRANSIT AT THE WESTMINSTER HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—As I have endeavoured since 1874 to impress on our profession the advantages of alighting patients during locomotion, may I ask you to kindly publish the following facts:—

On February 24th, 1883, I wanted to send a young lad into the country on whom amputation of the right hip joint had been performed, and who was slowly but surely losing ground by reason of the discharge arising from pelvic necrosis. The neighbourhood of the acetabulum was encircled by sinuses, and the lad was intolerant of local interference, and of any pressure on his right side or buttock. His home was at Harlington, Middlesex (15 miles from town); so I ordered one strong horse and drove my invalid van to the Westminster Hospital. The lad was placed in one of my stretchers on a hair mattress at his bedside, carried down to the van, and slung to its roof by two elastic cord suspenders. The journey occupied 2½ hours, and he was carried into his own home, not only delighted by the drive, but also unhurt by one single jolt or concussion. I personally sat by his swag-bed during the whole journey, and gave him sandwiches and port at half-way distance; on the return journey I laid in the stretcher and dozed off luxuriously. I may also remind charitable benefactors that ambulance work was not unknown to the Good Samaritan, for in addition to other kindly services rendered to the wounded man, *he set him on his own beast and brought him to an inn*—(παροχέϊον) (δέχομαι, I receive; was, everyone)—a singularly expressive word for a hospital.

I am, Sir, your obedient servant,

RICHARD DAVY.

Surgeon to the Westminster Hospital.

DR. DAVIS.—The subject is at present under consideration; with the data at our disposal, we doubt if the profession is ripe for such radical measures. We doubt also the wisdom of many of the premises.

AN AFFECTION FOR LUNATIC ASYLUMS.—A somewhat strange case came before the Chester magistrates last week. It was that of a man, Henry Wickham by name, who was charged with being a wandering lunatic. When in the cells the prisoner was induced, only after much persuasion, to dress himself, as he declared it interfered with his breathing. In the dock the prisoner delivered an oration about George Washington and Columbus. He also confidentially informed the magistrate that he had married the handsomest woman in Philadelphia. He was then sent to the County Lunatic Asylum. Up to this point Wickham had acted his part very cleverly. At the Asylum, however, the officials recognised him as having been in that institution four times before. Mr. Fenwick, the chief constable, Chester, then instituted inquiries, and discovered that the prisoner had sojourned for short periods in over forty county lunatic asylums, Wickham being, it is supposed too lazy to work, simulates madness in order to obtain better fare and treatment at lunatic asylums than is to be obtained either in county prisons or casual wards.

DR. H. A. H.—Will make inquiries with a view to enlisting the necessary influence.

MEETINGS OF THE SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—To-day (Wednesday), at 4 p.m., Professor Flower, On the Anatomy of the Horse and its Allies.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—To-day, at 5 p.m., Croonian Lecture: Dr. J. E. Pollock, On Modern Theories and Treatment of Phthisis.

HUNTERIAN SOCIETY.—This evening, at 8 p.m., Address by the President (W. Rivington, F.R.C.S., M.S.).—Dr. Fye-Smith, On Mistakes in Diagnosis, illustrated by cases.

ROYAL INSTITUTION.—Thursday, March 1st, at 3 p.m., Professor Dewar, On the Spectroscope and its Applications.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—Thursday, March 1st, at 8 p.m., Annual Meeting: Report, President's Address, &c.

HARVEIAN SOCIETY.—Thursday, March 1st, at 8.30 p.m., Mr. Edmund Owen, On the Simple Treatment of Congenital Talipes.—Mr. Percy Boulton, On the Treatment of Post-partum Hemorrhage.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, March 2nd, at 4 p.m., Professor Flower, On the Anatomy of the Horse and its Allies.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Friday, March 2nd, at 5 p.m., Croonian Lecture: Dr. J. E. Pollock, On Modern Theories and Treatment of Phthisis.

ROYAL INSTITUTION.—Friday, March 2nd, at 8 p.m., Mr. C. V. Boys, On Meters for Power and Electricity.

ACADEMY OF MEDICINE IN IRELAND.—Pathological Section, Friday, March 2nd, at 8.30 p.m.—Living Specimens: Mr. Croly—1. A Young Man from whose Foot the Astragalus was Removed; 2. A Case of Mr. Syme's Amputation of Foot.—Specimens exhibited by Card: Mr. Croly—1. (e) Bones removed in Excision of Elbow; (b) Wrist; (c) Knee; (d) Shoulder; 2. Sarcomatous Tumour of Leg; 3. Scirrhus Tumour of Breast; 4. Jacob's Ulcer; 5. Epithelial Ulcer; 6. Fatty Tumour; 7. Urinary Calculi; 8. Preputial Tumour; 9. Sarcomatous Tumour removed from Antrum.—Dr. Quinlan—1. Bacillus Anthracis in Blood; 2. Bacillus Anthracis in Lung Tissue.—Dr. Tweedy, Hydrocephalic Brain.—Dr. Warren, Recurrent Fibro-Myxoma.—Mr. Abraham, Dislocation and Hypertrophy of Roof of Horse.—Dr. McDonnell, Scirrhus from the Male Breast (set. 29), with Microscopic Mountings.—Dr. Duffey, Carcinoma of Liver, with Microscopic Sections.—Papers: Dr. Abraham, Notes on Blood-vessels of New Growths.—Dr. R. H. Bennett, Congenital Defect of the Rectum.—Dr. F. W. Warren, Obstruction of the Inferior Vena Cava.

ROYAL INSTITUTION.—Saturday, March 3rd, at 3 p.m., Dr. W. H. Stone, On Singing, Speaking, and Stammering.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—Monday, March 5th, at 8 p.m., Casual Communication by Mr. Ackery.—Adjourned discussion on the following question, propounded by Mr. Sewill: Do the incontrovertible facts which we now possess as to its Etiology and Pathology fully account for the phenomena of Dental Caries?—Paper by Dr. John C. Thorngood, On Therapeutic Agents for the Promotion of Osseous Development.

Vacancies.

- Dunfanaghy Union, Crossroads Dispensary.—Medical Officer. Salary, £110. Election, March 7th.
- Great Northern Hospital, Caledonian Road, London, N.—Junior Resident Medical Officer. Board and lodging are provided within the hospital, but no salary. Applications to be sent to the Secretary not later than March 10th.
- Hospital for Consumption and Diseases of the Chest.—Resident Clinical Assistant. Applications to be forwarded not later than March 2nd.
- Royal Hospital for Diseases of the Chest.—House Physician. Salary at the rate of £80 per annum is made in lieu of board. The post is tenable for six months. Applications to be forwarded to the Secretary by March 8th.
- University College, London.—Dental Surgeon and Lecturer on Dental Surgery. Applications to the Secretary before Feb. 23th. (See Advt.)
- Walsingham Union.—Medical Officer. Salary, £68 10s., exclusive of the authorised fees for surgical, vaccination, and midwifery cases. Applications to the Clerk on or before March 6th.

Appointments.

- BENNETT, S., F.R.C.S. (Exam.), L.R.C.P.Lond., L.D.S., Dental Surgeon to the Middlesex Hospital.
- HEATH, C., F.R.C.S. Eng., Consulting Surgeon to the North-West London Hospital.
- HUMPHREYS, E., M.R.C.S., Medical Officer for the Llanfairtalhaiarn District of St. Asaph Union.
- JAMES, W. C., M.D., C.M., F.R.C.S.E., Physician to the Hospital for Women and Children, Vincent Square, S.W.
- MADDISON, W. T., M.B. Lond., M.R.C.S., House-Surgeon to the Royal Surrey County Hospital, Guildford.
- PIE, W., F.R.C.S., Surgeon to the Victoria Hospital for Sick Children.
- SMALE, M., M.R.C.S., L.D.S., Dental Surgeon to the Westminster Hospital.

Deaths.

- BACON.—Feb. 22nd, at the County Asylum, Fulbourn, Cambs., G. M. Bacon, M.D., M.A., Medical Superintendent of the Asylum, aged 47.
- BALL.—Feb. 14th, at Spalding, Lincolnshire, Ancell Ball, L.R.C.P.M., J.P., aged 66.
- COMBER.—Feb. 14th, at York Place, Edinburgh, James Scarth Comber, M.D., aged 87.
- ROBINSON.—Feb. 10th, at Forest Gate, Essex, Henry William Robinson, late of Her Majesty's Indian Army, aged 63.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 7, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
The Galstonian Lectures on Sterility in Women. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture I.—Its Nature and Amount 197			
An Essay upon Hip-joint Disease. By S. D. Clippingdale, M.D., F.R.C.S. 200			
Dyspepsia—Ulcer of the Stomach. By Donald W. C. Hood, M.D., Assistant Physician West London Hospital 201			
CLINICAL RECORDS.			
North-Eastern Hospital for Children—Tubercular Meningitis. Under the care of Dr. C. K. Armand Semple 202			
TRANSACTIONS OF SOCIETIES.			
ACADEMY OF MEDICINE IN IRELAND—			
OBSTETRICAL SECTION—			
Induction of Abortion at the Fifth Month necessitated by Hemorrhage.. 203			
Connection between Ocular Diseases and Certain Affections of the Female Generative Organs 203			
WEST LONDON MEDICO-CHIRURGICAL—			
Dyspepsia—Ulcer of the Stomach 204			
ODONTOLOGICAL SOCIETY—			
Etiology and Pathology of Dental Caries 204			
THE SERVICES.			
Our Soldiers in India 205			
Appointments 205			
FRANCE.			
Typhoid Fever 205			
Sulphate of Quinine 205			
Whooping-Cough 206			
LEADING ARTICLES.			
A MERCANTILE MARINE MEDICAL SERVICE 206			
PULMONARY SYPHILIS 206			
HAS THE PROFESSION SANCTIONED COMPULSORY NOTIFICATION? 209			
NOTES ON CURRENT TOPICS.			
Testimonial to Professor Erichsen 211			
A Living Museum of Heart Pathology ... 211			
Another Spurious Practitioner Fined ... 211			
Irish Poor-law Reform 211			
Duelling among Students 212			
Death from Chloroform 212			
Human Blood Pressure Curves 212			
Provident System of Medical Relief 212			
Progress in Medicine 212			
Leprosy in Norway 212			
Centenarians 212			
Premature Triumph 212			
SCOTLAND.			
Extra-Mural School, Edinburgh 213			
Professional Advertisements 213			
Professor Grainger Stewart 214			
Royal Edinburgh Asylum for the Insane.. 214			
Mr. William McEwen and the Glasgow Royal Infirmary 214			
Illegitimacy in Scotland 214			
LITERARY NOTES AND GOSSIP 215			
CORRESPONDENCE.			
Ovariectomy Statistics 216			
The Bumblebee of the Royal College of Physicians 217			
OBITUARY.			
Surgeon Wyer 217			
Dr. George Mackenzie Bacon 217			
PASS LISTS 217			
NOTICES TO CORRESPONDENTS 218			

The Galstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London, February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c.

LECTURE I.—PART II.

ITS NATURE AND AMOUNT.

THE second question proposed is, How rapidly do the children in a family follow one another? or, What is the interval between the births of successive children? Great authors on population used to hold that breeding women never exceeded, in rate of prolificness, a child every two years; but, like many of the other principles on which Malthus and the rest based their theories, this has proved to be false. With our present knowledge, we can assert that Malthus erroneously endowed womankind with a degree of relative sterility, for women who breed do so at an average rate of a child every eighteen months, or nearly so.

I here give a table compiled from the Edinburgh and Glasgow registers, which makes the average interval between successive children nearly twenty months. But this requires several corrections, which will, on the whole, tend greatly to reduce the amount. Twins are included, and counted as two children. But a source of greater error is the exclusion of dead children, whether one or more. This last error might not be grave, or even an error at all, in the view of an economist such as Malthus; but reckoning for it would make his actual error comparatively much greater.

TABLE IV.

Showing the Average Duration of Marriage at Birth of each Successive Child, and the average Interval between the Births of the Successive Children.

Number of children.	Number of mothers.	Duration of marriage in months.	Average interval between successive births.
1	3722	17	—
2	2893	38	19·0
3	2534	64	21·3
4	1982	90	22·5
5	1543	115	23·0
6	1221	137	22·8
7	848	162	23·1
8	641	181	22·6
9	425	203	22·5
10	222	225	22·5
11	152	235	21·4
12	61	246	20·5
13	34	263	20·2
14	11	281	20·1
15	6	280	18·7
16	2	336	21·0
17	2	252	14·8
18	1	252	14·0
19	1	204	10·7
Average			19·9

Table IV., like Table V., made up from Ansell, is not correctly described as giving the average interval between births, but as giving the average interval between the marriage and the birth of the child, divided by the number of children born, which is a near approximation to what is wanted.

TABLE V. (from Ansell.)

Showing the Mean Time after Marriage of Successive Births, and the Average Interval between them.

Order of birth.	Mean time of birth after marriage.	Average interval between successive births.
1st child	1.32 years	—
2nd "	3.02 "	18.0 months
3rd "	4.83 "	19.0 "
4th "	6.69 "	20.0 "
5th "	8.53 "	20.0 "
6th "	10.28 "	20.5 "
7th "	11.92 "	21.0 "
8th "	13.47 "	20.0 "
9th "	14.93 "	20.0 "
10th "	16.33 "	20.0 "
11th "	17.65 "	19.0 "
12th "	18.85 "	19.0 "
13th "	19.87 "	18.0 "
14th "	20.71 "	18.0 "
15th "	21.41 "	17.0 "
16th "	22.01 "	16.5 "
17th "	22.54 "	16.0 "
18th "	23.02 "	15.0 "

Ansell's table does not require correction for twins or for dead-born children, and its value may be judged by the statement, indefinite though it is, that it is based on more than 25,000 observations. The average interval, as calculated from them, is eighteen months. Ansell's table may be studied, further, with a view to a statement of the average interval in those who have not excessive families, but families of natural or normal number. For those mothers who have shown excessive intensity of fertility, either by a high number of births or by excessive rapidity so long as childbearing continued, are mixed up in each successive row of figures with those that are normal, or nearly so. Now, looking at the rows of figures of families varying from four to ten, which show intervals of twenty to twenty-one months, we are safe in stating the average interval for normal families as above twenty months, yet, probably, considerably under two years.

It may therefore be held that a married woman who, during childbearing life, does not have a child every twenty months is exhibiting relative sterility.

The third question is, When did childbearing cease? or, What was the age at the birth of the last child? Now, it is the rule to confuse the childbearing period of life with the period during which a woman menstruates, and this is a great mistake. It is only a part of this that, in married life, is occupied by childbearing, except in rarest cases, such as have never come under my observation. When a woman begins childbearing she generally, under favourable circumstances, continues her career of fertility steadily till her last child is born.

The registers tell us when women actually begin to have children, and I have already made use of such information, but we have no data nearly sufficient to decide what is the average age of commencing fertility; we may, however, be sure, from what we do know, that it is not the age of puberty or of commencing menstruation, and that it is not the age of nubility or age at which procreation is commenced with the greatest advantage to mother and progeny. It is evidence of good conduct in the race that we cannot get sufficient data, there being very few unions permitted in early life. The great mass of our women are, fortunately, married within the limits of nubility, or the marriageable age. Nevertheless, it is very desirable that we should find out what is the mean age of commencing childbearing.

Regarding the time of cessation of childbearing we

have more exact information, and it shows well the distinction that must be made between the cessation of menstruation and the cessation of procreation. Menstruation ceases at from forty-five to fifty years of age, but childbearing ceases at an average age of thirty-eight. This cessation arises from no imperfection or decay of organs, that has been demonstrated, but it may be due to that nevertheless. It is highly probable that its main cause is a cessation of functional vigour or activity, for it is delayed in women who have begun their fertility late in life.

On the subject of the cessation of childbearing our best information is derived from Ansell, whose calculations are based on 4,899 observations, restricted to those in which both the father and mother survived the childbearing age of the latter, a point which was determined as regards each case in accordance with a scale already given, whose chief governing rule is not to suppose a woman under forty-four years of age to have borne her last child until she has been for ten years barren. The quinquennial 39.43 is that at which the largest number ceased to bear children. Thirty-eight years is the mean age of mothers, married at the mean age of twenty five, at the date of the birth of their last children in cases where childbearing was not prematurely terminated by the death of either parent.

The productive period begins earlier, and it is protracted to a later age, in cases where the children are numerous than where they are few. This protraction is shown by the following table:—

TABLE VI. (from Ansell.)

Showing the Mean Age of Mothers at the Birth of their last Child in Families of different numbers.

Number in family.	Mean age of mother.
1	31.08
2 or 3	34.21
4 or 5	37.04
6 or 7	39.21
8 or 9	40.61
10, 11, or 12	41.74
13, 14, or 15	42.83
16 or more	44.32

Women have, in their career, and with a view to our present subject, many stages in life. There is the age of puberty or of commencing menstruation, and this is to be distinguished from the age of commencing childbearing, regarding which we have no data adequate for a decision. But the age of commencing childbearing, though it may be identical with that of commencing menstruation in individual cases, is certainly not nearly so in the mass of women, being fortunately considerably delayed. Then, after the age of commencing childbearing comes the age of nubility or marriageable age, that at which a woman can enter on married life with the best chances of having a healthy and not excessive family. After the age of nubility comes the age of cessation of childbearing, which, as already said, is thirty-eight for women married at twenty-five years of age. A woman may bear children after this age, or even after the cessation of menstruation, but such cases are exceptional and rare. The last stage in their career is generally the cessation of menstruation at an age of forty-five to fifty.

There is a mean age of puberty and of commencement of possible procreation, a still farther advanced mean of commencing procreation, a still farther advanced mean of nubility or fitness for procreation, a still farther advanced mean of cessation of procreation, and lastly comes the mean of cessation of menstruation and of possible procreation. Most of these stages of woman's life have their analogues in the female life of the lower animals which are best known to us, and some of them have analogues in the life-history of plants. There can be no doubt that they all have their coordinate physical states of the genital organs, and in this

department there has been much successful anatomical investigation, especially as regards puberty, nubility, and the cessation of menstruation.

Writing regarding the age of cessation of childbearing, Whitehead makes the following pertinent remarks:—"The sum of the ages of the individuals (38) recorded in the preceding table, at the time of their last delivery is 1586, giving an average of 41.73 years; the average age of the same individuals, at the time of their last menstruation, is 47.54 years; so that a period of nearly six years is here indicated, during which, although the menstrual function continued to be more or less efficiently discharged, and the health good, aptitude for procreation did not exist. They were all placed under equally favourable circumstances for the continuance of childbearing so far as regarded their matrimonial position. . . . A like period of uterine quiescence," he adds, "is observed before childbearing begins."

The average cessation of childbearing is for all women no doubt between thirty-five and forty years of age, and a woman in whom this career ceases earlier shows relative sterility.

To the question, how long does childbearing continue? it is easy to give some answer; for if the average age at the commencement of childbearing is twenty-six years, and the mean age at termination is thirty-eight, the average duration of childbearing is twelve years. The duration of fertility will be the number of pregnancies multiplied by nine (months) added to the number of intervals multiplied by nine (months). It will vary therefore from a case of one-child sterility, with nine months of the childbearing period of life, to a case of ten-child fertility, with a childbearing period of life of 171 months, or about fourteen years; and to a case of twenty child fertility, with very much less than thirty years of childbearing life; very much less, because women of this great and excessive prolificness do hurry their children into the world to get through the high number.

From Ansell's table of 4899 married women, whose ages at the birth of their last children were known, and where both parents survived the childbearing age of the mother, I have constructed the following table to show the nearest figures I can give to the actual lengths of childbearing life in families of different members. The commencement of childbearing at twenty-six years of age is, in all cases, assumed, because it really was very nearly the mean age in Ansell's collection:

This table affords us further valuable information as to the duration of childbearing in families which reach the normal limit of about ten, and we see that it is about fifteen years. A woman then may be regarded as relatively sterile who, married within the years of nubility (about 20-25), ceases to have children within fifteen years from the birth of her first child.

We must now try to answer the last and comprehensive question, How many children does a woman bear? On the answer to this depends the settlement of the amount of relative sterility. It cannot be satisfactorily answered directly, on account of the paucity of data, but such answer as we can give is corroborated by the various subsidiary answers which we have just furnished. We shall not enter on subjects important politically, such as the numbers in actual families, the number to a marriage, &c., because these are foreign to our present inquiry.

In the district of St. George's-in-the-East the Statistical Society found, among the poorer classes, eighty mothers who had been married at ages varying from fifteen to nineteen, and who had lived in wedlock at least thirty-one years, or all the childbearing period of life. These fertile wives had borne on an average 9.12 children. Considering the undoubted existence of evident sources of error, all tending to unduly diminish the average amount of fertility, we may safely say, using the data of St. George's-in-the-East, that ten is about the

average fertility of fertile marriages lasting during the whole childbearing period of life.

The average age of marriage in England is twenty five, and consequently the production should be less than ten, the women living in fruitful wedlock from twenty-five till the end of the childbearing period of life, not all the childbearing period.

TABLE VII. (from Ansell).

Showing the Average Age at Cessation of Childbearing in Families of different numbers, and the time occupied in Childbearing, estimated at the rate of eighteen months for each child, in families of less than ten children: the mean age of mothers at commencement of childbearing being twenty-six years, and the parents both surviving the childbearing age of the mother according to the scale of Ansell (p. 50).

No. of family.	No. of cases.	Mean age of mothers.	Time occupied in childbearing.
1	244	30 years & 6 months	1 year & 6 months
2	401	32 " 11 "	3 years — "
3	425	34 " 5 "	4 " 6 "
4	485	35 " 10 "	6 " — "
5	535	36 " 11 "	7 " 6 "
6	494	38 " — "	9 " — "
7	490	39 " — "	10 " 6 "
8	467	39 " 8 "	12 " — "
9	387	40 " 6 "	13 " 6 "
10	312	40 " 10 "	14 " 10 "
11	239	41 " 1 "	15 " 1 "
12	170	41 " 7 "	15 " 7 "
13	115	42 " 5 "	16 " 5 "
14	43	41 " 10 "	15 " 10 "
15	34	42 " 8 "	16 " 8 "
16	10	43 " 6 "	17 " 6 "
17	10	43 " 5 "	17 " 5 "
18	6	44 " 7 "	18 " 7 "
19	1	45 " — "	19 " — "
20	1	45 " — "	19 " — "

The actual fertility of fertile marriages in England, if only nine in ten wives have living children, is, according to Farr, 5.2; but with a view to contrast with the data of St. George's-in-the-East and of Ansell this figure needs correction, for in making it up, the condition of living in wedlock till the end of the childbearing period of life is omitted. If that condition were not omitted, there would of course be a large increase of fertility of wives in England. Ansell's collection includes 1,767 spinsters married to bachelors at a mean age of twenty-five, and living in fruitful wedlock till the end of childbearing, as calculated by a scale already given, and the production was 5.7, or nearly 6, a figure which I regard as indicating a less fertility than that of Englishwomen generally.

The fertile wives of England, without the condition of persistency in married life till the end of the childbearing period of life, bore 5.2 children. Ansell's mothers in the upper classes, married at a mean age of twenty-five, and living in wedlock till the childbearing period of life was passed, bore on an average 6 children. The fertile wives of St. George's-in-the-East, a poor class, living in wedlock all the childbearing period of life, bore above 9 children. Each of these statements yields some corroboration of the others, and, keeping in view some further evidence, they seem to justify us in holding that a healthy woman, living in wedlock all her childbearing life, under the most favourable circumstances for natural procreation, should have a family of 10; or women, under such circumstances, bearing fewer than 10 are relatively sterile, and the sterility is inversely as the number.

Further evidence to the same effect is got by referring to the data derived from the registers of Edinburgh and Glasgow for 1855. There (Fecundity, p. 125, 2nd ed.) I found that in fertile wives married at various ages,

there was a fertility of between seven and eight, after a lapse of fifteen years of marriage, counting to the birth of the last child; and fifteen years is full allowance for persistence in fertility. Now, as many women are married some years after the best period for commencing childbearing, we may, by making allowance for such delay, raise the number from between seven and eight to ten.

There are many women who bear families above ten in number, and it is desirable to devote to them further special consideration. Such families are, on the whole, abnormal or excessive. For many an individual woman a family less than ten is excessive. We have, indeed, spoken of the occasional calamitous character of only-child fertility. But there is a mass of evidence tending to show that a family, in the average female, rising above ten, begins to be excessive, and increasingly so as the figure increases. It may seem paradoxical to bring the consideration of excessive families into a lecture on sterility, but in the next lecture the paradoxical character of this proceeding will disappear.

The bearing of a first child is well known to be very dangerous, often fatal, to the mother. After this she comes into a period of childbearing which is the safest, and which continues while she has a natural or ordinary degree of fertility. The danger of primiparity is, for a fertile woman inevitable, but the special danger of multiparity is incurred only when a family is excessive; and I hold this danger to be good evidence (along with other) of excessiveness. It is, at the same time, to be kept in mind that danger has been demonstrated to rise with increasing elderliness; but elderliness of the mother is an essential element in a question of excessive family. I extract from my work on Fecundity, &c., the following table, whose composition is there stated:—

TABLE VIII.

Showing a Comparative Percentage of Deaths in Successive Labours.

Number of pregnancy.	Number of mothers.	Number of deaths.	Percentage	Or 1 in
1	3722	254	6.82	15
2	2893	60	2.07	48
3	2534	64	2.52	39
4	1982	39	1.97	51
5	1543	31	2.01	49
6	1221	28	2.29	43
7	848	16	1.88	53
8	641	15	2.34	42
9	425	13	3.06	32
10	222	9	4.05	24
11	152	5	3.28	30
12	61	1	1.64	61
13	34	4	11.77	8
14	11	—	—	—
15	6	1	16.66	6

It does not give actual mortalities, but only such mortalities as may be compared with one another with a view to making out the peril attending confinements of different numbers.

In the sequel I shall give further and varied evidence as to the excessiveness of families above ten. This evidence is based not on the danger to the mothers only, but on the nature of the production—that is, on the occurrence of twins, of weakly children, and of idiots.

The chief veterinary surgeon of the Paris Prefecture of Police has issued a report for the past year upon the subject of hydrophobia, from which it appears that ten persons died from the effects of bites as compared with 23 in 1881.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Continued from page 139.)

VI.—THE TREATMENT.

THE local treatment alone calls for discussion here. Any constitutional complication of the disease may require a constitutional remedy, but the constitutional treatment of the joint disease itself is identical with that which is required to keep the body of a healthy individual in a state of health, and consists in attendance to food, air, and hygienic requirements generally.

Any part of the body that is inflamed requires rest for its recovery. This is especially so in the case of an inflamed joint. If an inflamed part be not healed by rest, then, in order to save life and lessen suffering, its removal becomes advisable; this is what is necessary and practised in the case of an inflamed hip-joint.

The treatment, therefore, of a case of morbus coxae, consists, firstly, of rest, and if this be not effectual, then excision of the joint demands consideration.

In this section of the Essay, an endeavour will be made to ascertain, in the first place, the appropriate use and the best method of obtaining rest; and in the second place, the conditions which render necessary operative interference. Various opinions have been entertained by equally competent authorities as to the best method of obtaining rest; as to whether fixation alone of the joint is sufficient, or whether fixation should be combined with extension, and whether rest can and should be associated with movement of the joint. These views, and the methods of carrying them into practice can be conveniently described under three heads. These are, 1, simple rest; 2, rest with extension; and 3, rest with extension and motion.

1. *Simple rest to the joint* may be secured by enclosing the limb in a casing of such material as gutta-percha, leather, wire-gauze, starch, or plaster-of-Paris. It may also be obtained by the application of the long splint of Désault or Liston; or by the splint bearing the name of its inventor, Mr. Thomas, of Liverpool. This valuable splint is so commonly used that a description of it here seems unnecessary. A detailed account of it, however, such as to convey a thorough knowledge of its mechanism, and enable the practitioner to have one made "with no more mechanical aid than can be obtained from the village blacksmith and saddler," will be found in Mr. Thomas's work. (a)

With regard to the use of gutta-percha, plaster-of-Paris, &c., it may be stated that this method is effectual, but that the material is not always at hand, and requires experience in its application, and it is to be noticed that these appliances hide the affected part from view, a serious defect. The long splint is far more serviceable, and is in constant use in the hospitals of London. Its defect is, however, that it does not render the joint immovable in every position of the body; for, passing along the side of the body only, flexion of the limb can take place when the patient is turned over for nursing purposes. This objection does not apply to Thomas's splint, hence its peculiar value. Thomas's splint has been said to produce more wasting of the limb than any other. This is difficult to understand, for the wasting depends upon the amount of inaction, and not upon the form of splint used.

Of these various methods of securing rest, I would venture, therefore, to record my testimony in favour of Thomas's splint, although I duly acknowledge the great value of the long splint, but its failure to prevent flexion of the joint in all positions of the body, I consider a serious objection to its use.

To ensure the most perfect rest, the patient should be kept in bed, and not only kept in bed, but secured to it. It is advisable to confine the sound limb as well as the

(a) "Diseases of the Hip, Knee, and Ankle."

deflected one. This is done at some hospitals by the use of the "box-splint," or it may be effected by Thomas's double splint. It is of importance to attend to the structure of the bed, and other details of treatment. The success of a case often depends upon attention to these, apparently trivial, matters. The bed should be firm and flat, the head kept low, and the trunk immovable. Possibly, I cannot do better than describe the excellent plan carried out at the Alexandra Hospital for the treatment of Hip Disease in Children; there, the bed consists of a single plank, upon which lies a hard mattress; the pillow is small, just large enough for the head, about a foot square and flat. To secure the patient's body to the bed, an armlet is passed over each shoulder, the two armlets are fastened behind to a strap which passes across the back and is secured to the bed underneath. In front, the armlets are also connected by a band across the chest. This arrangement renders the patient immovable in bed, and doubtless contributes materially to the good results which seem to follow the treatment at the Alexandra Hospital.

2. Rest with extension.—According to Sayre, this principle was first recognised and carried into practice by Dr. Harris, of Philadelphia, in 1825. Dr. Harris seems to have used the long splint with extending and counter-extending bands. The mode in general use, and deservedly the favourite mode, is that by weight and pulley. In this method the trunk is fixed in some way so as to produce counter-extension, and extension is made by a weight attached to the limb. The weight and pulley seem to have been first employed by Sir Benjamin Brodie in St. George's Hospital. His account of it is to be found in the third edition of his work upon diseases of the joints.

In the application of the weight and pulley it is to be borne in mind that, by a law of mechanics, the weight is diminished by one-half by the passage of the cord over the pulley, so that if the weight be four pounds, the actual tension upon the leg is two pounds. Care should be taken to use no unnecessary amount of weight; only sufficient should be used to overcome the resistance of the muscles.

Instead of employing the weight and pulley, Mr. Barwell uses a splint designed by himself. Briefly, this apparatus may be described as consisting of a long splint with two pulleys, one at each end. The cords from these pulleys are connected together by an accumulator placed upon the outer side of the splint so that by this mechanism, extension and counter-extension are both manifestations of the same force.

3. Rest with extension and motion.—In this method of treatment the object aimed at is motion of the joint without friction of its surfaces. This plan originated and is principally carried out in the United States of America. The idea seems to have been conceived by Dr. Henry G. Davis, of New York, and first carried into effect by him in the year 1855. The apparatus he used is known as "Davis's splint," but there have been important modifications of it by Sayre, Taylor, Washbourn, and J. C. Hutchinson, all American surgeons. This method, which may with propriety be called the "American method," finds most favour in the country of its birth. Either from want of faith, or want of experience, the plan has never been adopted, although it has been tried repeatedly, in this country. The surgeons who practise this method write of it as follows:—

Davis, (a) the originator, says it occurred to him that if the principle of continued elastic extension "could be so applied as to allow the patient to walk and ride, and take out-door exercise, we should not only add to his comfort and happiness, but it would aid in invigorating the system, thereby enabling it not only to resist the disease, but to repair the injury that might already have been inflicted." And again he says:—"This we consider the essential element in the treatment of the disease under

consideration, viz., motion without friction, for no part of the anatomy requires motion to maintain its integrity more than the joints."

O. F. Taylor (a) observes "it is pressure or motion under pressure which is the destructive agent in disease of the hip-joint . . . and motion in the joint without pressure is not only not injurious, but is highly beneficial."

Sayre (b) writes:—"Motion is as essential in retaining a healthy condition of the structures about a joint, as light is essential in retaining a healthy condition of the eye."

All this is true. It is perfectly true that exercise is necessary to maintain the functions of a joint, but it must be a *healthy* joint. Friction in an *inflamed* joint may be followed by the most disastrous consequences. It is the fear of producing friction by the employment of this method that has hitherto prevented its use by British and Continental surgeons. The splints used in this method, especially that of Sayre, are frequently used in this country for a late stage of the disease, and when the patient is able to get about. Davis's splint consists of a metal rod, extending from the hip to the ankle along the outer side of the leg. It is interrupted about midway by a screw for regulating the length of the splint. To the lower end is attached the extending apparatus, and to the upper end the perineal band. The perineal band consists of an elastic layer and an unelastic layer, so that tension is constantly ensured. Sayre's splint is essentially the same as Davis's, but instead of extending to the ankle, stops short at the knee. In the use of this splint, the lower portion of the thigh encircled by two curved pieces of iron is made the point of extension, and the perineum under which is passed a perineal band is made the point of counter extension, tension is kept up by a rack work, moved by a key.

DYSPEPSIA—ULCER OF THE STOMACH. (c)

By DONALD W. C. HOOD, M.D. Cantab., M.B., M.R.C.P.,
Assist.-Physician West London Hospital.

IN this paper the author maintained that the more our experience of the natural history of disease increased the more we must accustom ourselves to the fact that dyspepsia should be looked upon as symptomatic rather than generic. He drew especial attention to those cases of stomach lesion in which dyspepsia plays such an important part as a symptom, and suggested that in many cases of so-called simple dyspepsia there was a definite lesion of stomach coat. He held that the carefully compiled category of symptoms incidental to ulceration of the stomach suggest that its diagnosis is easy, the very opposite of that being clinically the case. In the early part of 1879 he had placed under his charge, by Sir William Gull, a gentleman, æt. 40, who had spent many years of his life in the colonies, where he had spent sheep tracks. For eight years he had been a sufferer from dyspepsia, the commencement of which he attributed to irregularities of diet. He first felt pain over the region of the stomach, soon he suffered from attacks of vomiting, and acid water brash. Failing to obtain relief, he came to England. When first seen by him eighteen months after his arrival his symptoms were much intensified. He detected blood in his vomit. Presently the stomach became intensely irritable, the patient being supported entirely by means of nutrient enemata. Slowly the grave symptoms subsided, and he regained flesh. In six weeks he went about as usual. But three weeks afterwards, while sitting, on moving suddenly, he felt a pain in the stomach, and died within twelve hours. The post-mortem showed perforation of the stomach at its anterior base. A small healed ulcer, at its base no thicker than tissue paper, had given way, and the contents of the stomach had become extravasated into the peritoneal cavity. The most instructive part of the examination was the condition of the stomach in the immediate vicinity of the pyloric orifice, which was honey-combed with

(a) "On the Mechanical Treatment of Disease of the Hip-Joint."

(b) "Orthopædic Surgery."

(c) Read before the West London Medico-Chirurgical Society. Discussion on page 204.

(a) "Conservative Surgery," New York, 1867.

the remains of cicatrices of old ulcers that presented small depressions corresponding to the position of gastric follicles, which are in greatest abundance at the pyloric extremity. The condition of the mucous membrane appeared to supply abundant cause for all the gastric trouble which had caused so much pain during the preceding eight years. It happened that another patient, whose symptoms bore some resemblance to those of the case he had stated, was under his care at the same time. This was a German gentleman, *æt.* 40, who had suffered from painful digestion about fourteen years. In the early days of his illness he had felt pain after taking food. Later, he began to suffer from occasional attacks of vomiting. He had been repeatedly treated for dyspepsia. When first seen he was rather emaciated. The stomach usually emptied itself at the end of the day. On several occasions a coffee-coloured matter had been ejected, and altered blood was sometimes mixed with the vomit. The stomach descended below its natural limit, and a small lump could be felt in the epigastric region, indicating obstructive disease of the pylorus. Upon treatment, flesh was gained, the vomiting ceased, and the stomach recovered its natural size; but the lump remained. Subsequently he went to his business abroad, when the symptoms returned, and he died of exhaustion. Statistics proved that ulceration of the stomach was of very frequent occurrence, but beyond question the symptoms of ulceration varied very greatly. Although hæmorrhage was a symptom of the utmost moment, it was not judicious to wait for the presence of blood before inferring the existence of ulceration. All writers on the stomach treated ulcer as a chronic disease, but none of them advised such treatment as would be adopted in regard to an ulcer occurring on the surface of the body. In treating assumed ulcer he thought it imperative that the patient be kept in a recumbent position, in order that the stomach walls might be in a state of rest. Where there was much enlargement of the stomach he generally used a counter irritant, and he freely prescribed the various preparations of opium in those cases where there was no doubt that the dyspepsia did not arise from hepatic engorgement, as he found that it not only stimulated the bowels, but also made the patient intolerant of restraint. Such treatment in the early stages of dyspepsia was sure to result well. Where the presence of ulceration was well-marked such treatment should be resorted to as would be insisted on if the ulcer occurred on the surface of the body. He had found this method of treatment productive of the best results in the case of a lady, who, at the time of first seeing him, was afraid to take the simplest food lest its ingest should cause her pain. On making a careful examination of the abdomen he failed to find enlargement, but in the epigastric region there was a spot most tender on pressure. He ordered her to bed, recommended rich milk and light broth as diet, and prescribed six drops of laudanum every four hours. Iodine was suggested as a counter irritant. A simple soap and water enema was to be used every other day. From the first the patient's progress was satisfactory. Pain ceased, there was no vomiting, and the bowels acted regularly. She left her bed in fourteen days, and recently he received a letter stating that she was quite well. He regarded the case as representing ulceration or excoriation at that stage in which great good can be done by a decided course of treatment.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Tubercular Meningitis.

Under the care of Dr. C. E. ARMAND SEMPLE.

MAY P., *æt.* 3½, admitted November 1st, 1882.

History.—A healthy child up till about 14 days before admission. Had measles about 18 months ago. Pertussis a year before this. The present illness began with fretfulness and cough. The father died on October 20, 1882, of phthisis. The eldest child is ricketty, and one other child died of inflammation of the brain. Mother healthy, except for occasional attacks of ague.

On admission.—A well-nourished child. Wrists somewhat enlarged. Tongue a little furred. Temp. 97.4. Percussion-note a little flattened over left base where breathing is hard. Slight rhonchus and hard breathing in left supra-scapular region. Heart sounds normal. Abdomen normal. Slight cough.

Urine contains urates. No albumen. Given a mixture of ammonia and ipecacuanha.

Nov. 12th.—No marked physical signs. Allowed to get up.

14th.—Temperature up to 100.8°. Face flushed. Throat injected. Given a hot bath and oleum ricini.

15th.—Rhonchi over lungs both sides, and in front. Temperature remains high (102°). Poultices to chest. Hot bath. Throat painted with glycerine and tinctura ferri perchloridi.

17th.—Throat still injected, and tonsils swollen. Painting continued. Occasional cough. Mucous râles all over chest. Sulphurous acid spray to throat.

22nd.—Temperature lower since last note. Crepitation back and front. Still coughs a good deal, and sweats at night. The tonsils remain swollen. Is rather irritable.

23rd.—Temperature again rising. Left tonsil a good deal swollen. Drowsy all day. Lies quiet, except when moved, when she cries. Face flushed. Perspires profusely. Seems unconscious. Moans occasionally. Icebag to head.

24th.—Still heavy and unconscious, with occasional moaning. Picking bedclothes. Pulse irregular. Not much cough. Marked *tâche cerebrale*. Face flushed.

Evening.—Lies with elbows and wrists flexed. Moans at times. Twitches occasionally. Takes milk well.

25th.—As before. Unconscious, with flushed face, and occasional moaning. Takes nourishment badly. Has not twitched so much. (For temperature, see chart.) To have nutrient enemata.

26th.—Breathing at 4 a.m. very embarrassed (occasionally Cheyne-Stokes in character). Skin over abdomen more inelastic. Foams a little at the mouth. Quite unconscious. First two nutrient enemata returned, others retained.

27th.—Breathing accompanied by bowing with lips, and moaning. Still foams a little at mouth. Occasional twitching. Occasional alternations of flushing of face, with pallor. Pupils respond very feebly to light.

Evening.—More restless. Has taken milk by the mouth. Moans when disturbed. Motion passed unconsciously.

28th.—Has taken nourishment better. Breathes more quietly.

29th.—Twitching on the right side. Moans a good deal. Perspires freely.

30th.—Seemed to stop breathing several times during the night. Takes nourishment badly. Looks blue and pinched.

Dec. 1st.—Lies with elbows and wrists flexed. Breathing irregular. Skin over abdomen inelastic. During the night the back became arched stiffly, as in *opisthotonos*. Moans a good deal. Not able to swallow. Pulse fluttering; too rapid for counting.

2nd.—Remained the same during night. Pulse still too rapid and fluttering to count. Wrists strongly flexed. No plantar reflex.

Died in the afternoon.



Autopsy, December 4th.—On removing the skull-cap, and dividing dura mater, a considerable quantity of fluid escaped. The pia mater appeared somewhat abnormally injected, but otherwise there was nothing marked, except along the sides of the median longitudinal fissure. Here, on both sides, were a number of small tubercular elevations, with lymph. On opening into the ventricles, a large quantity of fluid escaped. The white matter here was very much softened, easily breaking down under the finger.

Thorax.—No adhesions of pleura. Surfaces of lungs studded with small tubercles. A considerable number of left lung (about the size of a filbert nut) enlarged.

Heart normal. An ante-mortem clot in the left ventricle, which also contained fluid blood. Left ventricle enlarged.

Abdomen.—Liver engorged, otherwise normal.
Kidneys normal.
Spleen also studded with numbers of minute tubercular elevations.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. OBSTETRICAL SECTION.

THE Obstetrical Section met in the College of Physicians on Friday evening, January 26th, Dr. DENHAM, President of the Section, in the chair.

EXHIBITION OF SPECIMENS.

Dr. ATTHILL showed a large subperitoneal fibroid which he had recently removed from a patient by abdominal section.

Mr. ABRAHAM showed a specimen of ectopia of viscera in a foetal male cat of about five weeks. The heart, liver, stomach, and greater part of the intestines were quite extruded from the body cavity through a nearly central opening in the abdominal wall. A few membranous shreds could be traced from the margins of the opening over the viscera. No other abnormalities, and the membranes were nowhere adherent. Mr. Abraham also showed an example of dichotomy in the left foreleg of a sheep. The bones of the two fairly-developed feet started from the carpus. They were subequal in length, but the outer one, probably the accessory, was the slenderer of the two, and wanted also some of its flexor and extensor tendons. A common integument covered both feet as far as the metacarpophalangeal joints.

Dr. W. J. SMYLY reported a case of

INDUCTION OF ABORTION AT THE FIFTH MONTH NECESSITATED BY HÆMORRHAGE.

He concurred in the opinions of Drs. Priestly, Ahlfeld, and others, that the indications for the induction of abortion as distinguished from the induction of premature labour had not been laid down with sufficient precision. He could not, however, agree with Schröder that the induction of abortion should never be necessitated in cases of hæmorrhage. Nor did he believe that where this was prolonged abortion necessarily occurred spontaneously. The patient was a pluripara, and since the occurrence of a previous miscarriage had suffered from symptoms of endometritis. In the month of February last she again became pregnant, and for four and a-half months subsequently she was subject to frequently recurring hæmorrhages, which at last became so frequent and so profuse as to necessitate the emptying of the uterus. Labour was accordingly provoked by the introduction of a sponge tent, and accelerated by Barnes' dilator. The ovum presented a peculiar appearance, owing to the enormously hypertrophied decidua, the result probably of the endometritis. The fœtus was of a size corresponding to the period of pregnancy, and showed signs of commencing decomposition. A large quantity of firm laminated clots preceded and followed the expulsion of the ovum. The patient died of septicæmia on the second day after delivery.

Dr. MACAN said that the induction of abortion was clearly indicated in certain cases. However, in cases of molar pregnancy of a certainly dead embryo the term "procuring abortion" was scarcely a right one. Strictly speaking, the term was only applicable where a diagnosis was made, the fœtus living and capable of going on to its full term.

Dr. BEVILLE agreed with Dr. Macan. Whenever excessive hæmorrhage threatened the mother's life in early pregnancy steps which should necessarily be taken to stop the bleeding were also those which would usually accelerate abortion. In the presence of great hæmorrhage such steps might be properly taken, even though the embryo could in no way be ascertained to be dead. Dr. Smyly's case did not seem to him one to which "induction of abortion" was applicable. It was rather one of a threatened abortion, in which the amount of bleeding rendered accelerative measures advisable.

Dr. MACSWINEY thought that in Dr. Smyly's patient conservative measures had been too long persisted in to the detriment of the mother. Abortion might justifiably have been sooner hastened.

Dr. A. HENRY said that in this class of cases expulsion of the ovum should be expedited with the view to stopping dangerous hæmorrhage and preventing an opportunity for auto-infection.

Dr. SMYLY, in reply, said that the case cited in his paper was not one of a molar pregnancy. Decomposition having only commenced in the fœtus, it could only have been dead for two or three days. Had abortion been brought on any sooner the fœtus might have been born alive. He still thought that the nature of the case justified the title of his paper.

Dr. C. E. FITZGERALD read a paper on

THE CONNECTION BETWEEN OCULAR DISEASES AND CERTAIN AFFECTIONS OF THE FEMALE GENERATIVE ORGANS.

The PRESIDENT said he had lately under his care a child of only eight years old who, he had no doubt, masturbated. She had never menstruated, and suffered from organic brain disease. One question was whether the practice was not sometimes induced by some derangement of the general health affecting the brain.

Dr. MACAN remarked that the question of masturbation was a most difficult one, and he hesitated to say what he heard about it. Without the patient's own confession they could not be absolutely sure about it, but there might be evidence sufficient for a moral belief. The symptoms which he took as signs of masturbation in an unmarried woman were flabbiness of the vulvæ, great relaxation of the parts, and the possibility of palpating the ovaries. He had in such cases palpated them with as much ease as in a woman who had had half-a-dozen children. Besides, there were the ravenous appetite, the muddy complexion, and the entire moral aspect of the woman which proclaimed the Onanist. It was necessary to get a confession from the woman, because treatment was powerless until they were able to tell her that the injurious practice must be stopped.

Dr. HENRY KENNEDY said that in his experience masturbation among females was very general, but had not found much difficulty in getting them to admit it. He had rather found that both males and females who were addicted to the practice would admit it if properly asked. The question of connection between such practices and diseases of the eye was a very difficult one, and almost required a man to be at once a specialist in two departments. The combined knowledge of oculists and gynecologists might determine the question. The immediate effects of the practice were confined to the external parts, and no disease in the proper sense of the term was set up in the vagina or in the uterus. The more remote effects were not confined to the eye alone. The disease *petit mal* had directly resulted from the habit in both men and women. He had cured *petit mal* in both sexes by insisting on the practice being given up. Amongst the signs were drooping of the eyelids, dilatation of the pupils, and complaints of loss of vision; and inquiries then generally elicited the fact that the practice was resorted to. He did not think that inspection of the vulvæ would make it certain that the habit existed. He had known hypertrophy of the parts to result from the practice.

Dr. MACSWINEY was sceptical as to the general prevalence of masturbation on the part of young girls. There should be the utmost caution before entertaining a question of the sort respecting a young girl brought to a medical man for advice. Downcast eyes and large pupils and muddy faces were not sufficient to justify the conclusion that an examination should be made. He thought the question with respect to that practice was whether it was a disease of the uterus or general organs. It might go on for years without any visible signs of the sexual organs at all. Did boys who masturbated suffer from analogous ocular affections?

Dr. BENSON said it was difficult to understand how so many eye affections as had been mentioned could be produced by one common cause, and it seemed more reasonable to suppose that both the masturbation and the ocular affection were in common the result of some nervous disease. They knew that a very large number of lunatics had been found to practise masturbation.

Dr. SWANZY said there were other irritations of the sexual organs besides the one mentioned which gave rise in females to diseases of the eye. In the end they might find that both the masturbation and the ocular affection were the result of one and the same cause—namely, an affection of the base of the brain. He had seen a patient in whom the menopause combined with mental excitement had applied to him to determine an attack of optic neuritis terminating in atrophy. In this case the cessation of the catamenia had appeared to act deleteriously, converting what had been previously an habitual congestion into an inflammation. Five years ago he read before the Obstetrical Society a paper in which he tried to

show that in young girls of from eleven to fifteen years of age cases of iritis occurred, that disease being very rare in such subjects except in cases of inherited syphilis. He had never seen a case of iritis at that time of life in a boy, and he could hardly believe that those cases of iritis were not due to some disorder of the generative system. Another very remarkable condition was hysterical amblyopia resulting from disorder of the uterus. There was a peculiar form of it which occurred in young girls presenting no ophthalmoscopic signs, but in whom central vision was very much decreased, and there was great contraction of the field of vision. He had under his care a case of that kind connected with the tardy appearance of the menses. She first came under his care, *æt.* 17, the menses not having then appeared, and her vision being much affected. In six months' time the eye symptoms were relieved. The other day, her age being 19, her first catamenia appeared, and she was then attacked with low vision and contracted field of vision, and now, after a fortnight or three weeks, she had quite recovered.

Mr. STORY said his impression was that nothing definite had been proved in this matter. That there was a connection between the uterus and the eye it was true, just as there was connection between the uterus and every other organ; but that there was any peculiar or functional connection he did not believe. It was proved, however, that disordered menstruation had an effect on the phenomena of vision, but besides anomalies of vision, it produced disorders in other portions of the system. He had never seen a case of hysterical amblyopia. He did not disbelieve in the affection, but he did not believe that it occurred without there being a definite physical cause for it. He could understand absolute loss of vision being produced by hæmorrhage upon some portion of the optic nerve behind the eyeball, which might afterwards be absorbed and vision restored. The proofs given in the paper of Dr. Mooren, which Dr. FitzGerald had made the basis of his paper, seemed to be unsatisfactory as regarded the alleged connection between affections of the uterus and affections of the eye. The process of causation assigned for the production of the affection of the eyes seemed most elaborate and far-fetched, and many of the cases quoted, when critically examined, failed to support his contention with cause and effect.

Dr. DOYLE had been startled by the statement in the paper as to the frequency of masturbation among females. He did not believe the connection between masturbation and eye affections to be made out on the evidence adduced.

Dr. NEVILLE objected to masturbation being regarded as a disease of the generative system. Was it a disease at all? He did not think it was. It was very often a vice, while in other cases it was symptomatic of disease rather than a disease in itself. Sometimes it originated in a local source of irritation, such as acrid discharges from the genital organs, or in boys by a long prepuce, while sometimes it was due to distinct or latent nervous diseases. Thus masturbation was associated with epilepsy and insanity, not in a causal relation, but as an individual symptom of the nervous disorder. It no doubt was often an early or premonitory symptom in such cases. Eye affections, such as atrophy of the optic nerve, were naturally here to be looked on as symptomatic; also it must not be forgotten that the apparent connection between affections of the generative system and of the eye might merely be coincidences. To prove the causal relation of the former it must be shown that they preceded the affections of the eye, that the menstrual molimina influenced the course of the eye affection, and also that their cure was essential as a part of the treatment, at least of the latter. It was certain that disease of the generative organs with disordered menstruation would react on a disease of the eye as on the rest of the system, but this reaction was not to be confounded with causation. Nothing had been proved to his satisfaction with regard to this alleged causation.

Dr. FITZGERALD replied, contending that Dr. Mooren's proofs in the form of cases had not been fully represented in the American translation; in the original German they were more full and convincing. The whole question was a suggestive one, and worth more extended study. But he had not meant to imply that there was any special eye disease set up by disease of the uterus or ovaries. He believed that masturbation induced eye disease in boys just as well as in girls.

The Section then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

THE usual monthly meeting of the above Society was held on February 2nd., the chair being taken by Dr. Hart Vinen the President of the Society.

Dr. HOOD read a paper on

DYSPEPSIA—ULCER OF THE STOMACH,

which will be found on page 201.

Dr. DANIEL said that three or four years ago he attended a gentleman who had acted as special artist for the *Illustrated London News* in the Franco-German War. He was a fine muscular man, but had contracted indigestion. He gave calomel and colocyth. But the symptoms increased, the patient became very emaciated, vomited largely, and at last was unable to keep food on his stomach. No blood could be traced in the vomit. Dr. Gull was called in and inferred there was ulceration. He continued to get weaker, and became at last a mere skeleton. Enemas of nutritive liquids were given, but eventually he died of exhaustion. There was no post-mortem.

Dr. SCHACHT suggested that in addition to rest he regarded an enema every other day as important. Constipation was an awkward symptom, and the enema, by relieving the stomach, allowed the opium to do its work.

Dr. CAMPBELL POPE said that he overcame constipation with bismuth in conjunction with belladonna.

Dr. ORTON said that he knew of a practitioner who had symptoms of ulceration for thirty-five years, and who at last collapsed from vomiting. The post-mortem revealed ulcers in all stages.

Dr. HOOD, in reply, suggested that marked dyspepsia required the most careful examination, for early diagnosis was very difficult. The ulcers were really boils of the stomach resulting in choked glands. He was strongly of opinion that dyspepsia demanded vigorous treatment.

Mr. C. B. KEETLEY briefly mentioned a case of re-fracture after bony union of a fractured patella had been obtained, and

Dr. JAMES THOMPSON showed examples of the Beaufort artificial limbs, and explained their peculiarities and advantages.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, FEBRUARY 5TH, 1883.

JOSEPH WALKER, M.D., President, in the Chair.

Dr. WALKER, the newly-elected President, took his seat for the first time, and delivered his inaugural address, in which he reviewed the present state and future prospects of the Society, and suggested certain changes with the view of rendering the meetings more attractive and useful to the general body of the profession.

Mr. NATHANIEL STEVENSON showed an electric lamp for illuminating the cavity of the mouth, which had been made for him by the Swan Electric Light Company; the strength of the current, generated by a bichromate battery of four cells, was regulated by a very ingeniously-devised reostat of his own invention.

Mr. BOYD WALLIS exhibited another electric lamp of similar design and purpose, but the light was produced by the incandescence of a carbon filament *in vacuo*, instead of by the heating of platinum wire. In the latter case, if too strong a current was used the platinum would melt, and the lamp was thus rendered useless; hence the necessity for the ingenious but complicated reostat described by Mr. Stevenson. The carbon filament was practically indestructible, so that but little attention need be paid to the strength of the current. Mr. Wallis also showed a double induction electric motor, of American manufacture, which, with a six-celled bichromate battery, would run a dental engine or lathe at any speed required.

Mr. HENRY SEWILL then opened a discussion on the following question:—"Do the incontrovertible facts which we now possess as to its etiology and pathology fully account for the phenomena of dental caries?" He thought there could be no doubt that this question should be answered affirmatively. He had no hesitation in asserting that caries had been proved to be a disintegration of tissues due to the action of external causes. The fact that caries occurred in dead teeth, and in artificial teeth made of ivory,

was of itself sufficient to show that the disease was not of constitutional or local inflammatory origin. The chief cause of this disintegration was certainly *acid*, derived from the decomposition of foods, from deranged secretions, acid mucus, &c.; the predisposing causes were such as rendered the enamel and dentine more easily acted upon by acids, as fissures and malformations of the enamel, soft, badly-formed dentine, crowding and irregularity of the teeth, which favoured the lodgment of decomposing *débris*, and interfered with proper cleanliness, and anything which favoured the formation of acid within the mouth—as a bad state of the secretions, chronic dyspepsia, &c. Mr. Sewill then reviewed the authorities on the subject, showing that Messrs. Tomes, Wedl, Leber and Rottenstein, Magitôt and others all favoured the view that caries was the result of ordinary physical causes acting from without.

Mr. COLEMAN replied that if acid was the sole cause of caries, the result would be a more general action upon the teeth than was commonly met with. He had tested the condition of the mouth in some hundreds of cases of acute caries, but did not detect any unusual acidity. The statement that caries in living and in dead teeth was identical had been denied by some observers. Dr. Frank Abbott had asserted that he found distinct evidence of inflammatory change in carious dentine; and it appeared to be a fact that the changes found in carious cementum were similar to those which occurred in bone during the progress of undoubted inflammation. He thought also that the appearance of caries in previously sound teeth, which not infrequently occurred after severe illness, pointed to the influence of a constitutional, and not merely a local cause.

At this point the discussion was adjourned until the next meeting.

The Services.

OUR SOLDIERS IN INDIA.

The Indian Government has at last placed its stamp of condemnation on the system of short service in the ranks of regiments serving under its jurisdiction. The proceeding is somewhat an expensive one, for, as we learn a bounty of fifty rupees—that is, the nominal equivalent of £5 is given to every soldier who, after completing six years' service in that country, consents to prolong his service to a total of eight. The number of British troops required to garrison India has been definitely fixed at 60,000. In 1877 it was considered that the "strength" of the force there had been reduced below the line of safety, for regiments and drafts, consisting of weakly boys and youths, were then sent out from England to take the place of older men who were sent home. It was then no uncommon thing to have a considerable number of such "white stuff," as similar material was called in America during the late war, sent direct from the transports in which they reached Bombay, to Hill stations where they were retained for a longer or shorter period, carefully fed, and otherwise "nursed," as it were, until fit to perform military duty. No doubt an attempt was made to remedy this state of affairs, and "old" soldiers, such as they were, were sent to India in as large numbers as were available. But under the short service system, then in full operation, such men were not to be had to any considerable extent, and the consequences, bad enough as things were, would have been serious indeed had not peace been prevailing. When the following year the war in Afghanistan occurred the sad consequences in life of men which happened among the young soldiers may be gathered by men who know how to translate the language of statistics. By a general order just issued by the Horse Guards' authorities, the length of service in the ranks is to be extended to twelve years. So far, so good. The urgent recommendations of old officers of experience are, perforce, being attended to. But the measures thus being gradually and grudgingly adopted must, in their

fulness, be re-introduced; service in the army must once again become a life-long profession; the soldier have not only all the advantages which seeing that a man in his social position is reasonably entitled to, but also the prospect of pension sufficient to keep him from the poorhouse, and from poverty in his declining years. England prides herself on her wealth and on her liberality. Let the latter be shown as it ought to be towards her soldiers and her sailors.

ALDERSHOT DIVISION.—Surgeon-General R. Gilborne has been appointed to succeed Surgeon-General J. Sinclair as Principal Medical Officer to the Aldershot Division.

ARMY MEDICAL DEPARTMENT.—Brigade Surgeon George Whitla has been granted retired pay, with the honorary rank of Deputy Surgeon-General.

BENGAL MEDICAL ESTABLISHMENT.—Brigade Surgeon Robert Faure Hutchinson, M.D., to be Deputy Surgeon-General.

MADRAS MEDICAL SERVICE.—Surgeon-Major Henry King, to be Brigade Surgeon.

NAVY MEDICAL SERVICE.—Fleet Surgeon John Money Shaw, C.B., has been promoted to the rank of Deputy Inspector-General of Hospitals and Fleets in Her Majesty's Fleet, with seniority of 16th ult. The following appointments have been made:—Staff Surgeon James Dunlop, to the *Opal*; Surgeon Edward J. Biden, to the *Opal*; Surgeon Edward A. Lucas, to the *Forester*, vice Biden.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TYPHOID FEVER.—Dr. Jaccoud, the eminent professor, and editor of the celebrated *Nouveau Dictionnaire de Médecine et de Chirurgie*, gave before the Academy de Médecine an *exposé* of his treatment of typhoid fever during the last sixteen years. His treatment consisted of two parts, the one constant, comprising alimentation with beef-tea-wine, and above all, milk, of which he gave two quarts daily. Independantly of its alimentary properties, the milk had a direct effect, which warded off every special complication that might have resulted from a deficient renal excretion. Besides, he gave from one to two ounces of alcohol daily in a mixture, to which was added a drachm of extract of cinchona. When the temperature was a little above the normal he ordered cold sponging with aromatic vinegar four times a day, or oftener if the temperature rose to 102° or 104°. He found that these lotions not only produced an antithermic effect at the moment, but that the refrigerating effect became permanent after two or three days. Such was the constant treatment of typhoid fever from beginning to end. However, whenever the fever ran very high, and the action of the heart was weak, Dr. Jaccoud gave in small doses the bromo-hydrate of quinine or salicylic acid, the antithermic properties of which he found to be about equal. However, the salicylic acid being antiseptic, Dr. Jaccoud gave it the preference, provided that none of the following counter-indications existed: Alcoholism, violent headache, or delirium, weakness of the heart's action, or grave affection of the kidney. As to the result of this treatment, the statistics are very clear and satisfactory. In sixteen years, Dr. Jaccoud treated 655 cases, out of which he lost 71, or 10 per cent., whereas the average mortality in this disease amounts to 19 per cent.; consequently he had

good reason to congratulate himself. In concluding, the learned professor attacked with great vigour the tendency of these last years to give excessive doses of those medicines considered as antifebrile or antiseptic. The "new lights" of the day directed their whole treatment to kill the microbe which is said to be the real cause of the malady; but in their efforts in this direction they forget or ignore the condition of the patient, whose stomach is not able to tolerate the abuse that is made of salicylic or phenic acids, and the result is, that if they succeed in destroying the bacterides, they also succeed in losing their patient.

SULPHATE OF QUININE AS AN ANTI-PYRETIC AGENT has frequently formed the subject of controversy at the meetings of the medical societies of late, and the diversity of opinions expressed as to its physiological effect on the animal economy, and especially as regards the circulatory apparatus, impressed M. Germain Sée with the idea of making experiments on animals and man with the view of establishing the opinion he expressed as to its action in typhoid fever. Sulphate of quinine, he found, produced only a very slight lowering of the temperature in the healthy man—the pulse gets slower and the blood pressure lowers. In the typhoid, the temperature lowers after the first twenty grains, and markedly so after forty grains, and the effect lasts a day and a-half. The sphygmograph gave very precise and precious indications of the effect of the alkaloid. Twenty typhoid patients were submitted to the influence of quinine, and the tracings of the sphygmograph showed that the double beat, or dirotic pulse, disappeared, and that the contractile force of the heart was increased. This remarkable property of quinine was observed in all cases. The thermometer, also, showed a direct decrease in the temperature. The conclusions of M. Sée were consequently entirely in favour of quinine, which he considered a powerful antipyretic, and of invaluable service in continued fevers.

WHOOPING-COUGH.—M. Dujardin-Beaumez gives a table or a dessert-spoonful, according to the age of the child, of the following mixture in whooping-cough, night and morning:—Bromide of potassium, 30 grains; bromide of sodium, 60 grains; bromide of ammonium, 30 grains; chloral, 20 grains; water, 4 oz.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Brighton 13, Derby 14, Plymouth, Bristol 17, Portsmouth, Salford 19, London, Edinburgh 20, Birkenhead 21, Halifax, Oldham 22, Birmingham, Newcastle-on-Tyne, Cardiff, Norwich, Huddersfield, Bradford, Leeds, Leicester 23, Nottingham 25, Sheffield, Preston 27, Liverpool 28, Manchester, Sunderland 29, Hull 30, Blackburn, Bolton 31, Wolverhampton 32, Glasgow 33, Dublin 35.

THE death-rates last week in the principal large towns from diseases of the zymotic class were again low. The highest rates per 1,000 were—From whooping-cough, 1·8 in Derby and 3·0 in Hull; from scarlet fever, 1·8 in Birkenhead and 1·9 in Leeds; and from fever, 1·2 in Birkenhead, 1·3 in Sunderland, 1·4 in Liverpool, and 3·8 in Blackburn. The 51 deaths from diphtheria included 18 in London, 10 in Glasgow, 4 in Edinburgh, 3 in Nottingham, 2 in Portsmouth, 2 in Sunderland, 2 in Newcastle-on-Tyne, 2 in Cardiff, and 1 in Dublin. Small-pox caused 8 deaths in London and its outer ring of suburban districts, one in Portsmouth, one in Hull, and one in Newcastle-on-Tyne.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

IS published every Wednesday morning Price 5d. Post free, 5½d.
 POST FREE TO ANNUAL SUBSCRIBERS £1 2
 " IF PAID IN ADVANCE 1 1 0

*. Post-office Orders and Cheques to be drawn in favour of—
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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 7, 1883.

A MERCANTILE MARINE MEDICAL SERVICE.

IF, as there seems good reason for believing will be the case, the agitation in favour of revision of the whole system of medical service on board ocean-going steamers which Dr. Irwin has for some time past been promoting, should terminate in the accomplishment of his designs, a vast and incalculable benefit will be conferred on a class of the population hitherto most inadequately provided for. In a previous article on this subject, published in our issue of January the 3rd, we insisted on the necessity for very material amendment of existing regulations under which ships' surgeons are called on to discharge their onerous duties; and as since that time the efforts made to secure such improvements have been continuously advancing, the question has now assumed a phase that entitles it to renewed consideration.

It is unnecessary, however, to recapitulate in this place the lengthy list of evils which are constantly being reproduced on almost every vessel that leaves our shores; evils which, when most dispassionately reviewed, cannot fail to stir a feeling of indignation that they have so long been permitted without authoritative interference from reformers. However true it may be that rules relating to medical officers in charge of floating populations were framed in accordance with

precautions sufficient to protect the public interests at the period of their enactment—and to the solidarity of which we should certainly take exception—it is nevertheless unmistakably evident that they are wholly inadequate to meet the conditions imposed by such unprecedented developments of emigration traffic as have marked the interval since these rules were formulated in 1856. Now both in point of numbers and importance the crowds who make lengthened voyages in the “liners” specially devoted to such departments of the carrying trade, are infinitely greater than was the case fifteen or twenty years ago, and hence it must be that measures insufficient to meet the demands set up by the lesser need are signally incompatible with requirements created by a growth altogether unanticipated.

The ultimate end to be attained will only be accomplished when the medical service of the mercantile marine shall be firmly and unassailably fixed by law on a basis of honourable responsibility; and it is for this desirable end that energetic attempts are at present being directed to arouse interest in those quarters from which alone the necessary powers can be derived. In order that human life shall be properly protected, and especially the lives of very young and of more weakly and elderly passengers, it is essential that the task of caring for them shall be remitted to competent and independent officials; and a primary element of success in this connection is that every such official shall occupy a position subordinate, so far as the duties of his especial office are concerned, to no other authority whatsoever. There is, unfortunately, abundant cause for the belief—indeed, the knowledge we possess in the matter does not admit of any doubt respecting it—that, with scarcely a single exception, surgeons on board ships are in effect regarded as of no more consequence than any one of the captain's subordinates. Nor is this the only intolerable part of the arrangement which now holds, for in every detail of hygienic management the authority of the captain reigns superior to that of the surgeon, who is by education and training in such affairs necessarily more competent to judge what should and should not be permitted with a view to healthy surroundings. It can be no possible indignity to the commander of a vessel that he should be required to abstain from participation in directing in regard to measures calling for skilled knowledge, the acquisition of which has never been expected from him; and it cannot but be to the interest of all concerned that no part of the captain's time or attention should thus be taken up in discharging duties other than those incident to the sailing management of his vessel, and the maintenance of discipline among his crew.

But for the fact that usage accustoms to any enormity, it would seem manifestly unfair to ask from a captain such labours as he is accustomed to bestow on details of hygiene; and once the real nature of this question is aptly appreciated, there is little fear that objections will be raised to a reform which will carry with it a much needed relief of burdens. Owners, however, may be expected to look with an eye of disfavour on the impending change. The pocket element, an important one here as everywhere, is directly interested in a permanent establishment of the *status quo*; and the

strength of opposition will be experienced from quarters which will appear to be first affected by the called-for alterations. The creation of a Government class of mercantile marine medical officers will at once give to ship surgeons a professional status of a nature in agreement with the enhanced responsibilities they will sustain. The members of it also, we may be sure, will be required to possess something more than the questionable qualification of “physician, surgeon, or apothecary,” exacted by the law at present; they will have to produce evidence of higher value than this, and proof also of their fitness to be entrusted with the charge that will be committed to them. In a word, they will be highly educated and skilled practitioners who have shown themselves to be possessed of readiness in capacity for the treatment of disease, and the preservation of health under such abnormal conditions as ordinarily exist on board a crowded vessel of the tonnage common among the numerous fleets of ocean steamers nowadays. The services of such men must be appropriately paid, and the rate of remuneration must be fixed in a way that will leave no possibility of diminution in response to an owner's exactions. Whether it be at the rate of £300, or £400, or £500 a year is for future consideration and decision; but at least it must be fairly proportionate to the value of services in return for which it will be paid. By this means alone can the objectionable practice of presents from passengers to medical officers be once for all abolished, a practice which is at once derogatory to the profession, and, we think, has in no small degree tended to the formation of an improperly low estimate of the social status of ship surgeons.

We need not enter on the question as to how owners shall recover all or part of the additional outlay they will have to make in surgeons' pay. Whether by raising their passage rates, or by requiring all but steerage passengers to pay for medical attendance, is immaterial; for at the worst, the increase to them can be only trifling.

There is an important point, however, that deserves brief consideration; and that is, the advisability of providing in the scheme for creating a mercantile marine medical service, for a sort of apprenticeship by every candidate for the post of ship surgeon. Under the new regulations these posts will be desirable and honourable openings to practice; and it will be reasonable and right that every surgeon who aspires to obtain them shall prove his fitness for the duties they involve, by passing at least one year as assistant-surgeon on board. He will thus gain a most essential knowledge of the life he will subsequently be called upon to lead, of the nature of his work in the responsible position of medical attendant, and of those innumerable practical details that are special in every sphere of perfect usefulness. He will also obtain very valuable information concerning his own physical fitness for sea living, and for working amid the surroundings encountered in vessels. Too many surgeons have experienced, when out at sea, the fact that they are totally unfitted for the work they have undertaken; and with what possible disastrous results to those in their charge may be only too vividly imagined.

We most earnestly hope that Dr. Irwin and those who are working with him in this matter may be entirely successful in their aims; for by the proper limitation under Government warrant of the duties, position, qualification, and pay of ship surgeons, an incalculable amount of benefit will be conferred on hundreds of thousands of human beings annually.

PULMONARY SYPHILIS.

THERE are few diseases whose pernicious influences on the system are so universal and so diversified as syphilis. Its poison seems peculiarly inimical to fibrous structure, and consequently to the minute blood-vessels, and to the organs in which they ramify to the greatest extent. Certain recent works on this important subject have revived the interest in it, which all physicians must feel; for example, the compendious memoir of Pancritius, the carefully studied thesis of Carlier, and a series of communications made during the past five years to the Société Anatomique of Paris. These works examine exclusively the question of pulmonary syphilis in the adult. Pulmonary syphilis in the new-born is a subject totally *sui generis*, whose features have been grasped scientifically since the time of Cruveilhier, by such authorities as Baron, Billard, Husson, Virchow, Cornil, and Ranvier, &c. All these authorities have reasonably concluded that the phenomena of infantile pulmonary syphilis are so characteristic that it is impossible to confound them with those of any other affection. But, if on this subject, from the point of view of pathological anatomy, so much precision has been attained to, it is quite otherwise with the specific pulmonary affection of the adult. Not a few physicians have hesitated to acknowledge their existence, while some have even totally denied them. Paré, Baglivi, and Astruc conceded that syphilis might originate destructive alterations of lung tissue, to which phthisis would form the *role* of a *secondary diathesis*, an influence, they also maintained, common to blenorrhagia. In short, the specific nature of pulmonary syphilis has been but very tardily accepted by the profession. Morgagni was an avowed partisan of the pulmonary syphilitic doctrine, but sufficiently authentic proofs thereof failed him. At the commencement of the present century Lammonier affirmed the existence of a phthisis of a syphilitic nature, and curable by the ordinary anti-syphilitic treatment. During the period of thirty years commencing with Lænnec in 1804, and which may be regarded as the Renaissance of pathological anatomy, syphilis was almost forgotten in this connection. Perhaps this was in great measure due to the influence of John Hunter, who scarcely believed in any visceral complications of syphilis. It was not until 1826 that Lænnec and Andral described and recognised syphilitic phthisis. Van der Kolk maintained that syphilitic subjects sometimes died presenting "phthical appearances, with ulceration of the lungs, situated most frequently in the middle lobe, but without tubercle." To Ricord is mainly due the recognition of syphilitic phthisis as one of the most certain and incontestable sequences of venereal infection; and Gilbert, Fournier, and especially Lance-reaux have substantiated by pathological anatomy, not

only the possibility but even the frequency of syphilis of the lung. The microscope has afforded in this investigation less assistance than one would, at first thought, be led to anticipate. The structural changes of a syphilitic lung appeared only as common inflammatory changes, and no light was thrown on the original specific nature of the process. Hence consideration of the larger lesions, and the history of the special case furnished the only reliable elements of diagnosis. In the lungs, as elsewhere, the histological changes initiated by the syphilitic virus consist of nodes and scleroses. Most frequently the scleroses are superficial; they are pleuro-pulmonary, and appear as elongated depressions, more or less deep, and more or less bound down with bands. These depressions are, however, seen in the most characteristic form in the liver and spleen. From the surface of the lung these fibrous bands penetrate the parenchyma of the organ, and radiate towards the hilus, as the septa of the testicle towards the body of Highmore. The *gummata*, on the contrary, are almost invariably situated in the deeper structure of the lung, and especially around the greater bronchi. Not frequently numerous, they have a firm consistence, are of a yellowish colour, and of a peculiar dryness, which distinguishes them from the great bulk of other morbid products. Their size is variable, but they seldom exceed that of a hen's egg. As a rule, they co-exist with sclerous induration of the parenchyma, and are encysted in fibrous rings or spheres. The large bronchial tubes are frequently ulcerated, and passage is thus sometimes afforded to the caseous substances of which the gummata are composed. In view of all the circumstances it appears that syphilitic gummata of the lung manifest a preference for the region of the hilus, from which they spread from within outwards, towards the deeper structure of the parenchyma. It may, indeed, be questioned if this anatomico-pathological variety of gummatous degeneration may not be regarded as a kind of peribronchic mediastinitis, seeing that, in a state of disease, pulmonary lobules of the fifth and sixth division may be recognised by the naked eye, and only of about the third and fourth in health.

From the clinical point of view, certain important deductions are to be drawn from these considerations. The great difficulty of diagnosis consists in differentiating between lesions which are syphilitic, and those which are tubercular. These lesions are equally distinctive, the physical signs which accompany them are identical, the phenomena of genuine consumption are present—such as broncho-pneumonia, bronchial catarrh, and hæmoptysis—equal in quality and quantity, only the topographical distribution of the gummata and tubercle is different; for while the former show a preference for the region of the hilus, the latter does for the apex. It is asserted that in pulmonary syphilis hæmoptysis is more rare and less abundant than in phthisis; but this observation is not borne out by reliable experience. Again, in how many instances do patients die of phthisis who have never spat blood?

It is thus evident that in the presence of a destructive centre in the middle portion of the lung there is some excuse for uncertainty or timidity of diagnosis. But if, as almost invariably happens, that in the event of death

from syphilitic phthisis, there exist specific lesions in the other viscera, especially in the kidney, in the bones, or on the surface of the body—if these lesions are manifestly recognisable as characteristic of syphilis, if the seat of the pulmonary destruction is other than what obtains in ordinary phthisis, there is almost incontestable proof that the initial stage has been syphilitic. In view of the signal amenability of syphilitic affections to proper treatment, it is obvious that the diagnosis of syphilitic phthisis is of the first importance; and to correct diagnosis may fairly be attributed the rarity of autopsies revealing visceral syphilitic lesions, and the *hiatus* that thus exists in visceral syphilography.

HAS THE PROFESSION SANCTIONED COMPULSORY NOTIFICATION?

We pointed out last week the falsity of the statement which has been so frequently repeated by Dr. Littlejohn and other sanitarians, that Parliament had critically examined into the arguments for and against compulsory notification by the physician, and had thereupon concluded that the general enactment of such a system was expedient. We showed that, so far from this being the case, compulsory notification has *never yet been discussed in Parliament* at all, nor has any opportunity ever occurred for submitting the proposed law to legislative criticism, and that in each and every case the notification clauses have been schemed through the House of Commons concealed amongst a mass of local regulations for the making of roads, laying down of water or gas pipes, or other civic improvements in which no one takes the least interest, and very few have the least knowledge, save the Corporate officials of the town to which they apply. But also we find the statement made with equal audacity and persistency by the compulsionist party that the medical profession is, in great majority, in favour of compulsory notification, and satisfied as to its efficacy. To this assertion we give the most unqualified denial, and we declare that up to the present time compulsory notification by the physician has not had any medical sanction whatever. It is true that up to last year it was warmly advocated by the Chairman of the Parliamentary Bills Committee of the British Medical Association, and by an earnest minority of sanitarians, members of the same committee, but it has never received the *imprimatur* of the Association nor the official approval of any one of the representative organs of medical opinion in the Kingdom. The early history of the agitation of the subject within our profession is given by Dr. Carter, of Liverpool, in a recent pamphlet.

The first intimation, he says, of the adoption of the principle by the Parliamentary Bills Committee was given in the report of its meeting on March 19, 1879. The Corporation of Leicester were about to apply to Parliament for compulsory powers. This application was opposed by the entire profession of the town, and, naturally, judging that the source to apply to for assistance in their struggle was this Committee, they wrote to the Parliamentary Bills Committee for help. The result must have been disappointing. As the reply to their appeal for aid, a resolution was forwarded, which had been

moved by the Chairman of that Committee, and seconded by a gentleman who was actually not a member of the Committee, in which it is stated that "it (*i.e.*, the Committee) is of opinion that such notification should be made *compulsory* and formal by the medical man to the family or guardian," who should then notify it to the authority.

Of course it will be thought that a principle of this kind—one so novel and so entirely subversive of the confidential relations hitherto existing between medical men and their patients—must have had the unanimous sanction of the Association before it was adopted, or at least must have been proved to be acceptable to the majority of medical men throughout the kingdom. In their report for the present year the Committee stated that they have acted *ministerially* only. The Registration of Disease Committee, to which the Parliamentary Bills Committee makes frequent reference, had never sanctioned the principle of compelling *medical men* to notify. Clearly, therefore, the Association had not up to that time sanctioned the principle of compulsion. Yet on November 7th of the same year, at a meeting attended by ten gentlemen only, it is decided "that the Chairman's Report be received and adopted, and that it be circulated amongst sanitary authorities and others interested in the subject."

And forthwith, without the sanction of any higher authority, without a word of assent from the Association, without so much as asking their assent, this Committee *did* distribute the Report, and *did* offer their assistance to sanitary authorities through the country in their efforts to impose fine, and in the last resort something worse, on the entire body of general practitioners if they should decline to do what most of them thought it would be wrong to do.

The condemnation of the proposal by the medical profession dates from the time when its details, which had previously been kept carefully secret by those who ought to have been the first to give warning, were made known to that profession upon the introduction, three years ago, of the Bill of Mr. Gray, M.P., to extend the system to Ireland. On that occasion the measure was critically examined, and the alarm sounded by the *Medical Press and Circular*, and at the meeting of the British Medical Association at Ryde in 1881, a resolution in favour of compulsion moved by Mr. Michael, Q.C., was rejected after a brief debate. But brief as the discussion was, it was sufficient to arouse the assembled physicians to an appreciation of the fact that a great danger was impending—that the true interests of sanitation, and of the profession, were likely to be sacrificed to the enthusiasm of fad-mongers, and that those whom they had trusted to protect them against the invasion were party to the transaction. In the succeeding year the opposition to the programme of the notificationists gathered strength, and last year at Worcester a definite resolution condemnatory of the system was passed in the teeth of the Parliamentary Bills Committee. In Ireland also, the Irish Medical Association has debated the matter in most formal and judicial way, and has declared, with overwhelming voice, against the proposal to make the physician the notifier. The Dublin Branch of the British Medical Association, originally led by the Chairman of the Parlia-

mentary Bills Committee to a quasi-approval of the system, has declared in favour of householder notification; while the Belfast and Cork Branches have passed resolutions condemning earnestly the proposition for compulsion.

We have shown that the principle and practice of physician notification has never been discussed in Parliament, and that, where it has been considered by the medical profession, it has been unanimously condemned. But we shall, no doubt, be answered that the Select Committee of 1882, on the police and sanitary clauses of the eight private Bills, did investigate the subject, and, thereupon, gave its judgment in favour of physician notification. We are therefore called upon to inquire: How far is the decision of this Committee worthy of confidence? And to what extent should it be regarded as an official pronouncement in favour of compulsion?

As we have said, this committee was not appointed to discuss the propriety of compulsory notification; it was nominated at a moment's notice by Sir William Harcourt for the purpose of checking the headlong aggressions of private Corporate Bills, and preventing powers being thus secretly obtained for objects altogether outside the ostensible purpose of those Bills. No notice was given of its appointment which could have enabled either the public or the medical profession to intervene for the purpose of securing independent representation on it. The notice of the appointment of a committee was given on the 11th of March and resolved upon on the 13th. The Committee was nominated on the 14th, and sat for the first time on the 23rd. It consisted of seven persons, viz.—Mr. Charles Parker (Perth), Mr. Henry H. Fowler (Wolverhampton), Mr. Garnier (Devon), Sir Gabriel Goldney (Chippenham), Mr. Hastings (Worcester), Mr. McLaren (Stafford), and Mr. Sclater Booth (Hants).

Be it observed that not one of the medical members of the House, nor any member who had identified himself in any way with the views of medical men on this subject had a place on the Committee. Dr. Lyons, Dr. Farquharson, Sir Trevor Lawrence, Mr. Meldon, and Mr. Gray, all of whom had interested themselves in the question, were carefully excluded, but their places were occupied by Mr. Hastings—the leader of the compulsionists—and Mr. Fowler and Mr. Charles Parker, well-known disciples of the same school, and the chair was occupied by Mr. Sclater-Booth, ex-President of the English Local Government Board—the department which, as we have pointed out, had collected from the mouths of town clerks and medical officers of health the whole case in favour of compulsion. Of the seven members of the Committee but four were present when the report was discussed, and three of these gentlemen, Messrs. Hastings, Fowler, and Parker, formed the majority on whose dictum it is now sought to impose the duty of compulsory notification on the physician.

This decision, such as it is, was arrived at, we assert, upon evidence totally insufficient and absolutely one-sided. The Committee had power to call for any evidence and any documents they pleased, yet they never heard the evidence of a single medical man, save three unknown persons, and one medical officer of health, who were brought up by the local Town Councils who promoted two of the Bills. Nay,

more! We believe that the evidence of Dr. Carpenter, the well-known sanitarian of Croydon, was tendered and refused, and we find it subsequently enunciated by the Committee that it "had no authority to call evidence against the clauses."

Upon what evidence, then, did the Committee form its judgment? Upon none whatever, save the return sent in by the Local Government Board, to which we have already referred. The compulsory notification clauses were brought up "cut and dry" by Mr. Michael, Q.C., Mr. Hastings' lieutenant in the invasion, and their adoption is officially reported as follows:—

Paragraph 3, *amended*.—Amendment proposed, at the end of the paragraph to add the following words:—"The Committee are of opinion that a large number of the Clauses in such Bills deviating from the general law are inserted without the knowledge of the inhabitants of the districts who would be affected by such enactments, and who have had no adequate means of making themselves heard against such Clauses; and, in point of fact, are generally unaware of the nature or effect of such Clauses"—Mr. M'Laren.—Question put, That those words be there added.—The Committee divided:—

Aye, 1.	Noes, 3.
Mr. M'Laren	Mr. Hastings. Mr. Henry H. Fowler. Mr. Charles S. Parker.

Paragraph 12 read.—Amendment proposed, to insert the words, "have had no authority to call evidence against the Clauses, and have relied to a great extent upon the fact that the Local Government Board are in favour of sanctioning provisions of law on this subject, at least in the more important urban sanitary authorities"—(Mr. M'Laren)—instead thereof.—Question put, That the words proposed to be left out stand part of the paragraph.—The Committee divided:—

Ayes, 3.	No, 1.
Mr. Hastings. Mr. Henry H. Fowler. Mr. Charles S. Parker.	Mr. M'Laren.

Paragraph *agreed to*.

If the approval of compulsory notification by Messrs. Hastings, Fowler, and Parker, upon the hearing of the evidence of one side only, is to be regarded as a grave and deliberate decision by Parliament, so may the resolution after of the Parliamentary Bills Committee of the British Medical Association, to accept the cut and dry report of their chairman, be received as the verdict of the medical profession. But this latter decision has already been reversed by the Association at large, and so, we hope, will the decree of Messrs. Hastings, Fowler, and Parker be dealt with when the truth comes to be known by the House of Commons.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 36, Bombay 29, Madras 40, Paris 27, Geneva 21, Brussels 22, Amsterdam 31, Rotterdam 30, The Hague 29, Copenhagen 26, Stockholm 31, Christiania 14, St. Petersburg 39, Berlin 26, Hamburg 26, Dresden 25, Breslau 31, Munich 27, Vienna 33, Prague 39, Buda-Pesth 31, Trieste 27, Rome 24, Venice 32, Lisbon 29, New York 23, Brooklyn 20, Philadelphia 24, Baltimore 29.

Notes on Current Topics.

Testimonial to Prof. Erichsen.

On Saturday next, March 10th, a meeting will be held in the Botanical Theatre of University College, for the purpose of presenting a testimonial to Mr. Erichsen, who has so long been directly associated with the educational work of University College and Hospital. As might have been anticipated, the efforts of the committee appointed to raise this tribute to a well-known and respected representative of English surgery, have met with prompt and signal success, and we doubt not that subscribers to the fund will unite with much heartiness in testifying by their presence at the meeting referred to, to the high esteem with which they regard the author of "The Science and Art of Surgery." Mr. Erichsen has done so much to make himself familiar both to those of a past as well as the present generation of practitioners, that nothing but satisfaction will be experienced at this new proof of the regard in which he is held. As a practical surgeon, as a teacher, and as an examiner he is universally, and even affectionately, esteemed, his invariable kindness and courtesy in the last-named capacity being not the least conspicuous of his good traits. At the meeting convened for Saturday next the chair will be taken, at 2.30 p.m., by Mr. John Marshall, F.R.S. The testimonial is in the form of a marble bust of Mr. Erichsen, modelled by Mr. Hains Thorneycroft, A.R.A., and we learn that its destination is the Anatomical Museum of the University College.

A Living Museum of Heart Pathology.

DR. STANISLAUS BIANCHI, anatomical practitioner of the University of Sienna, has printed in the *Bologna Revue Clinique* some notes on the numerous anomalies presented in the heart of a young girl who died on the 27th of March, 1882, from defects in respiration and circulation. The post-mortem examination showed the following peculiarities:—1. Chronic pericarditis; 2. General eccentric hypertrophy of the heart, especially of the right side; 3. Dilatation of the right auricle; 4. Slight tricuspid insufficiency; 5. Communication between the auricles by the foramen ovale; 6. Extensive communication between the ventricles caused by the almost total absence of the intra-ventricular wall; 7. Communication between the tricuspid orifice and the left ventricle; 8. And the mitral orifice with the right ventricle; 9. The pulmonary artery with the left ventricle; 10. The aorta placed in front of the pulmonary artery; 11. The anatomical characteristics of the left ventricle showed themselves in the right one, and vice versa.

Another Spurious Practitioner Fined.

As every case in which due punishment is meted out to fraudulent pretenders to medical qualifications may be regarded as serving to educate public opinion respecting the dangers arising from such practices, we may well feel satisfied at the frequency with which prosecutions have recently been recorded in this connection. The latest addition to the list is that of a Mr. John Mitchell Rhodes, summoned to the Otley Police Court, and fined £20, for using the title L.S.A., without being legally entitled to

do so. The facts are fully reported in the *Wharfedale and Airedale Observer*, for February 23rd last, from which we learn that Rhodes, having obtained the title of Associate of Apothecaries, has been for some time practising as a surgeon on the strength of it, and had signed about a hundred certificates with the addition to his name of L.S.A. The accused pleaded guilty, when, by an arrangement agreed to by both sides engaged in the case, it was settled by infliction of a fine to the full amount named above.

Irish Poor-law Reform.

Two gentlemen, possessed respectively of the patronymics of Megaw and Macaffee, and of the dignity of guardians of the Ballymoney Union, have decided that they will settle the difficulties of Irish pauperism. Accordingly, they persuaded the Ballymoney guardians to adopt a series of resolutions in favour of a general abolition of work-houses and other existing paraphernalia of poor relief in Ireland. *Inter alia*, they set themselves in arms against the superannuation of union officers, as to which they reasonably hoped for plenty of disciples, considering that the paying away of money for that or any other purpose is decidedly objected to in Ballymoney and most other places in the North of Ireland.

A great Megaw and Macaffee demonstration, or conference, was convened, and Lord Waveney was secured for the chair. The result would seem to have been rather disappointing to the two great men. Not one of the five resolutions which embodied their views was passed by the assembled representatives of boards of guardians, who, with difficulty, were induced to allow those resolutions to be sent round, without their *imprimatur*, for consideration of guardians elsewhere. Still more disgusting to the Megaw-Macaffee promoters is the circumstance that when their own resolutions came back to their own Board of Guardians at Ballymoney, they were distinctly repudiated by that board. However, we suppose these two gentlemen have acquired the notoriety they desire, and have, in the presence of a real Lord, delivered themselves of the speeches they had prepared, so that they perhaps rest satisfied and willing to leave the reconstruction of the Irish Poor-law to those who know something about it.

The Irish Poor-law Officers' Association has, by circular to all boards of guardians, conclusively disposed of the resolution drawn up by the twin legislators, in *re* superannuation, by pointing out that the statement therein, as to the nature of the legislation, is totally incorrect.

We are bound to suppose that Messrs. Megaw and Macaffee had never read the report of the Select Committee on this subject which sat last Session, and had no later information on the subject than that of twelve months ago.

WE regret that the funds of King's College Hospital continue to be in a very impoverished state, and that between £5,000 and £6,000 will have to be paid out of capital to cover the deficit of last year. The legacies, which for the ten years ended Dec. 31st, 1880, averaged nearly £6,000 a year, amounted in 1882 to £1,984. The committee have issued an appeal for increased support, to enable the benefits of the hospital—situated in one of the poorest and most populous neighbourhoods of London—to be extended.

Duelling among Students.

FORTUNATELY, the code of honour in this country has not yet reached that pitch of refinement when slight provocations or insults have to be combated with the sword or the pistol; or a word intended as a joke, to be settled in blood. Yet, duelling exists to a sed extent, and is even popular on the Continent, especially in some University towns of Germany. And, strange as it may seem, this debased and narrow-minded view of "honour" is encouraged by parents, who not unfrequently have to deplore the loss of a son in satisfaction of the miserable exigencies of a code. The University and city of Jena was, last week, in a terrible state of ferment on account of the number of encounters and the serious consequences ensuing therefrom. In one day no less than twenty-one duels were fought, and the weapons not having been previously cleaned poisoned the blood of those victims who were the recipients of thrusts or cuts. A correspondent states that about forty young fellows are now lying in hospital in a dangerous condition, some have already died, and it is not expected that more than half the number wounded will recover. In connection with this subject we may mention a remarkable infantile duel with stones, which took place in France a few days since, as illustrating the craze for duelling at a very early age. Two little boys Bardoux, *æt.* 11, and Morel, *æt.* 13, returning home from school, had a schoolboy's dispute; immediately they agreed to settle their differences with a duel, each chose his battery of stones, and when ready, the conflict commenced, ending with the death of the younger child from concussion caused by a blow in the head.

Death from Chloroform.

ONE of those cases which illustrate the fact that no care will ensure immunity from chloroform-death took place last week at Normanton. A drunken woman, in falling, dislocated her ankle and fractured the fibula, and, as she would not submit to have it reset without an anæsthetic, the surgeon in charge administered chloroform on an handkerchief. A few drops only had been inhaled when the patient died. The fatality was attributed to syncope consequent upon the drunken habits of the deceased. It is, however, the general experience that chronic alcoholism counteracts, rather than accentuates, the effects of chloroform, and the case seems to be one of those in which an idiosyncrasy existed. Against such condition no previous examination of the patient affords any safeguard.

Human Blood Pressure Curves.

AT the meeting of the Berlin Royal Society of Physicians on Feb. 16th, Professor Albert demonstrated some blood pressure curves obtained from men. They had been obtained from individuals about to undergo amputation of the leg. Previous to the commencement of the operation, the tibialis anticus was laid bare, and the canula inserted for about a minute. It was shown that the blood pressure immediately rose on raising up the individual (previously anæsthetised)—a contrary result to that obtained in Marey's experiments on animals.

The Provident System of Medical Relief.

THE scheme of medical relief for the working classes started under the auspices of Sir Charles Trevelyan, Mr. Stansfield, and others, has met with much success, and is gradually extending its operations throughout London. A public meeting was held at Dalston last week to discuss the advisability of forming a branch for this outlying district. The advantages of membership are apparent when it is stated that by the payment of a small fee per month good medical attendance and medicine are secured to the member who is unfortunate enough to require them. A small entrance fee is exacted, and members are not free to benefit for the first four weeks. Another advantage which will be duly appreciated by that large class who are so often the victims of doubtful medical treatment, is that they have here a choice of medical men from a staff which contains no unqualified assistants. Further, medical attendance at home is provided in cases of serious illness without extra charge; the drugs are stated to be of the best quality, and should a more than usually expensive medicine be needed it would be supplied. The management of each branch is vested in a committee elected by the members.

Progress in Medicine.

THE *Louisville Medical News* demonstrates the progress of medicine very clearly and pithily in the following interesting extract from its issue for February 10:—"And Asa, in the 39th year of his reign, was diseased in his feet until the disease was exceedingly great; yet in his disease he sought not the Lord, but the physicians. And Asa slept with his fathers."—2 Chronicles, xvi. Asa's foot trouble was probably erysipelas, since syphilis, guinea-worm, or gout in the feet would scarcely have killed him, and cancer of both feet is exceedingly rare. Asa's doctors were ignorant of quinine and tincture of iron, and without these remedies the treatment of erysipelas is, at least, unsatisfactory."

Leprosy in Norway.

THE well-known liability of the Norwegian people to leprosy has long been an important consideration in respect to the etiology of this disease. It is interesting therefore to learn that the number of persons so afflicted in Norway shows a large and steady decrease. From recently published returns this is made clear, for whereas in 1875, 2,008 leprosy patients were reported, the number had fallen at the end of 1880 to 1,582. How far the improvement is to be attributed to greater cleanliness of habit and increased care in preparation of the fish food largely indulged in, must be left for determination to those competent to speak on the subject. No doubt, however, these measures of regimen have been mainly instrumental in reducing the proportions of the disease among the Norwegian people.

DR. THOMPSON, who some time ago received a letter of thanks from the authorities at Viareggio for his medical services to the poor of that town, has recently been presented by the King of Greece with the Cross and Insignia of the Order of the Saviour.

Centenarians.

AN account has recently come from France of the death of a widow lady at the advanced age of 105 years; but even this great length of life has been exceeded by "Old Betty Lloyd," who was buried on Friday last at Garth, Ruabon, and who had attained no less an age than 107. This ancient dame is survived by two children, each more than 80 years old, and until within a fortnight of her death she preserved a very remarkable degree of activity. The aged Frenchwoman also is described as having been active and in possession of all her mental faculties until a few days before she died; indeed, so far as intelligence is concerned, she may be said to have preserved it to the last. In both these instances of longevity there would seem to be no doubt as to their reality, and they therefore possess a considerable degree of interest as proving the possible duration of life under conditions calculated to maintain health and vigour.

Premature Triumph.

OUR contemporary, the *Shield*, an organ "with an object," and that the repeal of the Contagious Diseases Acts, raises a shout of triumph in its latest issue, which, we venture to presume, is somewhat hastily indulged in. Our contemporary is apparently, by some means not accessible to less aspiring newspapers, in a position to prophecy what is in the womb of the immediate future, and, under the inspiring influence thus generated, it indulges in the following emphatic expressions of hopefulness:—"Our course is clear. We must maintain a perfectly steady and unbroken front under Parliamentary fire. If we do this—if we show ourselves worthy of the great cause which it is our privilege to champion—the triumph of that cause in the near future is as certain as the rising of to-morrow's sun."

M. COUTY, in a communication to the Academy of Sciences, shows that curare is not merely a paralyzing poison, but has in the first place a slightly convulsive action. It is also not only a peripheric poison, but to a certain degree affects the nervous centres.

WE understand that the Board of Trinity College has decided to confer the Obstetric Degree of the Dublin University (M.A.O.) on Dr. Kidd, of Dublin—*honoris causa*—and in recognition of his very distinguished services to the elucidation of that branch of medicine and surgery.

THE deaths of three members of the profession have occurred during the past few days at very advanced ages: Surgeon-Major John Wyer, of the Army Medical Service (retired), died at Whitechurch, Dorset, at 93; Dr. John Wilkinson, Senior Surgeon to the co. Limerick Infirmary, at 90; and Surgeon-Major Reid, of the Army Medical Service (retired), at Torquay, in his 86th year.

AT the annual collections in Manchester, in aid of the hospitals of that city last month, £4,635 5s. 8d. was contributed on the Sunday at the various places of worship, and £1,539 16s. 6d. on the Saturday as the working man's contributions. So far therefore the total contributions are £6,174 16s. 2d., the total at the corresponding period of last year being £6,226 18s. 7d.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE EXTRA-MURAL SCHOOL, EDINBURGH.—At an adjourned meeting of this School, held last week, it was decided to send a deputation to the Colleges to ask those august bodies to do "something" for the School. It may confidently be asserted that the deputation have not the slightest idea of the nature of the something that is to be done for them, and one thing is certain—nothing will be done. The School is given to these periodic and sudden fits of intense activity, so that nothing alarming need be feared in the present instance. The dinner to which a deputation of the Glasgow School were invited has been postponed *sine die*, simply, we believe, because when it came to the push so great was the cordiality between the different members of the School that the Dean of the Faculty found himself alone with his proposition to dine the Glasgow delegates. We await the result of the interview of the School deputation with the Colleges with some interest. If wise counsels prevail against university interest, the Colleges will again become—what one, at least, originally was—teaching bodies. As far as mere examinations go, the Government are quite capable to examine all candidates for licences to practise in the country, and therefore the *raison d'être* of the Colleges as mere examining bodies is a thing of the past. The anomaly of irresponsible bodies of men being empowered to grant licences to practise medicine and surgery must be removed.

OPEN SPACES IN EDINBURGH.—The future of the site of the old infirmary is still a subject of keen discussion, and rival suggestions are daily published in our Edinburgh contemporaries. In some of these the letting of the land for building purposes is proposed—in others, a garden or public square is suggested. Those who know the crowded state of the neighbourhood around the old infirmary would scarcely think twice before they gave their support to the latter proposal, but, unfortunately the question of cost comes in, and as it is the interest of the City Treasurer to show a good balance, regardless of the half-suffocated crowds of the Cowgate panting for more air and light, the infirmary site is likely to become a heap of stone and mortar. There is a health society in Edinburgh, presided over by the Earl of Rosebery, but beyond acting as a medium for a select few medical men to advertise their specialities, it might be dead and buried. Its vitality is exhibited in the winter by the delivery of the above advertisements, but its voice is never heard where any work of practical good is required. In London old graveyards are being turned into public gardens, but in Edinburgh open spaces in the most crowded parts of the city are conspicuous by their absence. We sincerely hope that wise counsels will prevail, and that the old infirmary site, perpetuated as a garden, may long maintain its old prestige as a health-restorer to the city.

PROFESSIONAL ADVERTISEMENTS.—We would draw the attention of the College of Physicians of London to the following, which we have cut from the advertising columns of our lay contemporary the *Scotsman*. The programme is certainly attractive to the general reader, and will enable any one troubled with congenital phimosis to find out where he may be circumcised by an improved method. The other articles will speak for themselves; but it seems scarcely fair that our professional brethren across the Tweed should enjoy such a monopoly of advertising themselves:—"The *Edinburgh Medical Journal* for March contains the following important original communications:—*Basilysis for Distocia*

from Hypertrophic Elongation of the Cervix Uteri, with illustrations, by Professor Alexander Russell Simpson; Germs and the Spray, by Mr. John Duncan, Surgeon to the Royal Infirmary, Edinburgh; Sequelæ of Tracheotomy occurring after Closure of Tracheal Wound, with an illustration, by J. Maxwell Ross, M.A., M.B., &c.; Case of Strangulated Congenital Inguinal Hernia, by Dr. Peter Hume Maclaren; On Dangerous Hæmorrhage from the External Genital Organs during and after Labour, by Dr. Peter Young; An Improved Method of Circumcision for Congenital Phimosis, by Dr. Neil Macleod; A Curious Instance of Cadaveric Spasm, by Dr. F. Ogston, Aberdeen; On the Treatment of Leprosy, by Surgeon-Major C. T. Peters, M.B.; Surgical Experiences in the Zulu and Transvaal Wars, by D. Blair Brown, F.R.C.S.E."

THE LECKIE-MACTIER FELLOWSHIP IN THE EDINBURGH UNIVERSITY has been awarded to Mr. George Armstrong Atkinson, M.B., C.M., after an examination in medicine, surgery, midwifery, medical jurisprudence, and public health, and written reports and commentaries on medical, surgical, and gynecological cases in the Royal Infirmary.

PROFESSOR GRAINGER STEWART.—Professor Grainger Stewart, who has so far recovered from the rheumatic attack from which he has been suffering all the winter as to enable him to travel, is now in the south of France. A letter was read last week from the Professor by Dr. James Ritchie, who has ably conducted the class during Dr. Stewart's absence, thanking the students for their regular attendance and consideration for him during his protracted illness. We sincerely hope that the Professor may soon return with renewed health, and we congratulate him and his class on having found so excellent a substitute in Dr. Ritchie.

ROYAL EDINBURGH ASYLUM FOR THE INSANE.—The statutory annual meeting of the Edinburgh Royal Asylum was held on the 26th ult., in the Council Chambers, the Lord Provost in the chair. Dr. Clouston read his annual report, as Physician-Superintendent, which stated that in the beginning of the year there were 822 patients, and on the 31st December there were 787. There were 329 admitted during the year, of whom 143 were men and 186 women. The total number of patients under treatment was 1,141. There were discharged during the year 281 patients, of whom 115 were men and 166 women. There were 83 deaths, of whom 47 were men and 36 women. The average number of patients resident during the year was 806—415 men and 391 women. The total number of admissions for the year (329) was 20 less than the average number for the past five years, and was lower than any year since 1875. An unusual number of the cases admitted this year were of a very acute character, or were accompanied by organic diseases of the brain, or by severe bodily disease. Sixteen died within the first month of residence, and 26 within the first three months, which far exceeded the average. The causes of the disease in the patients admitted were:—From domestic troubles, 44 persons, 41 of whom were women; business and money difficulties, 19 persons, 15 of whom were men; anxieties and worries, not domestic, 23 persons, 9 men and 14 women; religious and love difficulties played a small part in filling the asylum this year, 7 persons only having been put down to those causes; drink alone, 44 cases; accidents or injuries, 15; child-bearing, 16; the periods of puberty, the climacteric and old age, 39; and various bodily diseases and disorders, 68. There can be no doubt that as at present constituted there are only a small minority of the human race who can be made insane in the ordinary sense. By starvation, or poison, or fever, they can be made temporarily delirious, and their mental functions may be destroyed by organic brain disease; but true insanity

cannot be produced on them by any cause known to us. Some sort of direct or indirect predisposition is needed for this. One of the great problems—as yet unsolved—for medical men is how this predisposition to insanity can be avoided, and when present, how can it be got rid of. The preventive aspect of medicine in all its departments is perhaps the most hopeful of good to humanity; but as yet, remarked Dr. Clouston, they were unable to do very much in preventing the development of insanity with scientific certainty.

MR. WILLIAM McEWEN AND THE GLASGOW ROYAL INFIRMARY.—Considerable surprise will be very generally felt at the announcement that Mr. William McEwen has resigned from the directorate of the Glasgow Royal Infirmary. It is quite well known that for some time past the relations between the directors and the medical officers of the institution have been not a little strained. We are not in a position to say whether Mr. McEwen's resignation has any bearing on this question. For the long period of twenty years it must be said that Mr. McEwen has most faithfully and zealously served "the Royal," and no matter how erroneous his recent attitude towards the medical officers may be viewed by them, they will, we feel assured, be the first to admit that by his resignation the Infirmary sustains no mean loss. Besides being a director, Mr. McEwen was also chairman of the House Committee, having held that post since the year 1865. During his term of office Mr. McEwen attended no fewer than 1,270 ordinary meetings of the directors. He took a warm interest in the Royal Infirmary School, and making every allowance for difference of opinion on technical questions, we repeat, it will be difficult for the institution to secure in his place so zealous a friend.

ILLEGITIMACY IN SCOTLAND.—At the annual meeting of the Edinburgh Maternity Hospital, on the 1st inst., Lord Provost Harrison, who presided, took occasion to refer to the crying evil of illegitimacy, which mainly necessitated the existence of the institution of which he was president. He remarked that but for miserable ecclesiastical contentions the question would have been manfully faced long ere now. Scotland had as much need to wage warfare with it as with the vice of drunkenness. The scandal and sin of Scotland in that respect ought to make Scotland stink in the nostrils of the nations of the world. The vast mass of the respectable people of the country were totally insensible to, because ignorant of, it. But he knew too well the frightful amount of human misery which was annually caused in the land by the sin to which he referred. He did not so much blame the guilty parties as the conditions of society in which they were, and the low standard of public opinion which they had allowed to grow up in the society to which they belonged. There were many places in Ireland, even in the wildest districts, where the fall of a young woman from chastity was practically unknown for generations. It was a shameful thing they should have this sin so common in Bible-loving Scotland, when such an immunity from immorality existed in Catholic Ireland. The courting customs of Scotland must be attacked; and he would be a benefactor to his country who would head a crusade against customs which annually broke many hundreds of young and beautiful hearts, which ruined hundreds of young lives, and filled hundreds of households with grief. Meanwhile, in Scotland the rival religious bodies were too much occupied in fighting one another to attend to such a matter as this. It were well that these sensible reflections were taken seriously, and an authoritative effort made to stem that tide of national degeneracy which has long blanched the fair fame of Scotland.

PRESENTATION AT THE GLASGOW ROYAL INFIRMARY.—On the 24th ult. Miss Finlayson, of this institution, was presented with a handsome gold chain and locket, on the occasion of her leaving to fill the post of Matron of the Ayr Hospital. Mr. Clark, in making the presentation, referred briefly to the high qualities displayed by Miss Finlayson, adding that her success should act as an incentive to the other nurses to do their duties to the best of their ability. Dr. Thomas returned thanks on behalf of Miss Finlayson, and expressed regret at losing so good and faithful a servant.

HEALTH OF EDINBURGH.—The mortality of Edinburgh for the week ending with Saturday, the 24th ult., was 87, and the death-rate 20 per 1,000. Diseases of the chest accounted for 41 deaths, and zymotic causes for 5, of which 1 was due to diphtheria. No death was recorded from fever, scarlatina, or measles, the intimations of these diseases for the week being 8, 23, and 9.

MORTALITY IN GLASGOW.—For the week ending with Saturday, the 24th ult., the deaths in Glasgow were at the rate of 33 per 1,000 per annum, against 29 in the preceding week, and 25, 27, and 24 in the corresponding periods of 1882, 1881, and 1880.

WINDFALL FOR THE EDINBURGH ROYAL INFIRMARY.—By the will of the late Mr. Duncan Virtue, H.E.I.C.S., 3 Eaton Terrace, Edinburgh, the Edinburgh Royal Infirmary receives the residue of his estate after several legacies have been paid. The sum that will thus be received by the institution is estimated to amount to about £80,000. It is a condition of the bequest that the money will require to be capitalised, the interest being available as income.

Literary Notes and Gossip.

The Paris Academie des Sciences has awarded the "Prix Montyon" to Dr. Maillot, for his interesting works on the continued fevers of tropical and malarious countries.

PASTEUR's reply to Koch's defence appeared in *La Semaine Medicale*, of Jan. 25th. We hope shortly to give our readers an account of this further stage of the dispute between these two eminent explorers.

THE Briton Medical Life Association have sent us their "Life Almanac," which contains a considerable fund of useful information especially serviceable to medical practitioners in connection with assurances. The book likewise includes all the usual postal and general information of diaries, and will be found of much use.

THE *New York Medical Journal*, one of the most successful and best edited among the American medical monthlies, has this year become a weekly, and the *New York Medical Record* has increased its size superficially to nearly double that of the medical journals of this country; its proprietors are evidently bent upon a policy imitative of broadsides.

We are informed that for the the prize of 500 rupees offered by Surgeon-General Gordon, C.B., for the best essay on Fevers affecting British Soldiers in India, but one treatise was sent in, to which, though a careful production, the reward cannot be adjudged in consequence of non-compliance on the part of the writer with the conditions laid down by Dr. Gordon.

DR. ISAMBARD OWEN has reprinted the analysis of the results of treatment of acute rheumatism by different systems, which analysis formed the basis of his address to the Medical Society during the discussion on rheumatic fever in December, 1881. Those who were interested in that discussion and in our *résumé* of it at the time will be glad to have the opportunity of procuring Dr. Owen's tables and conclusions, which are published by Messrs. J. and A. Churchill.

THE *Deutsche Medicinal Zeitung* has the following in its "Vermischtes" column of Feb 15th:—"Signs and wonders still appear. The *Wiener Medicinischen Blätter*, No. 5/83, has had the honour of being confiscated on account of an article on Army Reform and Military Sanitation! And yet people talk of the scant consideration accorded to the profession of medicine!"

WE are asked to state by the Director of the Medical Department of Her Majesty's Local Government Board that in future, for the convenience of members of the medical profession desiring copies of the official reports made to the Board by their Medical Inspectors, these are now placed on sale. Thus the Government report of any outbreak of fever or contagious disorder can be had for a few pence as soon as it is issued from the press. The agents for the sale of these reports are Knight and Co., 90 Fleet Street; Shaw and Sons, Fetter Lane, London; and King and Co., King Street, Westminster.

MAYNE'S *Therapeutical Remembrancer* (Churchills), having reached a second edition, ought to have been more carefully corrected. On page 3 a line of capitals gives prominence to this: "Chalk (Calcis chloridum)," besides some other errors of a similar kind. There are also faults of style which must be disagreeable to many. It is amusing to read of errhines being "imbibed by the nose," and expectorants "facilitating ejection of mucus;" but we can guess what the author means, though the definition of emetics is so involved that some students may give up the riddle. Nevertheless, this little work will be convenient to many, and, being interleaved, will serve for memoranda on materia medica.

MR. T. PRIDGIN TEALE, F.R.C.S., has added to the claims he possesses to national gratitude by turning his attention to coal economisation. A lecture delivered by him at Leeds on this subject is now published with a view to the advice it contains being generally adopted. It gives instructions for, and numerous illustrations to assist, the expeditious transformation of ordinary fire-grates into slow-burning smokeless economisers of coal. We sincerely trust Mr. Teale may have reason to be satisfied with the success attending this effort of his to diminish the "soot and smoke throughout the kingdom, and so further one great aim of sanitary reformers—the improvement of the atmosphere of towns."

THE *Deutsche Medicinal Zeitung* announces that the second Congress for "Medicine" will be held at Wiesbaden from the 17th to the 20th of April next. Professor Frerichs will probably be President, as last year. The following subjects are already announced for discussion:—"On Tuberculosis: the influence of the discovery of the tubercle bacillus on the pathology, diagnosis, prognosis, and treatment of the disease." Rühle, of Bonn, Referent; Lichtheim, of Bern, Correferent. "Diphtheria: its parasitic nature, the relation of the local processes to the general infection, contagiousness, therapeutics (surgery), and prophylaxis." Ref., Gerhardt, of Würzburg; Corref., Klebs, of Zurich. "The Abortive Treatment of Infectious Diseases." Ref., Binz, of Bonn; Corref., Rossbach, of Jena.

As no essay of sufficient originality was sent in for the "Hammond Prize" of the American Neurological Association, this prize is again offered to universal competition on the following conditions:—1. The subject of the essay to be on the *Functions of the Thalamus in Man*; 2. The essays are to be based upon original observations and experiments on man and the lower animals, and may be written in the English, French, or German language; 3. Essays are to be sent to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th Street, New York City, on or before February 1, 1884; 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. The value of the prize is 500 dollars (about £100), to be presented in gold coin, or such other manner chosen by the successful essayist.

THE *Liverpool Medico-Chirurgical Journal*, a half-yearly publication, appeared for the fourth time in January last, a degree of success on which the editors will doubtless base still further efforts. The clinical portion of this number of

the *Journal* strikes us as stronger than the section devoted to reviews, and may be found ultimately to be more deserving of space and attention. Among the so-called "reviews" there is a curious critique on Mr. Reeve's "Human Morphology," extending over four pages, but which is almost entirely devoted to bemoaning the decadence of anatomical illustrations. The criticism of the work assumed to be under review is compressed into a few lines, and is of the most general description possible. We would really recommend a change in that part of the *Journal's* staff to which reviewing anatomical text-books is entrusted. Two cases, one of athetosis, and one of œdema glottidis, reported in the same part, are instructive and interesting.

THE Council of the International Congress of Hygiene, which is to meet at the Hague, Holland, in 1884, asks us to announce for competition a prize of 2,000 francs (£80 sterling), offered by the London Society for the Prevention of Blindness, to the author of the best essay, written in English, French, German, or Italian, on "The Causes of Blindness, and the Practical Means for Preventing it." Beside this prize, the International Society for the Improvement of the Condition of the Blind reserves to itself the right to award a second prize of 1,000 francs (£40 sterling), or two prizes of 500 francs (£20 sterling) each, and a silver-gilt medal, with a diploma, should it see fit, to such other essays as should, in the opinion of the International jury, be deserving of it. Essays are to be sent to the Secretary (Dr. Hattenhoff, Geneva) not later than the 31st of March, 1884. Every manuscript has to be distinguished by a motto, which is also to be written on a sealed envelope containing the name, Christian name, titles, and address of the author.

THERE was recently found in the library of the Faculty of Physicians and Surgeons, Glasgow, a set of manuscript notes of lectures on surgery by John Hunter. These notes, which we have had the privilege of personally inspecting, are written in a good hand, are in a fair state of preservation, belong evidently to an early period, and seem carefully reported, even to the ornamental expletives which custom one hundred years ago permitted. Many of the observations are interesting. What would Hunter have said to antiseptic surgery had it been foreshadowed in his time when he thus expresses himself: "It is not *external air* which causes suppuration; the part would in time suppurate *in vacuo*." The breast-bone and wing-bone of birds communicate with the air cells of their lungs, and yet suppuration does not arise there without a stimulus of imperfection is given." Not a few old-fashioned medical men of the present day are still disposed to *err* with Hunter.

MANY of Hunter's remarks on venereal disease contained in these notes are interesting. We notice a singular contradiction—"But clap is merely a local disease, and I cannot conceive that a clap can ever become a pox." In another it is remarked—"In every clap, especially one of long standing, and one that has been treated by purging, I think it possible for some of the matter to be absorbed, which may accordingly produce a pox." A difficulty which presents to the present generation of medical men no less than to Hunter is thus got over: "I have known a woman clap different men for years, herself having no symptom of it; so that the woman may have the disease without knowing it, or the parts may have become so habituated to it that it does not at all affect herself. . . . A woman may give a clap without having one, for a clapped penis may enter the vagina and leave matter, which a sound penis coming after may take up, and if any remains it may be washed away by urine, and thus the woman may escape the disease." There are many very interesting observations in these notes, and in the light of them we are not at all certain that in some respects the *science* of medicine has not rather retrograded than advanced.

THE principle that "birds of a feather" exercises an influence with the profession is very strongly evidenced in regard to choice of habitations. In every large town, a street or square will generally be found as the favourite *locale* of medical men. A writer in the March number of *Old and New London* speaks of this by special reference to eminent members of the profession in London of the past and present who have lived or are living in Brook Street. He says: "This street has for a century been the residence of successful surgeons

and physicians. Hither Sir Charles Bell, in the height of his fame, removed about the year 1831, and here he lived till his final settlement in Edinburgh in 1835. Sir Henry Holland, the fashionable Court physician, resided for upwards of fifty years at No. 25, formerly the residence of Edmund Burke. His house was a centre of literary and scientific society, and around his table often were gathered the Macaulays, the Wilberforces, and Sydney Smith. He attended the deathbeds of no less than five Premiers, and of several members of our own and some other royal houses. He was the physician to the Princess Charlotte, and at a later date to Her Majesty and the late Prince Consort." Her Majesty's Physician in Ordinary, Sir William Jenner, and her Physician Extraordinary, Sir William Gull, are also residents in Brook Street at the present time, together with twenty-seven other members of the profession of more or less eminence.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, Jan. 31st:—The Student's Handbook of Surgical Anatomy, by John McLachlan. The Treatment of Acute Rheumatism, by Isambard Owen, M.D. Clinical Lectures on the Diseases of Women, by J. Matthews Duncan, M.D. Micro-Photography, by A. C. Malley, M.B. Hahnemann, the Founder of Scientific Therapeutics, by R. E. Dudgeon, M.D. What is Religion? by Robert Lewins, M.D. Insanity: its Cause, Prevention, and Treatment, by W. Harris, M.R.C.P. The Administration of the Dental Act, by J. Tomes, F.R.S. The Principal Southern and Swiss Health Resorts, by William Marcet, M.D., F.R.S. Economy of Coal in House Fires, by T. Pridgin Teale, F.R.C.S. Poverty, Taxation, and their Remedy, by Thos. Briggs. Compulsory Notification of Infectious Diseases Considered, by R. Hamilton, F.R.C.S. Refraction of the Eye, by A. S. Morton, M.B. Syllabus of Materia Medica, by Drs. Harvey and Davidson. Tapeworms, by T. Spencer Cobbold, M.D. Official Report of the Smoke Abatement Committee, 1882. Transactions of the Liverpool Medical Institution. Journal of Psychological Medicine. Eleventh Annual Report of the Local Government Board. St. Bartholomew's Hospital Reports, Vol. XVIII.

Correspondence.

OVARIOTOMY STATISTICS.

We have been requested to publish the following letter from Mr. Spencer Wells to Professor Gross:—

3 Upper Grosvenor Street, London,
February 27, 1883.

My dear Professor Gross,—You have published in the *Philadelphia Medical News* a statement comparing the results of my operations of ovariectomy in 1,088 cases with those of three other operators in 381, 328, and 228 cases respectively, making a total of 985 cases. The mortality of my cases is given correctly at 22·15 per cent., and that of the other operators as 10·76, 10·67, and 11·94 per cent. On this plain statement, as you have published it, any one would conclude that I am a less successful operator than my juniors. Indeed, the author of a very eulogistic review of my last book in the *American Journal of Medical Sciences* of January, 1883, misled by a false statement in the *American Journal of Obstetrics* (vol. xv., page 547), that I "had gone on for twenty years operating on hundreds of cases with a mortality of 25 per cent.," takes the trouble to give what he believes to be a true explanation of the "high range of mortality in his [my] ovariectomies." He says that I had laboured for an "ideal success," but "his [my] own practice fell short of this ideal." If it were true that after twenty years' operating I had gone on operating with a mortality of 25 per cent., while others did not exceed 10 or 12, some such explanations as those proffered by my able and kindly reviewer might serve as my excuse. But it is not true. When I had been operating for twenty years I had reduced my mortality to 11·62 per cent. The results of successive series of 100 cases had been made known— from 34 in the first, and 28 in the second, to 17 in the ninth, and 11 in the tenth series of 100 cases. My cases of 1879, 1880, and 1881 had been published, with results of 11·62, 9·57, and 10·7 per cent.; and in the preface to my book, published in May, 1882, I afford proof that, "notwithstand-

ing the fact of my being often called upon to treat patients rejected by other surgeons as unfavourable cases, the progressive diminution of the mortality still continues." I added, "It is still more gratifying to be able to add that this increasing success is not confined to myself nor to British surgeons, but is also established in Germany, France, and Italy." There really can be no excuse for this attempt to discredit me with a high mortality after twenty years' experience, as in my book (pages 214-15) I had shown very plainly how in successive periods of five years the mortality progressively diminished, and that in the

First five years	about 1 in 3 died.
Second and third five years...	" 1 in 4 "
Fourth five years	" 1 in 5 "
Last two years	" 1 in 10 "

Or, putting it in another form, that in the

First five years	70 per cent. recovered.
Second five years	74 " "
Third five years	73 " "
Fourth five years	80 " "
Two last years	90 " "

I trust, my dear Professor, that you will accept my desire to stand well with my American brethren as a sufficient excuse for this long letter. And, with sincere respect,

I am, &c.,
T. SPENCER WELLS.

THE BUMBLEDOM OF THE COLLEGE OF PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—The bumbledom of the College of Physicians is too intolerable to be passed over in silence, as day after day advertisement is followed by advertisement of some favoured Fellow in the daily press. Repeated advertisement of medical lectures in the lay press is indefensible on any grounds. Certainly the practice cannot be defended on the plea of expediency, for the profession is more effectually reached through the columns of the medical journals, and only in extreme instances can the public be expected to take the smallest interest in lectures on Sterility or Phthisis, scarcely more in Harveian orations. What excuse, then, can the President and Censors of the College offer for the continuance of the very questionable puff-direct of their Fellows? There is yet another form of advertisement not less objectionable because it is somewhat more fashionable. This may be described as the bulletin advertisement nuisance, and which the bumbledom of the College would do well to keep within proper bounds, since it is much abused, and is consequently fraught with danger to the honour of the Fellows. This form of advertising was at one time confined to its more legitimate purpose of allaying alarm when the head of the State was attacked by illness, but now it is made the stalking-horse of every one who can afford to call in the eminent Dr. Snooks, F.R.C.P., who, together with a string of smaller luminaries in attendance upon Mr. Jones, M.P., make a point of issuing a daily bulletin of the state of their illustrious patients. Even the President of the College, I observe, is not proof against this form of puff-direct, and which, under any circumstances, can only be said to be a bolder and more daring kind of advertisement.

I am, &c.,
ANOTHER MEMBER OF THE COLLEGE.

March 3rd, 1883.

Obituary.

SURGEON WYER, M.R.C.S. (Army Medical Service).

THE death of Surgeon John Wyer, of Whitechurch, Canonicoorum, Dorset, is announced, at the great age of 94. Mr. Wyer entered the Army Medical Department as hospital assistant in the early part of 1811, and, it is said, was the oldest medical officer in the Department. He served in the Peninsula on staff, and with the 88th Regiment from 1811 to the end of the war in 1814, and received the medal with five clasps for Vittoria, Pyrenees, Niville, Orthez, and Toulouse. Surgeon Wyer also served in Canada, and was present at the taking of Platsberg, at the Cape of Good Hope, and at the West Indies. A few years back Her Majesty conferred on him a pension of £100 per annum for distinguished and meritorious service.

GEORGE MACKENZIE BACON, M.D.

IN sad contrast in point of age to the veteran above referred to is our announcement of the death, at the early age of 47, of Dr. Bacon, Medical Superintendent of the Cambridge Lunatic Asylum, which occurred after three days' illness of colic. Deceased, who was highly esteemed by a wide circle of professional and other friends, was a native of Lewes, Sussex, his father being the proprietor of that venerable publication the *Sussex Advertiser*. He received his earlier education at the Lewes Grammar School, and afterwards became a pupil of the late Mr. W. H. Murrell, surgeon, of Lewes, with whom he remained four years. He then took up as a specialty the study of psychological medicine, in which he soon attained distinction. After leaving Lewes Mr. Bacon entered Guy's Hospital, and in 1858 obtained the diplomas of L.S.A., L.M., and M.R.C.S. In 1862 the University of St. Andrews conferred upon him the degree of M.D., and the University of Cambridge in 1877 gave him an honorary degree of M.A., in recognition of his general merit, and more particularly in acknowledgment of the valuable services rendered to the University by gratuitous lectures addressed to undergraduates at the asylum since 1869—lectures, we may add, which have been continued to the present year. Dr. Bacon was for some time Assistant Medical Officer to the Norfolk County Lunatic Asylum, and in 1867 obtained the appointment of Resident Medical Superintendent at the County Lunatic Asylum at Fulbourn, Cambridge. This appointment he was holding when death so suddenly deprived the profession of one of its most sterling members, the asylum of its honoured head, and a wide circle of friends of one whom it will long mourn.

PASS LISTS.

University of Cambridge.—At a Congregation held on March 1st, the following medical degrees were conferred:—

Bachelor of Medicine.

Bullar, John Follett, Trinity. | Knowling, Ernest M., King's.
Swift, Harry, Caius College.

Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.—The following candidates have passed the final examination for the double qualification:—

Cable, John, Glasgow. | Muir, James, Glasgow.
Gray, Charles Alex., Glasgow. | Shaw, Peter Fleming, Glasgow.
Johnson, Samuel, Edinburgh.

Army Medical Service.—The following is a list of candidates who were successful for appointments as surgeons in Her Majesty's British Medical Service at the Competitive Examination in London on February 19th and following days, in order of merit:—

	Marks.		Marks.
Bruce, D.	2680	Moore, R. R. H. ..	2320
Gordon, H. C. ..	2460	O'Shaughnessy, P.	
Bell, H. L.	2447	J. B.	2170
Riordan, J.	2435	Robertson, J. R. S.	2170
Dehom, H. A. ..	2415	Tate, A. E.	2130
Firth, R. H.	2400	Faunce, C. E.	2130
Nells, G.	2350	Leudrum, W. H. ..	2090
Galloway, P. J. ..	2280	Wyatt, H. J.	2050

Navy Medical Department.—The following is a list of the successful candidates for appointment as surgeons in the Royal Navy at the Competitive Examination in London on 19th February and following days, in the order of merit:—

	Marks.		Marks.
Mends, B. S.	2600	Penn, J. E.	2100
Crowley, T. J. ..	2445	Nicholson, R. H. ..	2060
Keese, A.	2415	Bury P. B.	1990
Lennox, D.	2350	Seymour, J. N. ..	1975
Gunn, B. C. E. F.	2185	Barrington, J. L. ..	1825
Hoskyn, D. T. ..	2150	Suggs, J.	1875

Indian Medical Service.—List of candidates for Her Majesty's Indian Medical Service who were successful at the Competitive Examination held at Burlington House on February 19 and following days. Twenty-two candidates competed for five appointments; twenty-one were reported qualified:—

	Marks.		Marks.
Young, J. M.	2555	Quicke, W. H.	2355
Jamieson, G.	2525	Evana, A. O.	2225
Collie, M. A. T. ..	2515		

Notices to Correspondents.

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

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

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

POOR-LAW SERVICE.—W. H. & M. O. asks: What is my position in regard to visiting when requested by the relieving officer to attend patients not in my own district? Have I not a claim for payment by the Board of Guardians? A few weeks ago a red line was left at my house (unaccompanied by any message from the doctor of the district, who simply told the bearer to procure the ticket, and that "I was bound to go"), and not being able to go myself, I sent a medical friend in my place, sending my own horse and car with him, and promising him the fee which I believed I should be entitled to from the Board, to whom I sent in my application. I have had no reply whatever from the Board, but I have heard indirectly that my claim would not be entertained, and because the medical officer of the district in question had written to the clerk of union offering to settle—not with me—but with the gentleman who kindly took in my place the duty which was imposed on me by the ticket of the relieving officer.

[If it pleases our correspondent to oblige a neighbouring practitioner he may attend, outside his own district, on a request to do so; but he is under no obligation whatever to do so; and a relieving officer shows gross ignorance of his duty if he issues a ticket except to the officer of the district in which the patient resides—such ticket is waste paper. If the relieving officer engages the services of a medical practitioner, the Board of Guardians is distinctly liable to pay for the services rendered. If our correspondent wishes to test the matter he should pay the practitioner whom he employed to see the case, and should then require the Guardians—as a matter of simple contract—to pay for the services which the relieving officer engaged. He can recover the fee at law if he takes this course—presuming that the facts are as he states them.—ED.]

DR. GROSS.—Such information as we possess on the subject has been communicated to us at different times by the immediate authors of the experiment, who therefore must be considered responsible for all the statements hitherto made. Any corrections you are able to make shall receive careful attention.

A. A. T.—There is no remedy open to you under the circumstances. You can summon the responsible parties in a county court, and for this privilege, the only one you enjoy in return for your registration fee, the Council is entitled to all the credit you are disposed to give it.

INARTICULATE.—An "elastic" ligament is so decided a novelty that we would strongly advise your pursuing further investigations, and *studies*, before publishing your views more widely, as you express the intention of doing.

A CORRESPONDENT asks: If a medical officer who holds two appointments (viz., a workhouse and dispensary district in the same union) can present himself for a third appointment and be elected thereto without resigning either of the above?

[He may hold a dozen such appointments if the Local Government Board sanctions his doing so. Whether they will do so or not depends chiefly upon his capacity to fulfil the plurality of duties.—ED.]

LONGEVITY—REMARKABLE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A few hours before reading the "Remarkable Case of Longevity in Scotland" furnished by your Northern Correspondent, Feb. 28th, I had seen in *La Presse* of Tuesday, Feb. 27th, a still more extraordinary case, of which, on account of its unique character, I send herewith a brief résumé for insertion in the *Medical Press*, as it will doubtless interest many of your readers:—

The case is that of a Russian peasant, named James Zygolof, who had just died at Odessa, at the age of 147. Of the rest of the family, his son is still alive, at the age of 115 years, his grandson at 85 years, and his great grand-son at 40 years.

More wonderful still, Zygolof never smoked nor drank any alcoholic liquors in his time. And the history ends by saying that this is a *good point for the temperance societies*; and as I give my endorsement to that, I now wish to afford you, Sir, the opportunity of making the fact known to your numerous readers, through whom I trust that Sir Wilfrid Lawson, M.P., and Cardinal Manning may get to know the story, and in turn cheer their disciples with the knowledge.

I am, Sir, yours sincerely,

JAMES O'FLANAGAN.

Houghton-le-Spring, Durham,
March 5th, 1883.

M. R. C. S. P. (Devonport).—The individual referred to as having falsely assumed and practised under the name of the gentleman in question bolted as soon as a warrant was issued; we hear, however, that he has just been arrested, and will probably be brought before a magistrate this week.

DR. FRANCIS.—Thanks for the notes, which are interesting, and shall appear in an early number.

A STUDENT (Manchester) is referred to the announcement of the Royal College of Surgeons in our last issue for an answer to his inquiry. He will there see that Students completing their Anatomical Studies at the end of the present Winter Session, and who desire to present themselves for the Examination commencing on Friday the 30th of March, must forward the required Certificates through the post not later than Thursday, 22nd March; and for the Examination commencing on Friday the 20th of April, Students must send through the post their applications, accompanied by their Certificates, not later than Friday the 6th of April.

A THIRD YEAR'S MAN.—The book is a most reliable one; you cannot do better.

DR. B. (Liverpool).—Thanks; it shall appear in an early impression.

A. F.—We cannot permit the insertion of any letter that reflects unjustly on the actions of an individual member of the profession.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, MARCH 7TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m., Professor Flower, On the Anatomy of the Horse and its Allies.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Croonian Lecture: Dr. J. E. Pollock, On Modern Theories and Treatment of Phthisis.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 p.m., Surgeon-General John Murray, On the Delhi or Oriental Sore.—Deputy Surgeon-General Joseph Ewart, On the Causes of the Excessive Mortality among the Women and Children of the European Army of India.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m., Specimens will be shown.—Inaugural Address by the President, Dr. Gervis.—Dr. Godson, On Cases of Clinical Interest.

THURSDAY, MARCH 8TH.

ROYAL INSTITUTION.—3 p.m., Professor Dewar, On the Spectroscopy and its Applications.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8 30 p.m., Dr. C. E. Fitzgerald, On the Connection between Uterine and Eye Diseases.—Mr. Adams Frost, On Pulsating Exophthalmos.—Dr. David Little, On Sarcoma of Iris successfully removed.—Mr. A. H. Benson, On Farsia of Ocular Muscles after Diptheria.—8 p.m., Living and Card Specimens.—Mr. J. E. Adams, On Embolism of both Retinal Arteries.—Mr. A. H. Benson, On Ophthalmoscopic Drawings.—Mr. Adams Frost, On Double Pulsating Exophthalmos.

FRIDAY, MARCH 9TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m., Professor Flower, On the Anatomy of the Horse and its Allies.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Lumleian Lecture: Dr. A. B. Garrod, On Uric Acid, in its relation to Renal Calculi and Gravel.

ROYAL INSTITUTION.—8 p.m., Professor G. D. Living, On the Ultra-violet Spectra of the Elements.

CLINICAL SOCIETY OF LONDON.—Mr. Godlee, On a Case of Fracture of the Radius and Dislocation forwards of the Ulna at the Wrist, in which the lower end of the latter bone was removed to effect reduction.—Dr. Pearson and Dr. Broadbent, On a Case of Acute Necrosis of the Right Orbital Plate of the Frontal Bone, giving rise to Thrombosis in the frontal end of the Longitudinal Sinus, in the Cavernous Sinus, and Ophthalmic Vein.—Dr. G. Johnson, On Picric Acid as a Test for Albumen and Sugar in the Urine.—Mr. E. W. Parker, On a Contused Wound of the Thigh and Leg in a Young Child; gangrene of the limb; death.—Dr. Dyce Duckworth will exhibit (1) a Case of Remarkable Hardness of the Ears; (2) a Case of Rheumatoidal Subcutaneous Nodules.—Dr. S. Mackenzie will show a Case of Subcutaneous Nodules without definite Rheumatism.

ACADEMY OF MEDICINE IN IRELAND.—Surgical Section.—Living Specimens: Mr. Swan, A Case of Funicolitis treated by open operation on Contracted Tissues.—Specimens exhibited by Card: Mr. Hayes—1. Morbid Structures removed in Excision of the Knee; 2. Adenoid Tumour removed from the Digestive Region; 3. Secondary Carcinoma involving the Body of the Lower Jaw.—Mr. Wheeler—1. Large Fungulous Tumour situated close to Left Anterior Superior Spine of Ilium; 2. Index Finger removed for Melanotic Cancer; 3. Cast of Compound Dislocation of Ankle Joint; 4. Cast of Stump after Amputation for above; 5. Cast and Drawing, showing Epithelioma of Sole of Foot.—Mr. Stokes—1. Drawing illustrating a Cast of a large Pessile Fistula; 2. Drawing of same case after a series of plastic operations.—Mr. Thomson, Vesical Calculi.—Papers: Mr. Kendall Franks, Spontaneous Dislocation.—Dr. M'Donnell, Injuries of the Spine followed by progressive Muscular Atrophy.—The President, Excision of the Hip.

Births.

FINNY.—Feb. 19th, at 19 Lower Baggot Street, Dublin, the wife of J. Magee Finny, M.D., of a daughter.

WOODS.—Feb. 18th, at Killarney, the wife of Oscar T. Woods, M.D., of a daughter.

Deaths.

CHRISTOPHERS.—Feb. 26th, at Westgate Terrace, South Kensington, John Crown Christophers, F.R.C.S., aged 70.

DALY.—Feb. 24th, at the residence of his brother, Stratford Road, Manchester, F. Herbert Daly, L.R.C.P. Ed., aged 24.

REID.—Feb. 24th, at Ashbury Dale, Torquay, James Reid, Surgeon-Major (retired), Her Majesty's Madras Army, aged 85.

SIGSTON.—Feb. 20th, Joseph Teale Sigston, Surgeon, of Welburn, formerly of Leeds, aged 76.

UTTING.—Feb. 19th, at his residence, White Ladies' Road, Clifton, George Utting, M.R.C.S., aged 85.

WYER.—Feb. 23rd, at Whitechurch, Canonlorum, Dorset, Surgeon John Wyer, A.M.D. (retired), aged 93.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 14, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Clinical Lecture delivered at St. Mary's Hospital by Arthur Trehern Norton, on Hernia Cerebri and the Comparison between Meningitis and Cerebritis ... 219
The Galstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture II.—Its Theory or Causation 222
On the Solution of the Actions of Remedies, and on the Existence of Nerves of Inhibition as Exemplified by the Action of Sedatives and Stimulants. By Hugh Owen Thomas, M.R.C.S. 225

CLINICAL RECORDS.

Cashe Union Hospital—Notes on the Employment of Surgical Appliances in Hospital Practice. By Thos. Laffan .. 226

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—
Fracture of the Radius and Dislocation forward of the Ulna at the Wrist 227
Acute Necrosis of the Right Orbital Plate of the Frontal Bone in a Girl .. 227

Picric Acid as a Test for Albumen and Sugar in the Urine 227
ACADEMY OF MEDICINE IN IRELAND—
SUB-SECTION OF STATE MEDICINE—
Public Hygiene from the Earliest Time 229
Census Statistics and Health Statistics 229

FRANCE.

Strangulated Hernia 229
Tapping the Bladder 229

THE SERVICES.

Irish Students at the Army Medical Examinations 230

LEADING ARTICLES.

THE RECENT ANTI-VACCINATION PERSECUTION 231
THE CRUELTY TO ANIMALS BILL 232
MEDICAL WOMEN FOR INDIA 233
PRISON SURGEONS 233

NOTES ON CURRENT TOPICS.

The Recent Small-pox Prosecutions 234
Our Hospitals 234
The Fothergillian Gold Medal 235
Amputation at the Shoulder-Joint 235
Medical Union Society 225

PAGE

PAGE

Examinations of the Irish College of Surgeons 225
Homes for Inebriates 235
Collegiate Combination 235
Medical Society of London 236
Royal Medical Benevolent Fund Society of Ireland 236
Personation 236
Testimonial to Professor Erichsen 237

SCOTLAND.

Aural Surgery at the Edinburgh Royal Infirmary 237
A Crowded Infirmary 237
University of Aberdeen 237
The Fife Jamieson Memorial 238
Health of Edinburgh 238

Medico-Legal Intelligence 238
Medico-Parliamentary 238

OBITUARY.

M. Sedillot 238

LITERATURE 240

Novelties 241

NOTICES TO CORRESPONDENTS 241

Clinical Lecture

ON

HERNIA CEREBRI AND THE COMPARISON BETWEEN MENINGITIS AND CEREBRITIS.

Delivered at St. Mary's Hospital,

By ARTHUR TREHERN NORTON.

R. W., a little girl, about twelve years of age, on the 21st March, 1882, was struck on the head by a notice board, which was blown from its attachment by the recent gale. When seen in the waiting-room she was walking about apparently not much the worse for the injury she had sustained. On examination of the wound I found a small puncture about the middle of the left parietal bone, into which blood welled up and returned at each pulsation. I could not detect a fracture by the finger, but the swelling up of the blood could only take place as a result of the pulsation of the brain, and therefore it was evident that not only was there a fracture of the skull, but that there was displacement of bone sufficient to allow of the brain pulsation affecting the blood external to the bone. With the probe I detected that a piece of bone had been driven down about a quarter of an inch below its proper level. I therefore at once trephined and took away some four or five irregular-shaped pieces of bone which were depressed, and which had all of them both torn the dura mater and lacerated the brain. A pad of lint dipped in carbolic oil was laid on the dura mater, and the flaps drawn together sufficiently to permit of free drainage from the wound. Ice-bags were ordered to the head, and iced milk her only diet.

On the 22nd she had slept well, but was sick in the morning. A small pulse of 108, and temperature 99.4°. On the 23rd the temperature rose to 100° in the morning, and 102° in the evening. The tongue was white and the face flushed, but the wound looked well, and there was no discharge. She was perfectly sensible, and complained of no pain in the head, but sickness was continuous all day. To overcome inflammation of the membranes, which was evidently supervening, and

to allay the sickness, which was exhausting, the following was ordered:—

Vin. ant., G. T., ℥xxx.;
Tr. opii, ℥vj.;
Sp. chlorof., ℥x.;
Aquæ. ad., ℥ss. Every four hours.

The bowels not having been opened castor oil had been given, but immediately vomited. The tasteless ol ricini was therefore ordered iced, and, in teaspoonful doses, this she retained. On the night of 23rd she slept well, and the vomiting ceased after taking the antimonial mixture, but during the night the temperature rose to 103.6°. On the following morning, the 24th March, cerebral protrusion had taken place at the wound. The temperature rose to 105.4°; tongue white; pulse 120. She became restless; did not know her mother; scratched at things with her right hand. To lower the temperature a mixture of Tr. acetonit., ℥ij., and Tr. verat. virides, ℥v., was ordered every four hours. The temperature fell to 99°, and the mixture was omitted; but towards night rose again to 104°. The veratrum mixture was continued, and it gradually fell to 102°. All sickness had ceased.

On the 25th March respirations 16 in the minute; pulse 104, regular, but very weak; and temperature fallen to 102. The medicine was discontinued. She had full use of all muscles; no part paralysed. At one o'clock, p.m., the temperature rose to 104.8°. She was put into a bath of 98° gradually cooled to 85°. After fourteen minutes' immersion her temperature was 100°, but in five minutes after leaving the bath it had returned to 103.6°, showing that her skin only had cooled by contact with water of a lower temperature. She was quite conscious, and asked often for milk. At 3.30 she had a convulsion lasting four minutes; right side of face rapidly and violently twitched, and the right side of body in a quiver. She appeared to be asleep during the convulsion. The urine on examination was found to contain some albumen. Towards evening the left side of the face, left arm, and leg were paralysed.

On the 26th she had passed a restless night, but was

quite conscious; asked for milk, and stated she wished to use the bed-pan. The pulse was 98, regular, and good strength; and the temperature 102° . There was fair movement in the left leg, though plantar reflex almost annulled. Left side of face and left arm were still paralysed. No further convulsions. She seemed decidedly improved, but she had vomited three times.

On the 27th there was a change for the worse. Pulse 125, and temp. 104.2° . Had been restless throughout the night, keeping the whole ward awake. In the early morning she had a convulsion lasting twenty minutes; facial twitching continually on the right side. It was carefully observed that her tongue always pointed to the right, though the left side of her face was quite paralysed, the mouth being drawn to the right. Was continually sick. Passed her water in bed. Respirations 19. Hectic on each cheek. Hernia cerebri increasing in size.

March 28th.—Urine dribbling away, or rather being continually passed involuntarily—though bladder not loaded. From 5 to 8 a.m. a continuous series of general convulsions. Pulse 140. Half-conscious state. Does not know her parents. Towards evening pulse 164. She could move the left arm a little, though she had not been able to do so for some days. There was also sensation in left arm. She was ordered four grains of quinine every six hours. Brandy was being given— ʒiv. —in the day. The temperature fell to 99.8° .

On the 29th the condition was much the same as on the previous day, but the temperature gradually rose through the day to 104.8° .

On the 30th sick several times. Took any nourishment greedily. Knew nobody. Pupils widely dilated. Pulse 190, irregular. The quinine had no effect in lowering the temperature, which hovered about 104° . At 5 p.m. breathing became laboured. There had been no convulsions for two days. She became rapidly weaker, and died at 2 a.m. on the 31st.

The cause of death, and the signs and symptoms throughout, were those of meningitis.

The post-mortem notes are as follows:—On reflecting scalp there is hæmorrhage beneath epicranial tendon in right parietal region, and near squamo-parietal suture the pericranium is separated from the bone over a small area. Through an opening in the pericranium some sanious pus exudes. The trephine wound is situated 1" from sagittal suture, and its edge in front touches the coronal suture. Through the opening a brownish red mass of granulation tissue protrudes and overlaps the edges. From the aperture a fissure runs backwards through the right parietal eminence, and ends at the parieto-occipital suture. Near the parietal eminence another fissure passes from the first downwards and forwards to end about $1\frac{1}{4}$ " the mastoid process. On pressure pus escapes through the fissures in the bone. In the neighbourhood of the injury there is a layer of pus between the dura mater and the bone, and also beneath the dura mater. There is diffuse reddish injection of the vessels of the pia mater, and the large veins are filled up with blood. Scattered collections of yellowish lymph are seen on the sulci on right side of brain, more especially about posterior limb of Sylvian fissure. On examining base of brain a thick layer of yellowish green lymph surrounds the nerves, and extends from the olfactory sulci in front, to the pons and medulla behind. On section the red points are more numerous than natural, and the grey substance has a distinct reddish tinge. The lateral ventricles contain slight excess of fluid; choroid plexus and vessels of velum filled with blood. Pons, medulla, and basal ganglia reddened—otherwise apparently healthy. Basal sinuses filled with black clots. On examining bones the anterior fissure mentioned above ends by turning inwards and backwards to the superior border of petrous bone, about $\frac{1}{2}$ " from its base.

For comparison I will give you the notes of another

case of fracture of the skull, with hernia cerebri, recently in the hospital.

S. G., was struck on head by a metal pail full of mortar.

On admission.—Cut five inches long along right occipital and parietal bones. About the middle of wound bone was seen, and a slightly depressed fracture about size of a shilling made out. Blood seen to rise and fall with respiration through small hole in bone. Man quite conscious. Could sit up, walk, and talk. Pupils equal. Drainage tube laid in wound, and edges brought together with silver sutures. Calomel, gr. x., and ol. ricini.

June 20th.—Restless, but slept off and on. Temp. 103° . Bowels not open. Passed no urine. Was sick. Water drawn off and mist. alba, ʒij . Ice-bag to head. Was bled to ʒij .

22nd.—Temp. 104° . Bled again. Four leeches to head.

24th.—11 30 a.m. Temp. 102.6° . Drowsy and delirious for last twenty-four hours. Has had several convulsive seizures, consisting of clonic spasm, lasting from one to three minutes. No divergence of tongue. Pupils dilated, but nearly even (left perhaps rather more than right). Considerable loss of power in left hand and arm, but not complete paralysis. Can move both legs. Intense pain in frontal region and under seat of wound. Fragments of bone were elevated and removed, and some brain substance came through wound. Dura mater infused, and a small strip in a sloughing state was removed. Considerable bleeding.

June 25th.—Large quantity of pus found underneath lower flap, and counter opening made and drainage-tube put in. Quite sensible. Temp. 100.6° .

26th.—Conscious and delirious by turns in night. Convulsive seizure for three minutes. Right arm, shoulder, and leg drawn violently up and down. Temperature ranging 100.6° and 101.2° . A second slight seizure; face only affected. In morning quite conscious, and says he feels much better. Not so much pain. Respirations 30. Pulse 66, full and soft. Pupils normal and equal. No divergence of tongue. Good power and sensation on both sides of body. Power of grasping impaired in both hands. No double vision. Speech intact. Can feed himself. Dura mater looking rather dark. Ice-bag continued.

27th.—Temp. 102° in the morning, 100° in the evening. Quite conscious in night, and no delirium. No pain. Weaker. Two slight facial convulsions, lasting about a minute; also another in which right arm and shoulder were slightly affected. This morning looks less pinched. Pulse 66, of fair volume and strength. More power in left hand, but weaker than right. Iced milk taken freely.

28th.—In night highest temp. 100.4° . Slightly delirious. Took food well. In morning looks quite bright and rational. Much less pain in head. Talks freely.

29th.—Enema. Wound poulticed. Fair night. Wound healthy.

30th.—Quiet night. Bowels opened. Food taken well. Looks better. Speaks quicker. Complains of right frontal headache. Left hand much stronger, but still weaker than right. No photophobia. Temp., morning, 99° ; evening, 100.6° .

July 2nd.—Best night he has had. Temp. 100.4° . No pain in head. Skin hot and dry. Round mass appearing in wound.

3rd.—Temp. 100.6° . On this day he was attacked with rigors, and more drowsy. No signs of paralysis, save that left eye half open when asleep; but movement, sensation, and consciousness are unimpaired. Water passed continually into bed. Protrusion increased in size, pulsates, and smells badly.

4th.—More drowsy. Answers mechanically, and not always correctly as to facts. Mass in wound larger; still poulticed. Temp. 100° .

5th.—Restless night. Temp. 99.4°.

6th.—Not conscious. Not taking food so well.

8th.—Very delirious, pulled off bandages, and crushes the protruding mass. Mass quite soft and rotten, and easily brushed away with finger. Very drowsy in morning, and takes food worse. Will not put out tongue. Pupils equal. Can move limbs, but does so slowly. Temp. 100°.

11th.—Gradually been getting worse. Scarcely conscious, and continually muttering and fidgeting. Temp. yesterday, 3 p.m., 100.3°; 7 p.m., normal; this morning, 99.3°.

12th.—More restless. Frontal pain. Pupils react to light, but are more dilated. Urine contains mucus; does not smell.

15th.—Much same condition since 12th. Only semi-conscious, and answers questions slowly and indistinctly. Face slightly drawn to right, and left eye partially open. Pupils equal, but more dilated. Tongue appears to point to left. Skin cold and dry. Pulse 106, small, and not strong. Is constantly fidgeting about with his hands and moving his legs. Sometimes passes water involuntarily.

16th.—Looks a little less pinched, but has lost much flesh.

17th.—Eyes closed and very sunken. Seems unconscious, but always fidgeting. Pulse 120, small and feeble. Temp. 99°.

18th.—Left face quite paralysed, Pulse 138.

19th.—Looks very worn. Pulse 150. Temp. 101.4°.

20th.—From 7 p.m. to 10 p.m. very quiet; then continual facial and general twitching till 2 a.m. After this he became quieter, and died shortly after.

The cause of death in this case was not meningitis, but abscess, with destruction of the brain.

Post-mortem Notes.—Aperture in skull about as large as a crown-piece, a little below right parietal eminence. This had a sharp, ragged margin, and the inner table of skull was splintered off for about half an inch from the outer; no more fragments of bone present. On looking through the aperture a large cavity was seen in the brain, containing thick pus and the remains of the hernia cerebri. The membranes were adherent to the bone just at the margin of the aperture. There was no general meningitis. There was no suppuration in the diploe, nor any pyæmic abscesses anywhere in the body. The brain substance was destroyed to a great extent, viz.—the supra-marginal convolution, anterior part of the angular, and the white substance above the descending cornu of the lateral ventricle as far inwards as the outer border of optic thalamus. The hernia cerebri was as large as the thumb, and was lying attached by its base to the brain substance at the middle of the abscess just described. There was a superficial abscess beneath the pia mater, over the superior and middle transverse frontal convolutions, destroying the grey matter. No marked congestion of brain.

You notice by comparing the symptoms that these two cases, though both fracture of skull followed by hernia cerebri, were very different in character; both of them were followed by inflammation, but one, the child, was inflammation of the membranes; while the other, the man, was inflammation of the brain substance.

In many cases both the membranes and the brain substance are affected; so it has been said that there are no symptoms by which the two diseases, when following a fracture of the skull, can be definitely diagnosed; but in the two cases before us it was tolerably clearly observed in the commencement what was the sequel of the injury.

The thermograph was markedly different in the two cases; in the child (meningitis) it was 104° on the third day, and though it appeared to be lowered by the action of medicines for a few hours at a time, yet throughout the disease it hovered between 105° and 103°. On one occasion she was immersed in water and

gradually cooled down to 95°, and her temperature in the axilla was reduced to 100°; but it was only the result of the cooling of the skin for a few minutes after leaving the bath; it had again reached 103°.

In the man (the abscess of the brain) the temperature likewise rose to 104° on the third day, but lowered to 101° on the following day, and throughout the rest of the time hovered between 99° and 101°, being mostly about 100°, except on the day of death, when it rose to 101.5°.

In the girl the pulse rose rapidly, being 108 on the day following the accident, then 120 and 125; and although on one day, the 26th, it counted only 98, on the 27th it rose again to 125, 140, 164, and on the day of the death 190.

In the man the pulse was quite different, being stated about 66, good strength, until more than three weeks after the injury, when it is noted 108, after which it rose rapidly to 138 and 150.

Both cases, though suffering from fracture of the skull, with depression and with laceration of brain, yet appeared at the time very little affected by the injury; both were quite conscious, could walk about the room, and gave a full account of what had happened.

The girl (meningitis) lived but eight days, and showed a series of symptoms each more serious than the preceding, indicative of a fatal result. The vomiting set in early, with rapid pulse and high temperature; then on the fourth day convulsions, lasting a few minutes, and in the evening paralysis of the left side of the face and left arm and leg. On one day only, the fifth, was there any sign of improvement, and then the leg movements were better; pulse 98, temperature 102°; but on the following day great change for the worse, convulsions, screaming, paralysis of the left side and face more complete; then came loss of power over bladder and rectum, dilated pupils, and death.

The man, encephalitis, was a month under treatment. Vomiting and high temperature and convulsions, lasting a few minutes, were among the early symptoms, but they soon ceased after removal of the fragments of bone. He was said to be somewhat delirious at night, but he was rational, and even bright, during the day. Transient convulsive seizures lasting only three minutes, occurred on the 1st, 7th, and 9th days after the injury. Not until the 15th day did the more severe symptoms set in; then came a rigor; on the following day, drowsiness and loss of memory; restless night, delirium, dragging off the bandages, muttering, and fidgeting. On the 26th day after the injury paralysis of left face, water passed involuntarily, finally unconsciousness, and convulsive twitching at periods over the last four days.

The symptoms of the two cases are characteristic, the one of an acute inflammation of the membranes of the brain; the other, of a subacute inflammation of brain substance terminating in suppuration, the setting in of which was recognised by the rigors on the 15th day.

The treatment adopted was the application of ice to the shaven head; and in the case of the girl, antimony and opium to overcome the early stage of inflammation, aconite to reduce the pulse and temperature, and afterwards large doses of quinine. In the man bleeding and leeching and calomel were employed to prevent inflammation. In both the treatment was unsuccessful, and indeed in a vast majority of cases in which the dura mater is impaired, whatever treatment is employed, success is not the result, though we occasionally hear of some very severe injury to the brain healing without development of any serious symptoms. I have myself known of a case in which craniotomy was performed, and a sufficiency of the brain removed for the labour to be carried on. The child was thought to be dead, but at the following visit it was found that he was still alive, and I may tell you that that child is still alive at the age of twenty-six; and though he has lost a very large quantity of his brain, he has yet sufficient for the purposes of a farm labourer.

In the year 1870 Mr. Fairlie Clarke brought before the Pathological Society an interesting case of recovery after compound fracture of the skull with loss of brain substance. The patient, a boy of twelve years of age, was watching a crane in an iron foundry, when the chain snapped and struck the boy on the head, fracturing the right parietal and the frontal bone, and tearing away part of the dura mater and brain substance. The injury was accompanied by profound stupor, stertorous breathing, and an almost imperceptible pulse. In twenty-four hours the boy began to recover consciousness, and from that time improved. A large hernia cerebri protruded from the wound, which was gradually reduced by bandaging. In ten weeks after the injury the boy was exhibited before the Society. The wound was then nearly healed, but there was a large scar, and at each beat of the heart the skin rose and fell. There was no pain or vertigo produced by pressing of the cicatrix. Sight and hearing were perfect, and speech unaffected. He then returned to work at the iron foundry.

The Gulstonian Lectures

ON

STERILITY IN WOMAN.

*Delivered in the Royal College of Physicians, London,
February, 1883.*

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L.,
Physician-Accoucheur and Lecturer on Midwifery at
St. Bartholomew's Hospital, &c.

LECTURE II.—PART I.

ITS THEORY OR CAUSATION.

MR. PRESIDENT, VICE-PRESIDENT, AND GENTLEMEN,—In studying the theory, or inquiring into the causes of sterility in woman, it is advantageous to keep in mind the corresponding condition in plants and in the lower animals; for in all living beings there is more or less similarity of the sexual organs and offices, and disturbance of function in one division will throw light on disturbance in another. On this subject I have made many, but only casual, observations, and have had the privilege of conversation with gardeners and breeders, classes of men in whom are found many of remarkable intelligence and acuteness of observation. But the great storehouse of facts and references on which I rely is Darwin's "Variation of Animals and Plants under Domestication." Plants and some animals propagate otherwise than by sexual generation, but it is only the sterility arising from disturbance of the regular course and consequences of sexual union that has a direct or nearly direct bearing on the present inquiry. The sterility of hybrids, which, considering the theory he is supporting, forms naturally the main study of Darwin, is of comparatively little interest to us, and will not be hereafter referred to, but many of the principles of sterility find strong support in the special sterility of hybrids.

Viewing the subject generally, we may anticipate a great result by pointing out the paramount prevalence and paramount potency of constitutional conditions as causes of sterility. Such are cold and heat, overfeeding and underfeeding, youth and old age, degradation of general health, confinement, and interbreeding.

Local conditions occur in plants that are quite sufficient to account for or cause sterility. Such are contabescence of anthers, monstrous flowers, double flowers, seedless fruit. These local conditions are the result of the general or constitutional conditions of the individuals in which they occur; and they have their place rather in the results of sterility, or of the conditions producing sterility, than in the causes of sterility. They have their analogues in such abortions, dead fetuses, unhealthy offspring, or monstrous products of animals are believed to be results of what may be called the sterile diathesis. The causes of sterility are causes of these imperfections, and for that reason they are referred to the sterile tendency. They do, indeed, constitute the sterility to be accounted for. Thus, to wander into hybridism for an example, it is an observation of Gärtner that hybridism

in plants, a great cause of sterility, produces also a strong tendency in flowers to become double.

In the vegetable kingdom everyone has observed that source of sterility which may be, no doubt nearly truly, designated a degradation of general health. A plant covered with flowers is brought from a house where its fertility has been stimulated to the highest degree, and placed as an ornament in a sitting-room, where it remains till its charms are lost, and the result is such an injury to its constitutional vigour that it is sterile, or nearly sterile, for one or for several subsequent seasons. Its fertility may never be restored, or only after several years of the medical care of a skilful gardener. The scarlet geraniums which are brought from their healthy homes in full bloom to adorn the houses of inhabitants of densely populated cities soon show the injurious influence of their new surroundings, however well they may be cared for; their flowers become less numerous, or are altogether wanting; then their leafage diminishes greatly in quantity, and their existence becomes a mere lingering. A rose garden, lately in a suburban position near London, gets surrounded by the growing city, and gradually as the buildings increase the fertility of the roses diminishes; the garden becomes useless. Some of our finest forest trees, and among them some plants, grow beautifully in our squares, producing wood in even exaggerated quantity, and a clothing of leaves sufficient for ornament; but there is no wealth of leaves, and there is no seed. In some cases an exception makes the rule more striking, as when a cherry tree in the heart of the city of London lately produced flowers and matured its fruit, so far as maturity is indicated by beauty, size, and taste.

Practical gardeners attribute sexual injury to overstimulation by manure, or what they call overfeeding. This ordinarily produces great growth of the tissues; and when this is restrained by judicious pruning, it forces out a large or excessive crop of flowers and subsequent fruit. In the language of Spencer, there is produced by overfeeding an excess of individuation, the restraint of which results in excess of genesis. The natural tendency of the overfeeding of plants is to produce a degree of relative sterility; and this may show itself in paucity of flowers, or it may show itself in the production of those double, or monstrous, or abortive flowers which are so much admired. The opposite result is produced by moderate or full feeding. Then, in mature plants there is not great growth of tissues, but rather a production of fruit. Sometimes the plant, without assignable cause, but especially if underfed, has an exaggerated production, and is said to run to seed; and, from whatever it may arise, it in a reflex manner injures the plant, which consequently becomes blighted and often dies. Excessive production here seems to take the place of sterility.

The following is an interesting illustration of the effect of overfeeding and of moderately feeding or underfeeding a vine, and it is important because it specifies a particular local condition or disease which is apparently the cause of the infecundity of the overfed plants, and so indicates a line of investigation which may with advantage be pursued in other examples of sterility. In a recent letter from Mr. Thompson, the well-known vine-cultivator, he writes:—"A circumstance has arisen in my own experience that I have never seen noticed in print. A vine called the Alnwick seedling, if grown vigorously in rich soil, fails to set its fruit even when aided. This failure is caused by the exudation from the female organ of a dewdrop of sap, which moistens the pollen, and it does not descend through the pistil and impregnate the ova. When the vine is grown in poor soil the dewdrop does not appear, and impregnation takes place; seeds are formed in perfection, but the pulp for which the grape is grown is almost absent. I know (he adds) no other grape affected in the same way or subject to the same influences."

I know no good account of the sterility of plants as regulated by age, but the influence of age is well recognised. A young fruit tree bears no fruit, or very little, and that little imperfect, and the careful gardener does not permit it to bear much or even a little, believing that fruit-bearing injures growth and diminishes future fertility. The influence of old age and decay in fruit-bearing trees is also well known: the fruit is ill-developed, and there is little of it.

"All know," says Spencer, "that a pear tree continues to increase in size for years before it begins to bear, and that, producing but few pears at first, it is long before it fruits abundantly. A young mulberry, branching out luxuriantly season after season, but covered with nothing but leaves, at length blossoms sparingly, and sets some small and imperfect

berries, which it drops while they are green; and it makes these futile attempts time after time before it succeeds in ripening any seeds. But these multiaxial plants, or aggregates of individuals, some of which continue to grow while others become arrested and transformed into seedbearers, show us the relation less definitely than certain plants that are substantially, if not literally, uniaxial. Of these the cocoa-nut may be instanced. For some years it goes on shooting up without making any sign of becoming fertile. About the sixth year it flowers, but the flowers wither without result. In the seventh year it flowers and produces a few nuts, but these prove abortive, and drop. In the eighth year it ripens a moderate number of nuts, and afterwards increases the number, until, in the tenth year, it comes into full bearing. Meanwhile, from the time of its first flowering, its growth begins to diminish, and goes on diminishing till the tenth year, when it ceases."

The evil influences of interbreeding is a subject too extensive to enter upon at any length. In plants it is corroborated by the well-known advantage of crossing of varieties. But it needs no confirmation, for there are self-impotent plants—plants more thoroughly fertilised by a nearly-allied species than by pollen of their own species, and there are the wonders of dimorphism with sterility arising from union of individuals not only of the same species, but of the same form. In the works of horticulturists it is to be found ample evidence that interbreeding of plants tends to weakness, malformation, and sterility.

The influence of heat and cold is, in plants, well illustrated by the failure of most alpine species to produce flowers and fruit in lowland gardens, and the same failure of lowland plants as they ascend the sides of mountains. A walk in the highlands will show the pines thriving on the hill sides and well covered with cones, but as greater altitudes are reached the trees are observed to become stunted, and the fruit entirely to fail.

The abortion-like sterility of plants is illustrated by the bearing of double flowers—of flowers whose seeds do not ripen, or whose seeds, though apparently perfect, are incapable of germination and growth. In some of the cases of seedless fruit, and of fruit with few seeds or with one seed, or with imperfect seed, we have also abortion, and at the same time a fine illustration of the working, locally, of the opposition between individuation and genesis. The whole plant, as the vine or the pear tree, may have the appearance of health, and its fruit alone is unnatural. The tissues of the fruit-capsule are enormously developed, while the seeds have disappeared, or are reduced to one or a small number. The luscious pear or the juicy grape are masses of hypertrophy or myxomatous-like degeneration, while the seeds are the subject of extreme hypoplasia. Gardeners generally ascribe these results to over-feeding and over-stimulation by manures and heat; but Darwin is more cautious, and in most cases does not analyse the causes farther than is implied in "unnatural conditions of life." No one, according to Lindley and Darwin, has produced double flowers by promoting the perfect health of the plant.

Before leaving vegetable physiology, I would point out the frequent occurrence in plants of seeds which, though apparently perfect, will not germinate; they cannot be distinguished from their neighbours otherwise than by their incapacity for growing. The same failure to grow is often observed under closely similar circumstances in the eggs of the fowl and of other birds; they cannot be hatched, although no imperfection is discoverable in them. That there are such ova in other animals and in woman is highly probable, but in them the completeness of the demonstration is unattainable.

Very little is known of the sterility of animals, and it is easily understood that reliable observations can only, with great difficulty, be made on them, especially in a state of nature. Many authors, and latterly Darwin and his collaborators, have paid much attention to the great subject of the sterility of hybrid animals. Observations and experiments in this department are made chiefly on domestic animals, or wild animals in confinement, and each experiment has a high value. But the sterility of ordinary domestic animals has been little studied. In herds of fine heifers and cows, and in mares, it is occasionally exhibited, but I have no data as to its frequency; and in cattle, at least, observations are imperfect, the animal that by sterility of one season disappoints its owner being generally at once fattened for the butcher.

It is a well-known belief among breeders, which may be

historically traced to ancient times, that when the female of any kind is made to breed when very young, she does so at the expense of permanently preventing her own growth to perfection, and she will likely produce offspring that is not of the best quality. This failure is well illustrated in the case of the common fowl and of the turkey, the progeny of chickens and of turkeys one year old being not the best of their kind, and specially difficult to rear. Fanciers breed these animals from a female two years and a male three years old. The occurrence of sterility in early and in elderly life is clearly seen, and its degree easily made out in pluriparous mammals, as the dog and pig, and in birds whose broods can be counted, and whose yearly production of eggs can be also numbered. This subject will be discussed fully when we come to consider pluriparity in woman.

Over-feeding, or the production of fatness or of obesity in the female, is well known to be hostile to fertility, to be an illustration of the opposition of individuation to genesis. By special feeding and fattening turkeys and common fowls, the hen-wife arrests almost completely the production of eggs. They may also be made fewer by starving the birds, and not fewer only, but also smaller. The birds, when highly fed, sometimes exhibit excessive productiveness, two eggs being laid daily—an instance of great intensity of fertility; but this is not regarded with favour, having, I am told by a turkey fancier, an injurious influence in their case by delay of the commencement of laying in the season following that of the excessive production. The breeder of cattle prevents, by careful management, the fattening of the females.

In respect of feeding, comparisons are made between the relative sterility of wild animals and the comparative fertility of domesticated or confined animals of the same species, but the comparisons are not quite satisfactory from the intermixture of the influences of food and of domestication or confinement; and again, in the comparisons of animals fed on rich and on poor pasture, sufficient care is not taken to ensure that the compared animals are of the same breed. With this previous reflection I subjoin an interesting passage from Spencer's chapter on nutrition and genesis: "Clear proof," says he, "that abundant nutriment raises the rate of multiplication (and vice versa) occurs among mammals. Compare the litters of the dog with the litters of the wolf and the fox. Whereas those of the one range in number from six to fourteen, the others contain respectively five or six or occasionally seven, and four or five, or rarely six. Again, the wild cat has four or five kittens, but the tame cat has five or six kittens two or three times a year. So, too, it is with the weasel tribe. The stoat has five young ones a year. The ferret has two litters yearly, each containing from six to nine; and this notwithstanding that it is the larger of the two. Perhaps the most striking contrast is that between the wild and tame varieties of the pig. While the one produces, according to its age, from four to eight or ten young ones, once a year, the other produces as many as seventeen in a litter; or, in other cases, will bring up five litters of ten each in two years—a rate of reproduction that is unparalleled in animals of as large a size. And let us not omit to note that this excessive fertility occurs where there is the greatest activity—where there is plenty to eat and nothing to do. There is no less distinct evidence that among domesticated mammals themselves, the well-fed individuals are more prolific than the ill-fed individuals. On the high and comparatively infertile Cotswolds it is unusual for ewes to have twins, but they very commonly have twins in the adjacent rich valley of the Severn. Similarly, among the barren hills of the west of Scotland, two lambs will be born by about one ewe in twenty; whereas in England, something like one ewe in three will bear two lambs. Nay, in rich pastures, twins are more frequent than single births; and it occasionally happens that, after a genial autumn and consequent good grazing, a flock of ewes will next spring yield double their number of lambs—the triplets balancing the unipare. So direct is the relation, that I have heard a farmer assert his ability to foretell, from the high, medium, or low condition of an ewe in autumn, whether she will next spring bear two, or one, or none."

An interesting department of the sterility of animals is that which results from confinement. This seems specially to affect what are vaguely designated the noble animals. Those which are sterile show great variations; some disdain to cohabit or have lost sexual desire; others have increase of sexual appetite, and cohabit freely or excessively, but without impregnation resulting, or with the result very rarely following. Some if impregnated bring forth only abortions, or young

which are dead-born, or, if alive, feeble and ill-formed. There is, for instance, as Shorthouse has pointed out, a common occurrence of cleft palate in the lion's cubs born in the Zoological Gardens.

Among birds in confinement there are many good examples of change of sexual habits and of sterility. In some cases they have no eggs, or, if they produce, they have only comparatively few, or they may neglect the eggs when produced, or the eggs duly cared for may be incapable of being hatched. This abortional sterility arising from imperfection of eggs, as a result of confinement is well proved by experiments made in France on the common fowl. When these birds were allowed considerable freedom, 20 per cent. of the eggs failed to be hatched; when less freedom was allowed, 40 per cent. failed; when closely confined, 60 per cent. were not hatched.

The power of temperatures that are not according to an animal's nature to induce sterility is no doubt very great. Darwin mentions that Mr. Miller, a former superintendent of the Zoological Gardens, believed that the sterility of the carnivora there was increased by increase of exposure to air and cold. In winter, inadequately sheltered cows either cease to give milk or give it in diminished quantity. "And," says Spencer, "though giving milk is not the same thing as bearing a young one, yet, as milk is part of the material from which a young one is built up, it is part of the outlay for reproductive purposes, and diminution of it is a loss of reproductive power." Failure to maintain the cow's heat may entail such reduction in the supply of milk as to cause the death of the calf. Hard living, says Darwin, retards the period at which animals conceive, for it has been found disadvantageous in the northern highlands of Scotland to allow cows to bear calves before they are four years old. Roulin found that in the hot valleys of the equatorial Cordilleras sheep were not fully fecund.

The common fowl will not breed in Greenland or Northern Siberia. "In this country it is fed," says Spencer, "through the cold months, but nevertheless, in midwinter it either wholly leaves off laying, or lays very sparingly. And then we have the further evidence that if it lays sparingly, it does so only on condition that the heat, as well as the food, is artificially maintained. Hens lay in cold weather only when they are kept warm. To which fact may be added the kindred one that when pigeons receive artificial heat they not only continue to hatch longer in autumn, but will recommence in spring sooner than they would otherwise do."

On the subject of the interbreeding of animals there is a vast body of opinion as well as of facts showing its power in producing monstrosity and its ally sterility. "If we were," says Darwin, "to pair brothers and sisters in the case of any pure animal, which from any cause had the least tendency to sterility, the breed would assuredly be lost in a few generations." Elsewhere he shows that "long-continued close interbreeding between the nearest relations diminishes the constitutional vigour, size, and fertility of the offspring; and occasionally leads to malformations, but not necessarily to general deterioration of form or structure. This failure of fertility shows that the evil results of interbreeding are independent of the augmentation of morbid tendencies common to both parents, though this augmentation no doubt is often highly injurious. Our belief that evil follows from close interbreeding rests to a large extent on the experience of practical breeders, especially of those who have seen many animals of the kind which can be propagated quickly; but it likewise rests on several carefully recorded experiments. With some animals close interbreeding may be carried on for a long period with impunity by the selection of the most vigorous and healthy individuals; but sooner or later evil follows. The evil, however, comes on so slowly and gradually that it escapes observation, but can be recognised by the almost instantaneous manner in which size, constitutional vigour, and fertility are regained when animals that have long been interbred are crossed with a distinct family."

Regarding the very remarkable subject of sterility of sexual connection with special individuals only, Darwin says:—"It is by no means rare to find certain males and females which will not breed together, though both are known to be perfectly fertile with other males and females. We have no reason to suppose that this is caused by these animals having been subjected to any change in their habits of life. . . . The cause apparently lies in an innate

sexual incompatibility of the pair which are matched. Several instances have been communicated to me by Mr. W. C. Spooner (well known for his essay on cross-breeding), by Mr. Eyton, of Eyton, by Mr. Wickstead, and other breeders, and especially by Mr. Waring, of Chilfield, in relation to horses, cattle, pigs, foxhounds, other dogs, and pigeons. In these cases, females which either previously or subsequently were proved to be fertile, failed to breed with certain males, with whom it was particularly desired to match them. A change in the constitution of the female may sometimes have occurred before she was put to the second male; but in other cases the explanation is hardly tenable, for a female known not to be barren has been unsuccessfully paired seven or eight times with the same male, likewise known to be perfectly fertile. With cart-mares, which sometimes will not breed with stallions of pure blood, but subsequently have bred with cart stallions, Mr. Spooner is inclined to attribute the failure to the lesser sexual power of the racehorse. But I have heard from the greatest breeder of racehorses at the present day, through Mr. Waring, that it frequently occurs with the mare to be put several times during one or two seasons to a particular stallion of acknowledged power, and yet prove barren, the mare afterwards breeding at once with some other horse. These facts are worth recording, as they show, like so many previous facts, on what slight constitutional differences the fertility of an animal often depends."

Before leaving the subject of the causes of sterility of animals, I quote a passage from Darwin regarding the results of confinement. "Sufficient evidence," says he, "has now been advanced to prove that animals, when first confined, are eminently liable to suffer in their reproductive systems. We feel at first naturally inclined to attribute the result to loss of health, or at least to loss of vigour, but this view can hardly be admitted when we reflect how healthy, long-lived, and vigorous many animals are under captivity, such as parrots, and hawks when used for hawk-hunting, chetahs when used for hunting, and elephants. The reproductive organs themselves are not diseased, and the diseases from which animals in menageries usually perish are not those which in any way affect their fertility. No domestic animal is more subject to disease than the sheep, yet it is remarkably prolific. The failure of animals to breed under confinement has been sometimes attributed exclusively to a failure in their sexual instincts; this may occasionally come into play, but there is no obvious reason why this instinct should be specially liable to be affected with perfectly tamed animals, except, indeed, indirectly, through the reproductive system itself being disturbed. Moreover, numerous cases have been given of various animals which couple freely under confinement, but never conceive, or, if they conceive and produce young, these are fewer in number than is natural to the species. In the vegetable kingdom instinct of course can play no part, and we shall presently see (he says) that plants, when removed from their natural conditions are affected in nearly the same manner as animals. Change of climate cannot be the cause of the loss of fertility, for, whilst many animals imported into Europe from extremely different climates breed freely, many others, when confined in their native land, are completely sterile. Change of food cannot be the chief cause, for ostriches, ducks, and many other animals, which must have undergone a great change in this respect, breed freely. Carnivorous birds, when confined, are extremely sterile, whilst most carnivorous mammals, except plantigrades, are moderately fertile. Nor can the amount of food be the cause, for a sufficient supply will certainly be given to valuable animals, and there is no reason to suppose that much more food would be given to them than to our choice domestic productions which retain their full fertility. Lastly, we may infer, from the case of the elephant, chetah, various hawks, and of many animals which are allowed to lead an almost free life in their native land, that want of exercise is not the sole cause. It would appear that any change in the habits of life, whatever these habits may be, if great enough, tends to affect in an inexplicable manner the powers of reproduction. The result depends more on the constitution of the species than on the nature of the change; for certain whole groups are affected more than others; but exceptions always occur, for some species in the most fertile groups refuse to breed, and some in the most sterile groups breed freely. Those animals which usually breed freely under confinement

rarely breed, as I was assured, in the Zoological Gardens, within a year or two after their first importation. When an animal which is generally sterile under confinement happens to breed, the young apparently do not inherit this power; for had this been the case, various quadrupeds and birds which are valuable for exhibition would have become common. Dr. Broca even affirms that many animals in the Jardin des Plantes, after having produced young for three or four successive generations, become sterile; but this may be the result of too close inter-breeding. It is a remarkable circumstance that many mammals and birds have produced hybrids under confinement quite as readily as, or even more readily than, they have procreated their own kind. Of this fact many instances have been given, and we are thus reminded of those plants which when cultivated refuse to be fertilised by their own pollen, but can easily be fertilised by that of a distinct species. Finally, we must conclude, limited as the conclusion is, that changed conditions of life have an especial power of acting injuriously on the reproductive system. The whole case is quite peculiar, for those organs, though not diseased, are thus rendered incapable of performing their proper functions, or perform them imperfectly."

ON THE SOLUTION OF THE ACTIONS OF REMEDIES, AND ON THE EXISTENCE OF NERVES OF INHIBITION AS EXEMPLIFIED BY THE ACTION OF SEDATIVES AND STIMULANTS.

By HUGH OWEN THOMAS, M.R.C.S.

SEDATIVES.

THE action of physiological doses and the probable effect of therapeutic doses of many remedies have, in most instances, been deduced from observing the effect of lethal or toxic doses. Such conclusions are not trustworthy evidence of the remedial qualities of drugs, inasmuch as when the lethal condition is approached the distinguishing signs of special poisoning begin to merge, so that their identity is nearly lost. For instance, the differences between a fatal dose of belladonna and one of opium or strychnia, are less than the variations of symptoms to be noticed when the subject is under a safe or physiological dose of either of these. The effect of the fall of a balk of timber, sufficient to kill, on one person would give no information to a witness as to what would follow if there descended on another person a portion of timber too light to kill. Again, even conclusions arrived at after witnessing the action of toxic doses have been tinged by our previous opinion of their qualities. This antecedent bias has caused recent investigators to assert the possibility of certain medicines possessing, in varied doses, diverse properties—stimulating one, and depressing at the same time another structure. (a) This error has arisen from not giving sufficient attention to the fact, that each drug has a primary affinity for certain structures, thus causing a temporary defect of co-ordination.

Some writers on therapeutics have made a class distinction between sedatives and narcotics (b), this classification being based upon the various affinities of certain drugs for particular structures. I fail to see that this is justification for separating those drugs that have been termed sedatives and narcotics. To me the terms are synonymous. To place various drugs in diverse classes because they may vary in affinity for separate structures is as reasonable, as to vary the species of the different members of the human race, on account of the quality of the food they incline to. Sedatives or narcotics retard life, and their effect upon the structures, which they primarily operate upon, is to inhibit more or less their function and to cause in other structures, unaffected by the sedative, the signs of defective inhibition or want of co-ordination, identically the same signs observed after mechanical interference with such structures.

In experiments performed upon the vagus nerve, all mechanical interference, such as section, ligation, and electric shock, has been termed stimulation or excitation of the nerve. (c) This is, in my opinion, incorrect, as either of these gives rise to a shock to the nerve, arresting its action. These experiments have also shown that the nerve is capable of acquiring some degree of habituation, so that the shock from mechanical interference loses its effect, just what we observe to follow in

the use of drugs. (a) In proof that mechanical irritation of this nerve induces a condition of shock, we have the fact that atropia (true stimulant) protects the nerve from the shock consequent upon mechanical disturbance. (b) I have not as yet met with any evidence which proves the existence of any inhibitory nerve fibres in this or any other nerve.

Again, diverse qualities have been attributed to drugs from observing their mode of action varied upon the lower animals as regards symptoms in comparison with the signs of their action on man; but this fact does not inform us that any drug varies in its properties, whether given to man or any of the lower animals. (c) It only demonstrates that drugs vary in their affinity for analogous structures in the various types of animals experimented on; although one drug may give rise to varied degrees of intensity of symptoms in the several types of animals tested, yet, in all, the ultimate drug effect will be found to be identical.

Do sedatives act as direct stimulants?—I believe they do not; but their primary effect may be to simulate stimulation, and in those instances where this simulation appears it is a primary action—then, also, the sedative is exerting a minimum or medium effect only. Opium and alcohol belong to the class of pure sedatives, and their action upon the several organs of the body confirms this. Their effects can be best observed by noticing their physiological influence upon the iris, heart, blood-vessels, and viscera. If a full dose of opium, short of being a rapidly fatal dose, be given, the diameter of the pupil becomes diminished. This is caused by the drug having a primary sedative or paralyzing action upon the radiating muscular fibres, through its primary affinity for the sympathetic system of nerves specially controlling the radiating fibres of the iris. But if a fatal dose be administered, then the cerebro-spinal system of nerves, hitherto less affected by the opium, shows signs of its full toxic effect, and the circular muscular fibres of the iris also become paralysed, as evidenced by the increased diameter of the pupil. The effect of opium upon the heart and blood-vessels is to act first upon the blood-vessels, but later on the heart secondarily. Hence we have at first an increased volume in the pulse from diminished tonicity, and finally a slower rate of beat when the dose has been sufficient and has had time to influence the heart. There is also to be observed a diminution of the solid constituents in the liquid secretions of the body and a fall of temperature. All these are signs of retardation of vital changes—sedative action. The exception to these general signs of the physiological effect of opium is to be met with when small initial doses of opium are given; then may be noticed acceleration of pulse and vomiting, which may be thought to indicate stimulation rather than retardation.

In explanation of this clinical fact, which appears to disprove my contention, I advance the following reasons:—(1) This simulated stimulation is only temporary, and is evidence that the drug has affected only those structures for which it has a primary affinity—the time being too short or the dose too small for its full physiological action to have been developed; and thus the phenomena of the so-called defective inhibition or want of co-ordination appear,—this is often interpreted as indicating stimulation. (2) That by the use of any remedy there is introduced into the system a foreign body, which may give rise to some temporary constitutional disturbance until some amount of habituation has been acquired. We have many familiar examples of this,—as change of air, diet, pleasure, relief of pain, sea voyage,—yet no physician would advise a trip to sea in place of prescribing an emetic, the latter being nearer at hand and more certain of action. So with opium, its indirect effect in simulating stimulation is not so ready or so safe as employing a genuine stimulant, when the effect is desired. (3) Some remedies, are, at times, modified in composition by the condition of the secretions which they become mingled with after introduction into the body,—this change of character, being frequently influenced by the age of the patient. Any experienced practitioner must know how rarely any of the signs of so-called stimulation comes on after the administration of opium to subjects under the age of ten years; yet how frequently are we disappointed in its action when given to patients who have passed the meridian of life, the intestinal secretions then being in many instances probably abnormal,—for, if the remedy be given by the skin method in preference

(a) Royle's Materia Medica, page 754.—Article, Morphia.

(b) Royle, Headland, and J. Harley.

(c) Foster's Physiology, page 119.

(a) Preliminary account of an Inquiry into the Functions of the Visceral Nerves. By J. Lister, pages 376-7.—Pro-Royal Society, 1850.

(b) Foster's Physiology, page 171.

(c) Harley—Vegetable Neurotics, pages 105-6 and 191-2.

to the mouth, an unalloyed sedative effect follows. (4) The most probable explanation of the non-occurrence of vomiting after the administration of opium I believe to be that in some subjects, especially children, it rapidly affects the pneumogastric nerve and its branches, so that defective co-ordination is avoided and thus the stomach and intestines remain quiescent. In proof of this there are the observed clinical facts that only large doses produce vomiting at the commencement of their action, or at the termination of their action, *i.e.*, when the pneumogastric nerve has not been yet reached by the drug or its influence on the nerve is waning, this nerve being affected later and recovering earlier from the drug than the sympathetic nerves. There is further proof in the fact that when opium is given by the skin method its action is rapidly operative all round, and the period of possible and isolated excitement of the pneumogastric nerve and its branches is bridged over so that vomiting is avoided. This explanation of the phenomena of vomiting after the use of a sedative is quite consistent with what we observe of the effect from doses of belladonna, which also induces vomiting occasionally.

Many of the prevailing errors regarding the therapeutic effects of both opium and alcohol have arisen from misinterpretation of the signs of their action, and of the symptoms of the disease which they were required to correct.

Alcohol in its various forms, as in popular use, I maintain to be a drug possessing purely sedative properties, and in its method of action is allied to opium. It primarily affects the sympathetic nerves, then the vagus, and finally the cerebro-spinal system. When the nerves become subject to a full non-toxic dose, the pupil contracts; but soon after a fatal dose has been taken, the pupil dilates some time before death. (a) The action of alcohol upon the heart and blood-vessels, through the vagus and sympathetic system, is also analogous to that of opium. Primarily it attacks the blood-vessels through the sympathetic nerves, diminishing their tonicity,—thus relieving the heart from blood pressure,—so that the initial signs of its action may be a temporary acceleration of the pulse, as well as an increase of its volume, simulating stimulation; but if the dose is sufficiently increased, then the heart is also affected, and the pulse becomes reduced in rate.

Again, by alcohol, the solid constituents of the liquids secreted are diminished, and the normal quantity of carbonic acid exhaled by the lungs is reduced; and in corroboration of these ascertained data there is to be observed a fall of temperature. All these signs point to a purely sedative result—retardation of life, no acceleration or stimulation. The simulated signs of stimulation by alcohol arise from the primary affinity that certain doses of alcohol has for certain nerve structures, and a misinterpretation of the signs of its primary action has engendered the belief that true stimulation is gained; and though sometimes this mistake in practice may do no harm, yet when true stimulation is required its administration would be a serious error. Its primary effect can not be a safe substitute when stimulation is urgently demanded and requires to be continued. It may be argued that contraction of the pupil, when influenced by alcohol, may be brought about by stimulation of the circular muscular fibre of the iris, and not by paralysis of the radiating muscles; but the only explanation admissible regarding the mechanism of the increased volume of the arteries when influenced by alcohol, enables us to check our deduction regarding the mechanism of the action of the iris under its influence. If this drug could stimulate, the diameter of the blood-vessels would be lessened from contraction of their circular muscular coat. Again, if alcohol could stimulate, then its primary affinity for structures specially under the control of the sympathetic would cause this stimulating property to influence first the radiating fibres, and dilatation would be the first alteration observed in the pupil during its first stage of action.

Calabar Bean.—Other neurotic sedatives act, after introduction into the human frame, much like opium and alcohol. I have observed the action of Calabar bean frequently during latter years, when prescribing it for chorea, tetanus, and the muscular spasm attendant upon fractures of bones. I have observed that its action has many signs in common with opium and alcohol. In the early stage of its action the sympathetic nerves first begin to feel its effect, and we have vomiting and purging, from its delayed effect upon the pneumogastric branches of nerves supplying the

muscles of the intestinal muscular coat; but as soon as the sympathetic nerves succumb to its influence, then the cerebro-spinal nerves are inhibited also, and the striated muscles relax. The heart is nearly as much inhibited by this drug as it is by digitalis, but its sedative action upon the heart is greater than that of opium or alcohol. During the physiological action of Calabar bean the pupil becomes contracted from palsy of the radiating muscle of the iris, but as soon as a lethal dose is operative the pupil before death dilates, showing that other nerve centres have been influenced. (a) Henbane, another drug of the sedative class, during its primary action dilates the pupil, and this is explicable by the fact that henbane possesses a primary affinity for the cerebro-spinal nervous system. (b) Experiments have shown that the striated muscles are first controlled by it; secondly, the sympathetic; and finally the vagus becomes inhibited, so that, the pulse, accelerated during its primary action, is finally reduced below the normal rate.

Digitalis, again, is a sedative that possesses a primary affinity for the vagus, and is practically useful in influencing the important organs to which the nerve is distributed. During its primary or physiological action it has no effect upon the muscles of the iris, and the anatomy of the nerve, which digitalis primarily affects, excludes the probability of the iris being influenced until a lethal dose of the drug has been taken and other nerve centres have become poisoned by it, then the pupil dilates before death. When the merits of various anaesthetics are discussed, ether is frequently incorrectly referred to as a heart stimulant, when the proper explanation of its merit should be that its affinity for the heart, probably through the vagus, is less than that of chloroform, and from this it is a safer anaesthetic. In the action of septic poisons there are examples of special affinity for various structures, these so operating that the so-called signs of defective inhibition or want of co-ordination become the distinctive signs of special diseases.

In the medical practices of the future, this selective affinity for certain structures, possessed by contagious and infective poisons, will become a basis for the selection of aids in treating the diseases which these poisons cause, in place of the present tendency to attempt to neutralise the original evil by a general antiseptic saturation of the blood and tissues, that in future we shall have more of physiology and pathology, and less of chemistry, to guide the physician.

Liverpool.

To be continued.)

Clinical Records.

CASHEL UNION HOSPITAL.

NOTES ON THE EMPLOYMENT OF SURGICAL APPLIANCES IN HOSPITAL PRACTICE.

By THOMAS LAFFAN, Surgeon to the Hospital.

Sayre's Jacket and Spinal Curvature.

MANY who recollect the *furor* which this surgeon created a few years ago by his plaster jackets, which were vaunted as specifics for every form of spinal disease, must be anxiously on the look-out for reports of cases which would enable them to compare their own experience with those of others. I have now treated several cases, both of lateral and of Pott's curvature, from time to time, and I am sorry to say that in the first class of cases the results have altogether failed to realise the promises of Dr. Sayre. *A priori* considerations are opposed to his plaster jackets for lateral curvature, and I venture to state that if others would candidly publish their experiences, instead of being deterred by fears of adverse criticism, practical experience would equally contra-indicate their employment. I am willing to allow that there is a percentage of cases where the disease is slight, and the need of rest but brief, in which they may with advantage be used. I have kept on jackets, putting on fresh ones from time to time, for fifteen months, until compelled by the deplorable condition to which they reduced the patients to take them off, and I have found the

(a) Anstie, on "Stimulants and Narcotics," page 481.

(b) Experiments of Harley, and the Clinical Observations of Dr. Y. Browne, *British Medical Journal*, Nov. 25th, 1882.

(c) Ogston and Anstie.

spine to become as deformed subsequently as if no jacket had been used. In cases of Pott's curvature I have not failed to obtain cures in most instances, and I think their employment is as logical in this class of cases as it appears to me to be illogical in the other.

Martin's Bandages.

I have given these an extended trial, and have often, not always, had reason to be gratified that through their use bread-winners have been enabled to continue at work, when, but for them, they would have had to go to hospital, and condemn their families to destitution. They appear to me, however, to delay the healing process when this latter has attained to a certain point, I think by desanguinating the granulations. I have found them of as much value in preserving healed ulcers from breaking out again as in healing existing ones.

Relative Value of Silver and Mare's Catheter.

I have had a large number of cases of prostatic retention from time to time, and have been so struck with the greater span of life secured by the French instruments, other things being equal, that I never employ a silver instrument now; and I am so deeply impressed with the superiority of the French instruments that I think the point worthy of place in these notes.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 9TH.

ANDREW CLARK, M.D., LL.D., President, in the Chair.

MR. RICKMAN J. GODLEE on a case of

FRACTURE OF THE RADIUS AND DISLOCATION FORWARD OF THE ULNA AT THE WRIST, IN WHICH THE LOWER END OF THE LATTER BONE WAS REMOVED TO EFFECT REDUCTION.

The patient, *set.* 20, was jumping a high jump at a gymnasium, when his feet slipped forwards on a badly secured mat, and the whole weight of his body fell suddenly on his hands, which were placed behind him. The left radius was fractured at the junction of the middle and lower thirds, the fracture being compound; the lower end of the ulna was displaced forwards and projected in front of the carpus beneath the skin. All attempts at reduction both with and without an anæsthetic proved unsuccessful. An incision was made over the lower end of the ulna and a hook passed under the tendon of the flexor carpi ulnaris which had slipped behind the bone, but the bones could not be replaced until first the styloid process and then the lower end of the ulna had been sawn off. The wound was treated antiseptically and healed without any inflammatory disturbance. In ten days it was placed in a plaster of Paris apparatus, and in about six weeks passive movement was commenced. The limb is now almost as useful as the other, and can be employed for gymnastic exercise as well as the ordinary uses of life, but pronation is not quite so free as before. The patient was shown.

MR. LUCAS described a somewhat similar case which came under his care in the autumn. A woman had fractured both radii, that on the right being an ordinary Colles' fracture; on the left side there was a compound fracture with protrusion of both ulna and radius. Reduction was effected with less difficulty than in Mr. Godlee's case, but erysipelas setting in, amputation had to be resorted to in spite of which, however, the patient died fourteen hours afterwards. The lower fragment of the radius was found in front. Mr. Godlee had made use of anatomical facts he (Mr. Lucas) pointed out six years ago, that *viz.*—the muscles of the radial side more than counterbalanced those of the ulnar side of the forearm. He regarded excision of the lower end of the ulna as a perfect operation; no opening into the joint being entailed by it.

MR. HEATH said he had removed the lower end of the ulna in a certain case last year, with the result that recovery ensued, the patient having a good, useful hand. Such operations were a great advance on those which involved amputation as a means of treatment.

MR. GODLEE briefly replied.

DR. PEARSON and DR. BROADBENT on a case of

ACUTE NECROSIS OF THE RIGHT ORBITAL PLATE OF THE FRONTAL BONE IN A GIRL, *ÆT.* NINE YEARS AND EIGHT MONTHS.

Four days after exposure to cold on a foggy November afternoon, symptoms of stiff neck, relaxed throat, causing restless nights, began, but so gradually that medical attendance was not called in till the fourth day. When first seen, the noticeable point in the case was that the child put both hands to her head to lift it when asked to sit up in bed. On the fifth day of the disease there was marked improvement, after a saline aperient and four grain doses of salicylate of soda every four hours. In the morning the right upper eyelid had got puffy, but the swelling went down again. There were slight droppings of blood from the nose three several times during the day. On the sixth day, after a restless night, with some wandering, followed by a morning sleep of two and a-half hours, the child woke up sufficiently well to listen to fairy tales and talk about them. She felt the neck so much better that she volunteered to get out of bed alone to show her throat, but still holding one hand lightly to the head. There was some sensitiveness to light, and the right eyelid was again puffed. The same evening great restlessness set in, the child throwing the legs and arms about and calling out. The tumefaction of the right eyebrow had now markedly increased, and there was strong delirium. The temperature at 11.30 p.m. was 103.3; pulse, 140; respirations, 38. Bromide of potassium was added to the salicylate mixture, and, after a sleep of an hour and twenty minutes, the pulse was 120, and temp. 101.6. On the seventh day the right eyebrow was quite tense and glazed and livid with tumefaction, and delirium continued. At 10 a.m. the temperature was 104°. Two leeches were applied to the right temple, and three grains of calomel were given, to be followed by a saline purge. Towards evening the strength perceptibly diminished. Just after midnight the pulse was 138; respirations, 52; temp., 105.7. At 4.30 a.m., temp. 106.4; 6.30 a.m., temp. 107.7; at 9.45 a.m., temp. 107.9; and death took place at 10.45 on the morning of the eighth day from the commencement of symptoms. *Post-mortem examination five hours after death.*—At once on removing the scalp the frontal portion of the longitudinal sinus showed itself over-charged, staining the periosteum externally. On lifting the brain, the dura mater covering the petrous portion of the right temporal bone was found smeared with thick yellow lymph. The same lymph smeared the pons and the parts comprised in the circle of Willis. The right temporo-sphenoidal lobe of the brain was protuberant, due to serous infiltration from obstruction to the venous return. The right optic nerve and the fat surrounding it were stained with the same clinging yellow lymph. The periosteum of the right orbital plate of the frontal bone was stained with inflammation, and destroyed in patches.

MR. GOULD inquired whether any pulsation in the orbit had been noticed in this case.

MR. BLACK asked if there had been any appearance of fluctuation, for if so, advantage would probably have resulted from relieving the pent up pus.

DR. MAEOMED said he had lately examined a case of necrosis of the orbital plate of the frontal bone, in which erysipelas had been suspected from the existence of a reddish blush on the face. Was anything of the kind observed in Dr. Pearson's case?

DR. BROADBENT explained that neither pulsation nor fluctuation had been discovered in the case; the swelling was soft, and gave no indication of tension. The chief mischief was on the cerebral side of the bone, the dura mater having been penetrated in several places, but the periosteum of the orbit had escaped. The swelling was mainly due to infiltration by serum of the orbital contents. He confessed that he had not fully appreciated the true nature of the case at first.

DR. PEARSON expressed an opinion that the yellow serous infiltration might, had the case progressed, have degenerated into pus, but it ran so rapid a course that this had not occurred before death. There was no pulsation, fluctuation, or any appearance of erysipelatous inflammation.

DR. GEORGE JOHNSON on

PICRIC ACID AS A TEST FOR ALBUMEN AND SUGAR IN THE URINE.

Although picric acid has for ten years or more been used as a test for albumen in the urine, its value has not been fully

appreciate. It may be used in the form of a saturated aqueous solution, made by dissolving the crystals in about fifty times their volume of boiling water, or in the form of powder, which may conveniently be carried in a pocket-case. The solution poured on the surface of the urine in a sloping test-tube will cause opalescence in a specimen of albuminous urine diluted much beyond the point at which nitric acid fails to act. The powder or crystals, equal in bulk to a peppercorn, when shaken up with about a drachm of urine, will be dissolved, and immediately coagulate any albumen present. Picric acid boiled with a solution of potash is a most delicate test for glucose. The reduction of yellow picric to the deep-red picric acid by glucose when boiled with potash, although noticed by Braun nearly twenty years ago, appears not to have been utilised as a practical test. ℥j. of a solution of grape sugar, gr. j. to ℥j., is mixed with 3℥ of liquor potasse (B.P.), m. 10 of a saturated solution of picric acid, and made up to ℥ij. with distilled water. The mixture is placed in a boiling-tube ten inches long and three-quarters of an inch wide, having a mark made at the height of ℥ij. It is then heated to the boiling-point, and kept boiling for sixty seconds. The resulting colour indicates gr. $\frac{1}{4}$ sugar to ℥j. This colour may be exactly imitated by a solution of acetate of iron, with excess of acetic acid, which is used as a standard in making a quantitative analysis. The depth of colour is directly proportioned to the amount of sugar present to decompose the picric acid. When the colour is deeper than the standard, the dark liquid is diluted until it and the standard have the same tint. The dilution is effected in a tube twelve inches long, divided into equal 1-10th inch and 1-100 parts. By the side is a tube of equal size, containing the standard colour. A more exact comparison of the colours is made by looking through equal columns of the saccharine liquid, and the standard in flat bottomed tubes held over white paper or porcelain. Ten minims of solution of picric acid are rather more than equivalent to the sugar (1.8 grs.) in ℥j of a solution containing gr. j. to ℥j. In making an analysis the picric acid must be in proportion to the amount of sugar. If the proportion of sugar be as high as six grains to the ounce, about a drachm of solution of picric acid will be required for a drachm of the sugar solution. When the amount of sugar is more than six grains to the ounce, the liquid should be diluted in a definite proportion before it is analysed. Distilled or pure rain water is used for dilution. Hard water becomes turbid when mixed with caustic potash. If undiluted urine is rendered turbid by phosphates in process of testing it should be cleared by filtration. The measurements and dilutions must all be accurate. The presence of albumen even in large amount does not interfere practically with the picric acid test. The accuracy of the test is proved by practically identical results from analysing the same specimens by Dr. Davy's ammoniac cupric solution, and by the picric acid and potash. Some tabular statements of results were given. An analysis of about 300 specimens of normal urine by the picric acid process indicates the constant presence of a substance capable of reducing picric acid and cupric oxide in proportions equivalent to from 0.5 to 0.7 grains of glucose per ounce, but apparently differing from glucose in the fact that it cannot be made to undergo the vinous fermentation under the influence of heat, &c.

Dr. JOHNSON gave the following directions for testing urine for albumen by means of picric acid:—The test may be used in the form of a saturated aqueous solution, or in the form of powder or crystals. To make a saturated solution, add to the powder or crystals fifty times their bulk of boiling distilled water; a portion of the acid will crystallise out on cooling, leaving a transparent yellow supernatant liquid. This solution being added to an equal volume of urine in a test-tube, immediately coagulates albumen. The coagulated picrate of albumen is soluble in alkalis. If, therefore, the urine be alkaline, it must be acidulated before adding the picric acid solution. To detect a very minute quantity of albumen, the following method is the best:—Take a test-tube about six inches long, and pour into it urine to within two inches of the top; slope the tube, and pour in slowly about an inch of the solution of picric acid, which will mix with the upper layer of urine, and the yellow mixture will become turbid with coagulated albumen, thus contrasting with the pellucid unstained urine below. Place the tube in a stand, and after two or three hours the coagulated albumen will have subsided and formed a delicate horizontal film at the junction of the coloured with the unstained stratum of urine, the yellow liquid and unstained urine below being quite free from tur-

bidity. In testing with the powder or crystals, put as much as is equal in bulk to a small peppercorn into the bottom of a test-tube, and pour in a column of urine about one inch in height. Shake the mixture briskly, and as the powder dissolves the urine becomes turbid with coagulated albumen. The object is to add as much of the test as the urine will quickly dissolve, and no more. As the powder dissolves more rapidly than the crystals, it is better adapted for testing with the dry acid. The application of heat quickens the solution of the powder, and so hastens the coagulation of the albumen. As a delicate test for glucose also, the picric acid was very reliable. It was not interfered with by presence of albumen in any amount. As a result of extended observations, Dr. JOHNSON concluded that normal urine contains two classes of bodies capable of reducing cupric oxide—viz. (1), urates, &c., and (2) saccharoids, the latter alone being demonstrated by the picric acid method.

Dr. ANDREW CLARK moved that the thanks of the Society be accorded to Dr. JOHNSON for his valuable communication, which provided an improved and facile method of proving the presence of sugar and albumen in urine.

Dr. SOUTHEY felt that they should be grateful to Dr. JOHNSON for the able illustration he had given of a method which would prove a highly valuable acquisition to clinical medicine. He had employed the picric acid test for some time past with much advantage. He thought that clinical experience showed that sugar and albumen existed in urine much more commonly than was formerly supposed. It was, therefore, important that delicate tests for proof of this should be within the reach of the physician. He considered, however, that some albumen was found in small amounts in urine according to its specific gravity; that the symptoms so set up were less dangerous than sometimes supposed.

Dr. MAHOMED insisted that what was wanted was not more delicate, but less delicate, tests for albumen and sugar in urine, and he thought it was misleading to regard the presence of a physiological quantity of albumen in the secretion as a matter possessing clinical importance.

Mr. BAKER HARDY urged that a method of detecting albumen by other means than boiling and the addition of nitric acid was very important. He had seen even large quantities of albumen overlooked by busy practitioners who depended on the older means of demonstrating it. He had himself employed the picric acid test in three such cases of failure, and in each brought down the characteristic precipitate. Recently, in the out-patient department of King's College Hospital, a man came in with a black eye, and from ophthalmoscopic examination he concluded that albumen would be found in the man's urine. On addition of picric acid no precipitate was thrown down at first, but it appeared on shaking. The man was then admitted as an in-patient with albuminuric retinitis and kidney degeneration, but both heat and nitric acid failed to show the presence of albumen in his urine, which, however, was clearly brought out by picric acid. If to a portion of urine, moreover, which has been carefully poured on to a layer of nitric acid, a solution of picric acid were gently added, indications of albumen would be seen at the junction of the picric acid and urine, in many instances, where no such signs were apparent at the point of union of urine and nitric acid. As a test for sugar, also, picric acid had been highly useful to many of his own pupils and friends. Raymond had mentioned the presence of sugar in healthy urine. Usually, however, it was masked by kreatin.

Dr. JOHNSON doubted whether albumen existed in small traces, even in normal urine, as a physiological condition. He could not either agree with Dr. Mahomed that a rough test possessed value over a delicate one; and in this connection he thought it worth while to recall the fact that Dr. Mahomed had, as they all knew, recorded several cases of granular kidney without albuminuria. Possibly he would have chronicled a different result had he been more ready to admit the advantages of a delicate test for albumen in urine.

ACADEMY OF MEDICINE IN IRELAND.

SUB-SECTION OF STATE MEDICINE

THE opening meeting of the Sub-Section of State Medicine was held on Thursday evening, February 8th, in the Hall of the College of Physicians.

Dr. C. A. CAMERON, President of the Sub-Section, delivered an introductory address, dealing at considerable length with the subject of public hygiene from the earliest times, and referring particularly to the sanitary laws and their administration in foreign states. In Plato's Ideal Republic, in the writings of Xenophon, Hippocrates, and in the theocratic legislation of the Jews, were the earliest references to sanitary laws and the duties of the professor of preventive as compared with curative medicine. In the Middle Ages little was done to promote the public health. The first general Public Health Act passed in the United Kingdom dealt exclusively with Ireland, and came into operation in 1818. A most valuable Act. The Towns Improvement Act of 1874 also dealt only with Ireland, and some of its sanitary provisions were superior to those of the Public Health Act of 1878. The fatal defect was the purely permissive nature of its provisions. The various sanitary acts were reviewed in detail, and praise given to the Irish Registrar-General, for showing the death-rate per 1,000 persons in sixteen different classes of society in Dublin in his weekly returns since January last. The sanitary organisations of the chief Continental states, and of the United States were fully described. Excepting Scandinavia, they were inferior to the British sanitary administration. The municipal authorities had very little power, and the sanitary police were altogether under the control of the Government. In some Belgian and French towns, municipal bureaux of health had recently been constituted, somewhat on the model of the British Local Boards of Health. In one department of public health, namely, the systematic inspection of food, drugs, and poisonous colours, the sanitary authorities of France, Germany, Belgium, and Holland, were more vigilant and active than is the case in the United Kingdom. In Holland a most severe system of compulsory notification of infectious diseases existed.

Dr. GRIMSHAW, Registrar-General for Ireland, congratulated the Academy on establishing in connection with it a department of public health. He then read a paper on some points concerning the relations between census statistics and health statistics. Having referred to the increase of statistics and their consequent depreciation in the minds of many persons, he dwelt forcibly on two points—first, on the errors in calculating death-rates on estimates of population founded on the rate of increase between census periods. He showed that in Ireland it was wrong to treat the towns population as stationary, as producing errors in death-rates which, however, were not greater than those founded on estimated populations. He also pointed out that estimates founded on the number of inhabited houses were also liable to serious error. With the view of classifying the population into various social grades or "strata," he made observations on the value of a social census, and said that, at the suggestion of the Dublin Sanitary Association such a census had been compiled for the Dublin Registration District, so that now it was possible to strike death-rates for various social grades of the community in that district. Since the commencement of the present year these death-rates had been struck for each year, and as the result of the experiment during the four weeks it was in operation the death-rate was as follows as compared with a total death-rate of 39.8 per 1,000:—Professional and independent class, 22.45; middle class, 25.4; artisans and petty shopkeepers, 26.1; general service class and workhouse inmates, 37.2 per 1,000.

The PRESIDENT of the College of Physicians asked whether the increase in the population in 1877-8 depended in any way on the state of the harvest. To him the social aspect of the statistics initiated by the Registrar-General was a new phase, and of enormous interest.

Dr. MACSWINEY considered statistics of the duration of life of various classes would have a most important bearing upon life assurance. The present life tables worked injuriously to the insurer. From Dr. Grimshaw's statistics it would appear that the actual expectation of life in some classes was much greater than in others, and thus the premium payable on a policy of life assurance, instead of being settled by an estimate based on the general statistics of deaths, would depend rather on the social position of the individual as the important factor.

Dr. J. W. MOORE expressed his sense of the importance of the two points in Dr. Grimshaw's paper. First, in regard to the erroneous calculation on the changes in population consequent on the distant periods at which the census was taken; and secondly, the tabulation of the social position of the population concerning death-rate. Both points were carefully attended to in certain northern nations, local estimates being made every two years, particularly in Copenhagen. He took exception to the grouping of the wives and children of the artisan in the different classes, as erroneous statistics would result. Instance the high mortality among the knife-grinders in Sheffield from the disease called knife-grinder's rot, and if they distributed the mortality over the wives and children the estimate of it in that particular trade would be a false one. He would, therefore, group together the wives and children as belonging to the artisans generally, and so with the wives and children of the middle and upper classes. Thus the individuals themselves who bore the heat and toil of the day in the various occupations would form the factors of the death-rate.

The CHAIRMAN thought that to group the wives and children of artisans would involve too great minuteness of detail, and would be unnecessary in the presence of the admirable statistics on the mean expectation of life as to persons of all ages founded on two millions of years of life in connection with life assurance in the manuals of the Odd Fellows community. Men seldom insured their lives before 21 or 22, and from the time a man started at a particular trade until he died, there was a certain amount of information as to his mean expectation of life at any particular period; but they had no such information with regard to whole classes of the population—their wives and children. He thought, therefore, Dr. Grimshaw's classification was admirable. The death-rate of Dublin was, in his opinion, greatly influenced by the relatively large population of poor people in the city in comparison with English and Scotch cities, and if there were statistics like those which the Registrar-General had collected in the last four weeks there would be data to compare the sanitary condition of Dublin with that of those cities. The income tax of Dublin was greatly exceeded by that of English and Scotch cities of the same population, showing that Dublin was the poorest. Dr. Grimshaw's statistics would, in a year or two, prove the truth of his opinion.

Dr. GRIMSHAW replied. He did not think the harvest had anything to do with the increased population. An estimated increase in 1876, of 10,528, and in 1877, of 7,613; but that it was due to the labour market in America being then extremely low; and so when the labour market rose towards the end of 1879, the movement of the population to America increased, and was stimulated by the bad harvest here. As to Dr. MacSwiney's point concerning life assurance, he had asked several persons connected with assurance companies whether they really considered the high death-rate in Dublin had any effect in measuring the premium, and they said not, that insurance business paid as well in Dublin as anywhere else. As to Dr. Moore's point, he submitted that the death of a tradesman, for instance, from knife-grinder's rot, affected his family, as the family might starve. The chairman's point about the income tax he did not consider sound. Income tax was paid by persons of great incomes. There was a large class of persons in English towns from £20,000 to £40,000 a year; while there were few such in Dublin, and no person with from 10s. to £2 a week paid income tax; the amount of income tax was no index of the death-rate. The chances of life to a man's family with £1,000 a year were just as good as in the case of a man with £100,000. At a certain level of comfort there was no difference in the risk to life. Mr. Wilson, of his office, had two years ago suggested the social classification adopted.

Thanks were voted to Mr. W. R. Maguire for having exhibited a most interesting collection of sanitary appliances and models. The Sub-Section then adjourned.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

STRANGULATED HERNIA.—The reduction of strangulated hernia by subcutaneous injection of morphia first employed by Dr. Phillippe, of St. Maudé, renders excellent services every day, and consequently, many practitioners in the country where either the want of proper instruments or the prejudice or unwillingness of the peasants to submit to an operation are serious obstacles to be got over, adopt this method in almost every case, and rightly so, as the effects are sometimes marvellous. A country surgeon has just published a report of eight cases treated thus by him with two failures. The taxis and all ordinary means failed, and colotomy seemed the only resource. Twice the reduction was impossible, and the patients having refused to be operated upon would have infallibly succumbed. In one case to which he was called everything was ready for the operation, the patient consenting, when he proposed to inject a quarter of a grain of morphia over the strangulation. A quarter of an hour afterwards the hernia was reduced without difficulty. Sometimes the delay is longer, but the pain and the vomiting ceases; hence the operation can be postponed without fear for some hours when a new injection is made and often succeeds.

TAPPING THE BLADDER.—As is well known, there existed formerly three methods of tapping the bladder, to which a

fourth might be added, which Voillemier employed, and which he called the sub-pubeal method, consisting in drawing the penis downwards and backwards, and plunging a trocar through the suspensory ligament, so as to reach the anterior wall of the bladder a little above the neck. Voillemier was the only one that practised. As to the three former methods, one of them, the perineal, was, from the difficulty of the operation, soon abandoned, the choice being left between the recto-vesical and hypogastric operations, each of which had its partisans. To-day, with the aspirator, the recto-vesical method has also nearly fallen into disuse, tapping through the hypogastric region being not only the simplest, but the least dangerous of all. Dr. Picard, who is entirely in favour of this method, yet considers that it cannot, however, be employed very often with impunity, as where the needle of the aspirator has been passed several times, phlegmonous abscesses have been known to follow. He cites the case of a patient who came before him for retention of urine, and having tried in vain to pass the catheter, he tapped him through the hypogastric region with the aspirator: he renewed the operation the following day twice, and the two succeeding days six times, after which he was able to slip through the ordinary channel a very small-sized catheter. All went on well for a couple of days, but soon the seat of the ecchymosis, the result of the little punctures, showed signs of inflammation, which eventually ended in suppuration, which necessitated a large incision and many days of treatment. M. Picard consequently concludes that, in tapping the bladder, a trocar, no matter how fine, cannot be used very often without danger, and then, when it is necessary to tap frequently, the recto-vesical method might be alternated with the hypogastric.

The Services.

IRISH STUDENTS AT THE ARMY MEDICAL EXAMINATIONS.

At the recent dinner of the Dublin Branch of the British Medical Association, pointed allusion was made by both Dr. Lyons, M.P., and Mr. Gibson, M.P., to complaints which were current, and which had reached their ears, to the effect that since December, 1879, when the Army Medical Service was reformed by the latest Royal Warrant, Irish students have been "boycotted" by the examining board, and to a great extent excluded from the service.

We were very unwilling to give any credence to a statement of this sort, and could hardly believe that there existed even an involuntary prejudice against Irish candidates which might cause them to be unfairly dealt with; but we thought it well that such an insinuation should be either justified or proved groundless. Accordingly, we entered into a careful tabulation of the results of the Army examinations, as reported each year by the department to the General Medical Council, and published by the Council in its Minutes; and we give now the results of our inquiry for what they are worth, leaving to the Army Medical examiners on one side, and the Irish teachers on the other, the task of explaining the facts which are disclosed.

In reading these figures it is necessary to keep in mind three points:—1. That they represent *not* the individuals, but the diplomas possessed by the individuals. As each

candidate must have a medical and a surgical licence, of course the number of candidates is about one-half of the number of diplomas set down. 2. That the results are stated by us as percentages of successes and rejections, so that it does not affect our argument whether there were more or fewer candidates of any one nationality. 3. That while before June, 1881, the candidates were classified simply as "passed" and "rejected," after that date the passed were again subdivided into (a) those who obtained appointments, and (b) those who were found qualified, but got no appointments.

Comparing six examinations immediately before the New Warrant with two groups of three examinations immediately after its promulgation, we find the following results:—

<i>Before Warrant.</i>				Percentages.	
Date of Examination.		Passes.		Rejections.	
14 Feb., 1875.					
Irish	8	...	...	2	
English and Scotch ...	9	...	...	2	
9 Aug., 1875.					
Irish	20	...	...	0	
English and Scotch ...	23	..	...	0	
14 Aug., 1876.					
Irish	35	...	...	0	
English and Scotch ...	45	...	...	2	
12 Feb., 1877.					
Irish	23	...	...	6	
English and Scotch ...	11	...	...	6	
13 Aug., 1877.					
Irish	30	...	...	2	
English and Scotch ...	30	...	...	0	
11 Feb., 1878.					
Irish	9	...	...	0	
English and Scotch ...	29	...	...	2	

Thus it appears that, during the period before the New Warrant, candidates holding 133 Irish diplomas presented themselves, as against others who held 139 English and Scotch licences.

It is, therefore, not true, as has been pleaded, that within this period English and Scotch surgeons held aloof from the Army Service, and left it to inferior Irish candidates.

The relative success of nationalities was as follows:—

	Passes.	Rejections.
Irish	96·8	3·2
English and Scotch ...	90·8	9·2

It is, therefore, obvious that during the period before the Warrant the holders of Irish diplomas, though not more numerous, were more successful than the competitors who held English and Scotch licences.

The New Warrant was promulgated on the 2nd of December, 1879. The following are the results of the three succeeding examinations:—

<i>After Warrant.</i>				Percentages.	
Date of Examination.		Passes.		Rejections.	
8 Dec., 1879.					
Irish	100·0	...	...	0	
English and Scotch ...	95·7	...	...	4·3	
9 Feb., 1880.					
Irish	9·4	...	...	4·0	
English and Scotch ...	·8	..	...	13·4	
14 Feb., 1880.					
Irish	86·	...	...	13·5	
English and Scotch ...	62·6	...	...	37·4	

Average of Three Examinations.

	PASSES.	REJECTIONS.
Irish	93·6	5·8
English and Scotch	80·7	18·3

It will be observed that during this period the candidates holding Irish diplomas maintained their pre-eminence, notwithstanding the increased competition and consequent stringency of examination which followed upon the improvement in the value of the Army Medical Service which resulted from the New Warrant.

But in 1881 a new system of classification was introduced. Candidates who answer up to the required standard are declared qualified, but it does not follow that they obtain appointments. From the whole number who pass, a limited number are selected for appointment, and it remains to be shown upon what ground this selection is made. Whatever the ground may be, a perusal of the results of the subsequent examinations places it beyond dispute that the selection has been altogether to the disadvantage of the Irish candidates.

Here are the figures :—

After Classification by Selection.

Date of Examination.	PASSES for Appointment.	QUALIFIED—not APPOINTED.	REJECTED.
15 Aug., 1881.			
Irish	34·6	65·3	0
English and Scotch	59·7	46·1	2
20 Feb., 1882.			
Irish	3·45	91·3	0
English and Scotch	37·7	58·8	3·5
21 Aug., 1882.			
Irish	26·6	73·3	0
English and Scotch	69·3	23·7	0

Average of Three Examinations.

	PASS for Appointment.	QUALIFIED—not APPOINTED.
Irish	21·5	76·6
English and Scotch	52·5	42·8

It is worthy of remark upon these figures that they make evident the fact that the Irish students, who were very successful *before* the new system of classification and selection, showed inexplicable deficiency afterwards; and, still more remarkable, that in the latter period the Irish students, though they were declared "qualified" in greater proportion than their competitors of the sister kingdom, and had no rejections amongst them, nevertheless received little more than one-third of the appointments.

These figures seem to us to present a very peculiar aspect. Assuming the perfect impartiality of the examiners, they require us to believe that in the six months from February to August, 1881, the Irish students developed, and have since continued to develop, a sudden access of mediocrity of intelligence, and their teachers a sudden incapacity for instruction.

It will, we anticipate, be urged that the cause of this decadence on the part of Irish candidates is that a higher standard of examination has arisen from increased competition, and that they are not up to the required level. This explanation may or may not be true; at any rate, it is a pure hypothesis which, if it be accepted, must be supported by substantial proof, clearly not derivable from the figures before us. We cannot say that the hypothesis is not true in the case of the candidates at large, but we can assert that it is not true of individual

candidates. It is notorious that candidates of special pre-eminence—men of remarkable brilliancy, unusual attainments, and a thorough capacity for answering—have gone from Ireland during this period and been refused admission to the Army Medical Service. One gentleman who obtained the first place at the M.B. examination of the University of Dublin, and who won the Travelling Prize as being the best man of his day, offered himself to the Army Medical examiners, and was qualified but not appointed, and other instances of unsuccess almost equally remarkable are known to Irish grinders.

We do not wish to adopt the theory that Irish candidates have been "boycotted," for the facts are capable of explanation in other ways. Perhaps, the London and Edinburgh "coaches" have got more complete possession of the pet questions of particular examiners than the Irish "grinders;" or perhaps, as is confidently asserted, the printed papers get into the hands of London teachers in advance of the examination. In any case some explanation of the facts is needed, and we invite further information on the subject.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 14, 1883.

THE RECENT ANTI-VACCINATION PERSECUTION.

ALTHOUGH the attempt recently made by officious anti-vaccinating fanatics to incriminate a public functionary who had faithfully discharged his duty has

signally collapsed, there are, nevertheless, several important lessons to be drawn from the occurrence. The case in question arose in connection with the vaccination, by Dr. Dunlop, Medical Officer of Health to St. Pancras Workhouse, of an illegitimate child born in that institution on December 10th. The operation was performed on the 16th Dec., and nothing was observed during the remainder of the child's stay in the workhouse to indicate any but a favourable termination. On the 24th, however, its mother, a girl of 16 only, removed to a wretched lodging, where it was impossible for her infant, which, of course, accompanied her on the emigration, to receive the care and attention it required. Exposed to untoward conditions—for it was proved in evidence that no adequate precautions were observed to assist the child's recovery—it naturally declined; redness and swelling of the vaccinated arm appeared on the sixth day from leaving the workhouse, the vesicles presented a most unhealthy look, and coma and death supervened on January 7th of the present year. Four days later a post-mortem examination showed extreme emaciation, but a healthy state of all the internal organs except the brain, over the whole surface of which a purulent deposit was found to the thickness in places over the tenth of an inch. At the instigation of the Anti-Compulsory Vaccination League, the mother summoned Dr. Dunlop on the charge of manslaughter, the accusation being that pyæmia had been induced as a consequence of vaccination. Without calling witnesses for the defence who would have placed the scientific side of the question in a true light, the magistrate dismissed the charge; and here, for the time, at any rate, the matter drops.

Apart from the petty annoyance to which Dr. Dunlop has been submitted, and under the infliction of which he has naturally received the entire sympathy of the profession, there are points raised in connection with this case which may profitably serve to excite some future discussion. Unreasoning opponents of vaccination will not, unfortunately, or cannot, appreciate the significance of the fallacy which lurks in the *post hoc ergo propter hoc* argument when applied to their particular bugbear. Had the child whose mother received such attentive treatment from the Anti-Compulsory, etc., Society been permitted to remain where it was rapidly attaining health and strength, this opportunity of persecuting an actual vaccinator would never have presented itself, for on pathological grounds it is impossible to regard as probable the theory set up by the prosecution. On the other hand, there is much to warrant the conclusion that meningitis was encouraged by the exposure and want to which the little victim was condemned; while there is overwhelming proof of the immunity from evil enjoyed by healthy children vaccinated within a week of birth. The child in this instance was, in the estimation of the accredited medical officer of the workhouse, a fairly healthy infant; and he very justly followed in respect to it the course which experience had taught him was best calculated to ensure the safety both of the child and of the community.

There can be no other explanation afforded of the action taken by the Anti-Compulsionists than that which

attributes to them a constant eagerness to justify their existence in the eyes of their supporters. We could, therefore, have wished that medical evidence proffered by Dr. Bristowe and Dr. Wilks had been received in court for the purpose of exposing the doubtful scientific value of that on which the charge was based. At the present time, animated by what they deem the promise of successful contest with truth, anti-vaccinators, or those who lead them, are using frantic efforts to win adherents to their views; and we cannot help but think that continual earnestness on the part of medical men is necessary more than ever to counteract the hurtful influences of unprincipled or interested propagandists. In courts of law there will never be found much sympathy with doctrines that manifestly act injuriously to the state; and even in the lesser and local tribunals the appearance of pro-anti-vaccination magistrates is of rare occurrence, education, as a rule, providing them with the needed apparatus of discrimination. But, notwithstanding, it is always open to a "society" to frame indictments as advertising engines, even at the expense of persecution of those who rightfully do their duty to the state, as in Dr. Dunlop's case. For the present, we must accept the unpleasantness associated with the office of right; but those who suffer a temporary inconvenience have not only the satisfaction of knowing that this is itself a reward of rectitude, but also that they thereby distinguish themselves as eminently worthy of the respect and sympathy of their professional brethren throughout the world.

THE CRUELTY TO ANIMALS BILL.

SO CALLED "lovers of sport," who, at the same time, seek to deserve the title invented by Prof. Owen to designate those who have a kindly regard for animal life, "bestiarian," will unite in accepting the Bill for amending the Acts relating to cruelty to animals which has been successfully introduced into Parliament by Mr. Anderson. In his withering denunciation of the anti-vivisection hysteria, the veteran physiologist mentioned above seeks to apply the term bestiarian to all those who have shrieked aloud for a recognition of the superior rights of animals; but in a somewhat less degree we must be content to accept the name as a proper one by which to designate supporters of Mr. Anderson's Bill, for, in a measure, the reasoning which denies the right of man to utilise living animals for his own needs in disease, would also with equal force deny his right to employ them to minister to his selfish pleasures. It is certainly a very novel position for the humane vivisectionist to find himself on a common platform with his most decided opponent. But strange as the association may seem, it must be admitted—with, however, this one reservation—that many of the bitterest anti-vivisectionists will be among the first to sever the slight connecting link thus established. Bestiarian sympathy, after all, extends no farther than to animals sacrificed to assist the advancement of scientific discovery; and it would afford us no surprise to learn that the majority of Mr. Jesse's supporters are indignantly averse to such restrictions on their playful amusements as in the near future will be imposed.

To us, who have long viewed with repugnance and disgust the brutal tortures inflicted on helpless and innocent animals for no possible purpose but the gratification of bastard sporting instincts, the prospects of a speedy effacement of this blot on our civilisation comes with inspiring promise of national improvement. One of the most curious anomalies of the century is that exhibited by a legislative assembly which willfully shuts its eyes to the claims of science, and with an affectation of horror at the cruelties it was pleased to associate with experimental research, forbade the prosecution of original investigations in this country, while at the very time it acted thus it was, by its individual encouragement of pigeon-shooting enormities, winking at and abetting such multiplied horrors as the scientific mind would shrink from contemplating.

Even now, too, when at last the spirit of justice has been evoked, legislation is rendered possible only by a partial mutilation of the anti-cruelty measure. Specified "sports" have had to be omitted from the Bill to secure its acceptance by a majority of the House; but we would fain hope that the time is not far distant which will see concession of the principle that cruelty without human gain is an unjustifiable violation of the rights that even the meanest creatures possess to life and the enjoyment of existence.

MEDICAL WOMEN FOR INDIA.

THIS question has been brought prominently before the profession of late by the papers in our columns of Dr. Gordon and Dr. Hoggan, and by articles in our contemporaries. From newspapers recently received from India we are now enabled to gauge the native views relative thereto, there being abundant evidence that the question of medical women for that country is being fully considered among the classes of persons most directly interested in it. As presented originally in England, the necessity for and propriety of sending to India ladies qualified to practise medicine appeared not to admit of a doubt; it is therefore interesting as it is suggestive to observe that papers before us give expression to very different and even opposite views in regard to both of these points. For example, one journal has the following remarks:—"The fact that thousands of women annually die in India owing to the absence of medical relief, and thousands of others continuously suffer from painful diseases for want of proper medical treatment, is universally admitted to be true." So far, however, is the "fact" above stated from being universally admitted to be true, that a journal quite as likely to be well informed on the subject as that from which we have just quoted, considers that "the picture of excessive obstetric and uterine suffering has been overdrawn; that native women, high and low, get over their confinements more speedily and with less suffering than their Western sisters; that as regards uterine disorders, it is by no means clear that they are of frequent occurrence in Indian zenanas; that our Western system of medicine has by no means become universally sought for by natives of India; that native women, when they have availed themselves of the services of medical lady practitioners, have not been at all ready to pay for those

services; that anything like the strong demand for their services in middle and high-class zenanas which is represented to exist has by no means been proved." And the same journal adds that—"Yet, on the assumption that an enormous amount of preventible disease exists among Indian women, and that in the majority of cases English medical ladies are the only qualified doctors who are allowed to give assistance," the proposal to send a number of such medical ladies to India has been advocated. A third journal, writing on this subject, appears to entertain certain doubts as to the permanency of the movement now being fostered. It asks: "Who knows that the public will remain in the same frame of mind after the novelty of the thing has worn off?"—in other words, pointing out to its readers that a *hobby* is being started, although with prospects of a brief career. Further, it says: "Let a fair start be made with Rs. 35,000—which sum has already been subscribed for the purpose in Bombay. But do not rest till you have a hospital for regular training of native ladies in general medicine, and especially in midwifery." So that the measure of sending out medical women from England, if required at all, is only to be looked upon as a make shift and temporary measure. A fourth journal alludes to the difficulty of giving the required instruction to native ladies, and imparting it to them "in a foreign tongue;" and having discussed the subject from that particular point of view, thus concludes its remarks: "We do not think the proposed plan will achieve any very great success." One of the journals already quoted remarks that "it is, however, of extreme importance that the medical women should not be mere novices, but well-skilled practitioners of experience and reputation." And herein are involved several important difficulties. If a lady medical practitioner has practised sufficiently long and successfully in England to have obtained "experience and reputation," why should she desert her practice at home to proceed, a stranger, to a foreign country and a most trying climate? Is not every consideration against such a step being taken? But how far would "experience" gained in England be applicable in India, taking into account differences of race, usages, habits, *et cetera*? Would it enable its possessor to be of greater—or, indeed, as much—use to the sick Indian woman as the ordinary native attendants on the occupants of zenanas? There appear to be no grounds whereon to base a reply in the affirmative. Altogether, then, the weight of arguments adduced in the papers quoted from is decidedly against the necessity for English medical women in India, and the likelihood of their finding either sufficient field for their intended usefulness, or remuneration sufficient to recompense them for proceeding to that country.

PRISON SURGEONS.

THIS Commission has been sitting at intervals for the last fortnight, and we understand that an application has been made to it to receive evidence on behalf of the Irish prison surgeons, who are represented—for the occasion—by Drs. MacDonnell, Carte, D. Jacob, Falkiner, and Middleton, as delegates from the Irish Prison Surgeons' Association. We understand that the Commission has suspended its sittings in order to

enable Sir R. Cross, the chairman, and others of its members, to attend Parliament. It will not resume its sittings until after July, and the prison surgeons will need to press their views at that time. We do not suppose that the Commission will arrive at a report without having made an effort to satisfy the well-grounded discontent of these officers. The policy of the General Prisons Board towards its medical officers has been one of continual and insidious encroachment, of illiberality, and of attempted bullying. By the 27th section of the Prisons Act of 1878 every medical officer then in office is required to perform "such duties as he may be required to perform by the General Prisons Board, so that the same are analogous to those they performed previously to the commencement of the Act; and, subject as aforesaid, they shall perform the same duties as nearly as may be as they shall be performing at the same date." How has the Prisons Board interpreted this clause? Its first act was an attempt to deprive the apothecaries of office, and force their duties on the medical officers without additional pay. Its next proceeding was to reduce the salaries of many such officers; and in both these attempts they were defeated by an appeal to the law. Since then the Board has lost no opportunity of humiliating and harassing the medical officers—snubbing them through the medium of the prison governor, and throwing every possible hindrance in the way of the satisfactory performance of their duty. Amongst other means of "serving out" the doctors adopted by the Board is the imposition of innumerable new functions. If a prisoner is given an extra egg daily, the surgeon is ordered to visit him as a sick prisoner, and fill up numerous reports; if any of the family of the warder outside the prison falls ill, the surgeon is—in defiance of the law—ordered to attend. As to ordinary duties, the labour of the surgeon has been multiplied without any increase in emolument whatever. He must now visit daily instead of twice weekly as heretofore, and before 12 noon instead of the hour most convenient; he must inspect each prisoner—well or ill—once a week; he must write innumerable additional reports and book-entries; and must perform gratuitously an inspection of all persons seeking admission to the prisons' service, as if for insurance. All this new work has been put upon the medical officers, without extra remuneration, and enforced by the most arbitrary and uncivil method. We do not express any opinion as to the necessity for these additional duties; but we do say that, if the Government wants double work from an officer it should pay him in proportion, and that it is a disreputable abuse of authority for any department to try to bully its servants into the gratuitous performance of duties for which it well knows they are not liable.

WE are informed that the Port Sanitary Committee have agreed to recommend the Corporation of London to erect a hospital on the Kentish shore of the Thames, in the neighbourhood of the spot below Gravesend where the hospital ship *Rhin* is now stationed, at a cost not exceeding £5,000.

Notes on Current Topics.

The Recent Small-Pox Prosecution.

THE very general sympathy with Dr. Dunlop, medical officer to St. Pancras Workhouse, is being shown by numerous acts indicative of the feeling which has been aroused by his unmerited persecution. The Council of the Poor-law Medical Officers' Association last week passed a resolution to the following effect:—"That this Council begs to express its sincere sympathy with Dr. Dunlop, the medical officer of St. Pancras Workhouse, in the unmerited persecution to which he has been exposed in the recent prosecution for manslaughter; and that this Council further expresses its satisfaction that the St. Pancras Board of Guardians should have so readily undertaken his defence, whereby Dr. Dunlop was saved from a heavy pecuniary liability. The Council also desires to thank its chairman, Dr. Joseph Rogers, for the public spirited manner in which he aided Dr. Dunlop in his defence." While they will tend to show the hearty manner in which medical men are supported by their brethren in the execution of their duty, such testimonials as this cannot fail to be signally agreeable to Dr. Dunlop, who, moreover, is well worthy to receive any such expression of sympathy that may be accorded to him.

Our Hospitals.

AT length the subject of hospital abuse is beginning to be discussed in the lay press; and the public, in whose hands the power of compelling reform largely rests, are being slowly enlightened with regard to the evils to which their mistaken benevolence too often gives rise. We commend to the attention of our readers the admirable article on this subject from the pen of Mr. Burdett in the current number of the *Nineteenth Century*. Mr. Burdett, who has devoted himself to its investigation, has fully mastered his theme, and though his suggestions have not the merit of novelty, yet they present a most admirable *exposé* of the shameful waste of public funds, and the gross impostures which the present system allows under cloak of the sacred name of charity. The sham special hospital, and the special hospital quack, for whose benefit many of these institutions exist, are accurately described. Mr. Burdett dwells upon the fact so often pointed out in our columns that, were the funds which are now wasted in maintaining these useless places distributed amongst legitimate institutions, these would probably be completely relieved of the burden of debt which now encumbers them. Mr. Burdett fearlessly exposes the system of chicanery by which the sham hospital is started and worked; and he demonstrates the fact that the sole *raison d'être* of these establishments is that they may serve as stalking horses, under cover of which unscrupulous quacks of the David Jones type may safely advertise their false claims to professional eminence, and effectually prey upon the unsuspecting public. The future of the government and internal economy of these hospitals is accurately drawn, and the conduct of those weak members of the profession who are found ready to accept office under the quack for whose benefit the establishment is kept up is justly stigmatised. The *Medical Press and Circular* alone among medical papers has had

the courage repeatedly to expose all the evils to which Mr. Bardett now calls attention. We have always deplored that the subject was not taken up by lay journals, and we rejoice that at last the public have a prospect of enlightenment. It is useless now to ask why the medical corporations and societies like the British Medical Association have not long ago bestirred themselves to root out—as they were well able—the growing evil which has now reached such great proportions; but we fear that when the public becomes fully informed of the facts, the credit and honour of the medical profession will not be enhanced when it is perceived that its leaders, instead of expelling them, have knowingly tolerated in their midst men whose lives are devoted to the amassing of wealth by nefarious means, and, what is worse, trafficking on the weakness of suffering humanity.

The Fothergillian Gold Medal.

ON Wednesday last the annual dinner of the Medical Society of London was held at the Criterion Restaurant, when the Fothergill Gold Medal for 1883, value twenty guineas, was presented to the successful competitor, Mr. Norman Porritt, L.R.C.P. The subject selected for the essays this year was "The Operative Treatment of Intra-thoracic Effusion;" and Mr. Porritt has been able to illustrate his paper with notes of no less than fifty cases in point. It may be fairly remarked how favourable the Yorkshire atmosphere appears to be to the production of Fothergillian Medalists. Two years running, 1882 and 1883, Yorkshire has produced the successful competitor, last year's medalist having been Mr. T. M. Dolan, F.R.C.S., of Halifax; while Mr. Porritt is in practice at Huddersfield. Dr. J. Milner Fothergill also was under the influence of a Yorkshire atmosphere, being at the time resident at Leeds Infirmary, when he obtained the medal bearing his name; and Dr. Broadbent is, we believe, a Yorkshireman by birth. But after all Yorkshire is an immense county, and its sons are inferior to those of no other shire in point of wits, while in numbers they exceed many.

Amputation at the Shoulder Joint.

was performed on Tuesday week in the City of Dublin Hospital by Mr. Henry Gray Croly, Senior Surgeon to the Institution. The case was originally fracture of the humerus at the surgical neck in a girl, aged about twenty years. The accident was caused by direct violence on the first occasion. A second fracture occurred from a fall, and a third time the bone gave way from pulling on a tight boot. Mr. Croly joined the fractured ends by wire, but expressed grave doubts about the result, inasmuch as the periosteum was detached for a considerable distance, and the fragments were wide apart. Acute necrosis set in and abscesses formed, and the girl's health was beginning to suffer. The amputation was completed in thirty-five seconds. The axillary vessel gave no trouble. Antiseptic spray and dressings it is almost needless to add were strictly carried out. The girl is doing well, the temperature this, the 5th day, being normal.

The recent specimen was exhibited at the Surgical Section of the Academy of Medicine on last Friday evening.

Medical Union Society.

ON Saturday last there was a good attendance of members at the rooms of the Medical Union Society, the occasion being a debate on "The Preliminary Training of Medical Students." The proceedings were opened by Mr. Morratt Baker, F.R.C.S., who occupied the chair, and introduced Dr. A. E. Sansom, F.R.C.P., who had consented to deliver an address as a preliminary to discussion. A long and well sustained debate ensued, in which numerous members of the Society engaged. Eventually a resolution, proposed by Dr. Sansom, advocating a standard of preliminary education for medical students equivalent to that required for an ordinary arts' degree at Oxford or Cambridge, was unanimously passed.

The Examinations of the Irish College of Surgeons.

THE examinations for the Licence of the Irish College of Surgeons will commence, for the first half, on the 2nd of April, and for the second half on the 20th. The first year's examinations under the new scheme of examination will be held in July. The Council issued last week to Registrars of Schools and Clinical Hospitals throughout Ireland a copy of the new schedule, by means of which all candidates for the College licence will, in future, be required to submit their certificates to the Inspection Committee. The schedule, in conformity with the certificate regulations promulgated by the College on the 29th of June, 1882, requires that the number of lectures in each course, and the number of the students' attendances shall be certified by the School or Hospital Registrar, and by the student himself.

Homes for Inebriates.

THE Association formed last year to found a Dalrymple Home for Inebriates held their first general meeting last week. The committee said they had failed, as yet, in attaining a site for the Home, but hoped soon to do so. The funds of the Association were represented by a Banker's balance of £600, and £1,100 promised. One donor, moreover, had promised £500 conditionally on nine other sums of the same amount being secured. The officers elected for the next year include Lord Shaftesbury as president, and numerous prelates and noblemen as vice-presidents.

Collegiate Combination.

THE scheme for a combined examination conducted by the Colleges of Physicians and Surgeons in London was last Thursday finally passed and accepted by the latter College, and remains now only to be formally ratified by the College of Physicians. If, however, rumour speaks correctly concerning the "improvement" thus provided, there is in store for future candidates at the English Colleges experiences which are likely to occasion much trouble and inconvenience. The conjunction over which so much care and time have been expended seems no more than a simple addition of one College to the other, for students aspiring to the qualification of either will have to pass all examinations at both, and pay for the privilege of increased burdens *thirty-five guineas*. We admit

this is not actually published at the time we write, but there is good reason to fear its truth; and if it be indeed the result of the joint committee's activity, then it will indeed, be a sorry indication of the fitness of corporations to manage their own affairs. After much preliminary flourishing, for the two most respectable licensing institutions to combine in multiplying the evils of the existing system seems a monstrous and wholly unexpected outcome of their labours. The whole profession will anxiously look for some immediate proof that their fears are not well founded.

Medical Society of London.

A GENERAL meeting of this Society was held on Monday, March 5th, 1883, when the election of the officers and Council took place with the following result:—*President*: Sir Joseph Fayrer, M.D., K.C.S.I., F.R.S. *Vice-Presidents*: J. Hughlings Jackson, M.D., F.R.S.; John Cawood Wordsworth; John Brunton, M.D.; Alfred Cooper. *Treasurer*: Alfred Wiltshire, M.D. *Librarian*: William Henry Allchin, M.B. *Honorary Secretaries*: Isambard Owen, M.D.; Alfred Pearce Gould. *Secretary for Foreign Correspondence*: Sir William Mac Cormac. *Council*: Henry Francis Baker; Samuel Benton; Sidney Coupland, M.D.; John Hamilton Craigie; Henry Radcliffe Crocker, M.D.; John Henry Drew; William Ewart, M.D.; James Kingston Fowler, M.D.; Heneage Gibbes, M.D.; David Henry Goodsall; George Lawson; Henry Morris; Francis Mason; Edmund Owen; Arthur Ernest Sansom, M.D.; Charles Brodie Sewell, M.D.; Thomas Gilbert Smith, M.D.; William Heath Strange, M.D.; William Johnson Walsham; C. Theodore Williams, M.D.

Royal Medical Benevolent Fund Society of Ireland.

WE regret to learn that Dr. Lynn, in consequence of advanced years has found it necessary to resign his appointment as Honorary Secretary for Armagh. The Central Committee adopted the following resolution:—

"That this Committee accept with much regret the resignation by Dr. Lynn, of the office of Honorary Secretary for Armagh, which he has filled greatly to the advantage of the Society for upwards of twenty years, and desire to convey to him the best thanks of the Committee for the great interest which he has ever taken in the Medical Benevolent Fund."

The Society was formed in Dublin by the late Dr. Kingsley in the year 1842, and the Armagh branch in the following year.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Birkenhead 17, Derby 18, Portsmouth, Edinburgh, Huddersfield, Leicester 19, Norwich, Brighton 20, London, Salford, Bristol 21, Oldham, Bolton, Leeds, Halifax 22, Birmingham, Nottingham 23, Bradford, Hull 24, Sunderland 25, Manchester 26, Preston, Sheffield 27, Wolverhampton 28, Glasgow, Plymouth, Newcastle-on-Tyne 29, Liverpool 30, Blackburn 31, Cardiff 33, Dublin 34.

Personation.

IN our issue for the 7th ult. we referred to a gross case of personation by a quack, who had falsely assumed the name of our colleague Dr. Archibald Hamilton Jacob, of Dublin, and fraudulently taken fees of divers of Her Majesty's subjects in and around London by pretending to be the said Dr. Jacob. The case was taken up by the Medical Alliance Association, which has done good service by the prosecution of quacks of this type. With the knowledge that a warrant was out for his arrest, this individual quickly made himself scarce, and it was only last week that he was brought up, convicted, and sent to prison for three months. More glaring evidence of the impudence of these quacks it would be difficult to imagine. The fellow, whose real name did not transpire, was previously a ship's cook, uneducated, and, of course, without any medical knowledge, except such as might be gleaned from the outside label of a bottle of patent medicine; yet, as will be seen on reference to the case reported in another column, patients presented themselves and paid him fees on the strength of Dr. Jacob's name and reputation. Whilst our *confrère* is entitled to the sympathy of the profession for having his name thus dragged in the mire, good may nevertheless result if the quack fraternity are thus taught that whatever name or disguise they assume they will be promptly repressed by the Society which so energetically prosecuted the case in question.

HIS Excellency the Governor of Gibraltar has appointed John Henry Bryant, L.R.C.P.Ed., to act as Inspector of Health at Gibraltar, in the room of Surgeon-General Smith, M.D., C.B.

MR. WILLIAM BERRY, M.R.C.S. Eng., L.R.C.P. & S. Ed., House Surgeon to the Royal Albert Edward Infirmary, has been added to the list of magistrates for the Borough of Wigan.

DR. FANCOURT BARNES, Assistant Physician to the Royal Maternity Charity, was last week elected Physician thereto, vice Dr. Hall Davis, who has filled that post, and has been elected Consulting Physician after forty years of valued services.

IT is officially announced that Miss Edith Shove, M.B., London, has been appointed Medical Superintendent of the Female Staff at the London General Post Office. This is, we believe, the first appointment of a lady medical to any Government post.

AT the last meeting of Congregation of the University of Cambridge the following gentlemen were appointed members of the Board of Electors to the Professorship of Zoology and Comparative Anatomy:—Professor Flower; Mr. H. N. Moseley, Linacre Professor, Oxford; Dr. Michael Foster, Trinity; Professor Huxley; Mr. J. W. Clark, Trinity; Mr. F. Darwin, Trinity; Professor Humphry; Mr. D. M'Alister, St. John's.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the

latest official returns, as follow:—Calcutta 42, Bombay 36, Madras 37, Paris 27, Geneva 28, Amsterdam 33, Rotterdam 26, The Hague 22, Copenhagen 26, Stockholm 24, Christiania 17, St. Petersburg 38, Berlin 23, Hamburg 26, Dresden 23, Breslau 34, Munich 34, Vienna 32, Prague 38, Buda-Pesth 30, Trieste 40, Rome 22, Turin 30, Venice 30, Lisbon 30, New York 25, Brooklyn 21, Philadelphia 21, Baltimore 28.

The Erichsen Testimonial.

On Saturday last a crowded meeting was held in the Botanic Theatre of University College, under the presidency of Mr. John Marshall, F.R.S., when the testimonial subscribed for by the friends and admirers of Mr. Erichsen was formally handed over to the keeping of University College. The memorial is in the form of a bust of Mr. Erichsen, and a sum of money remaining over from the sum collected, after its cost had been defrayed, was handed over to Mr. Erichsen to employ as he thought fit, the following resolution to that effect having been proposed by Sir Henry Thompson, and carried unanimously:—"That the surplus beyond the amount required for payment of the bust be now offered to Mr. Erichsen, as a personal gift from the body of the subscribers, to be devoted by him to any purpose which he himself might select." Mr. Erichsen was received with unbounded enthusiasm, and after speaking with evident emotion of his long connection with University College Hospital, he observed that he felt it a proud honour to have his own bust in the same gallery with such men of medical and surgical science as Liston, Sharpey, Turner, Potter, and others who had gone before him. In reference to the surplus, he proposed to invest it so as to produce an annual trial of skill in operative surgery, with a permanent prize of certain value to that student who proved himself the most efficient in the class of practical operative surgery.

The Profession at the Levee.

By command of Her Majesty the Queen a levée was held on Monday afternoon, at St. James's Palace, by His Royal Highness the Prince of Wales, when the following members of the profession connected with the Medical Departments of the Army and Navy had the honour of presentation:—Surgeon-Major Ralfe Lane, Surgeon-Major Waghorn, Staff-Surgeon J. C. B. Maclean, Staff-Surgeon J. Neeson Stone, and Surgeons Briggs, Gilborne, Gipps, and Kellard. All these presentations were made on return from active service abroad, or on promotion, either by H.R.H. the Duke of Cambridge or the Director-General of the Army or Navy Medical Departments.

By the will of Mr. George Tierney, late of 61 Pall Mall, Fellow of Merton College, Oxford, who died on February 8th, St. George's Hospital, Charing Cross Hospital, Westminster Hospital, the Royal Seaman's Hospital, University College Hospital, Middlesex Hospital, and the Hospital for Consumption and Diseases of the Chest, Brompton, each receive the handsome legacy of £5,000. He also bequeaths "£200 to his good friend Dr. Quain," and he desires that that gentleman shall receive and

enjoy any rights and privileges attaching to the legacies to the said hospitals.

FROM diseases of the zymotic class the death-rates were again below the average, throughout the United Kingdom last week the highest registered were—From whooping-cough, 2.1 in Plymouth, and 2.7 in Hull; from scarlet fever, 1.1 in Sheffield, and 1.9 in Leeds; and from fever, 1.7 in Sunderland, 1.8 in Liverpool, and 2.4 in Blackburn. The 29 deaths from diphtheria included 13 in London, 6 in Glasgow, 2 in Portsmouth, 2 in Liverpool, and 2 in Sunderland. Small-pox caused 7 deaths in London, 3 in Newcastle-upon-Tyne, and 1 in Birmingham. The excessive mortality in Dublin was principally confined to aged persons and to deaths in public institutions.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

AURAL SURGERY AT THE EDINBURGH ROYAL INFIRMARY.—The managers of the Infirmary having decided to create the post of Aural Surgeon to the Infirmary, Dr. Kirk Duncanson has become a candidate for the appointment. Dr. Duncanson, who is a lecturer in the Medical School, has paid considerable attention to aural surgery, and his appointment will give general satisfaction to the profession here.

DR. EADIE AND THE FACULTY OF PHYSICIANS AND SURGEONS APROPOS OF THE CHLOROFORM QUESTION.—Hitherto we always understood that the monthly meetings of the Faculty were of a *private* nature, but at the meeting on the 5th inst., either a reporter must have been present, or the speech made by Dr. Eadie which appeared in the *Glasgow Herald* of Wednesday, the 7th inst., must have been furnished to that paper. The speech is too long for transference to our columns, and, moreover, it is probable that those interested in the dispute have already seen it in the lay newspapers. It consists of a vindication of Dr. Eadie's conduct in giving an adverse vote on the chloroform question, and his reasons for refusing to explain said vote when demanded by Dr. Eben Watson.

A CROWDED INFIRMARY.—The number of patients at present in the Aberdeen Infirmary is somewhat in excess of the number for which accommodation is provided. The result is that the patients have had to be accommodated in the Hall where the quarterly meetings of the institution are wont to be held.

THE GLASGOW DEATH-RATE.—For the week ending with Saturday, the 3rd inst., the deaths in Glasgow were at the rate of 29 per 1,000, against 33 for the preceding week, and 25, 27, and 27 for the preceding periods of 1882, 1881, and 1880 respectively.

FACULTY OF PHYSICIANS AND SURGEONS.—At the monthly meeting of the Faculty, held on the 5th inst., it was intimated by Dr. Finlayson, Honorary Librarian, that Mr. William J. Mackenzie had presented to the Faculty the entire medical library collected by his father, the late Dr. William Mackenzie, the distinguished oculist. On the motion of Dr. Finlayson a vote of thanks was accorded to Mr. Mackenzie for his valuable gift.

UNIVERSITY OF ABERDEEN.—Professor Brasier has been unanimously chosen as Dean of the Medical Faculty in the University of Aberdeen, *vice* Professor Francis Ogston, resigned.

THE FIFE JAMIESON MEMORIAL.—The memorial fund to perpetuate the memory of the late Dr. Fife Jamieson having been closed, a sum of about £220 was found to be available; a portion of this sum has been devoted to the erection, within Old Machar Cathedral, of a very handsome memorial tablet of black and white marble. The balance of the fund has been invested for the purpose of providing a gold medal to be competed for annually by students in anatomy in the Aberdeen University—in which subject it will be remembered, Dr. Jamieson was assistant to Professor Struthers. The competition for the first award of the medal takes place during the current month.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 3rd inst., was 85, and the death-rate 19 per 1,000. There were 18 deaths under 1 year, and 28 above sixty, of which 7 were above 80 years of age. Diseases of the chest accounted for 46 deaths, and zymotic causes for 8, of which 2 were due to fever. The intimations of these diseases for the week amounted to 7, scarlatina 36, and measles 33.

EPIDEMIC OF MEASLES AT HOGGANFIELD, GLASGOW.—Measles of an exceedingly severe form has been epidemic here for a considerable time. It is worthy of note that, although this trouble gained an entrance into most households in the district, not a single case falls to be reported among the 400 youthful inmates of the Mossbank Industrial School, which is within the affected area.

MR. McEWEN AND THE GLASGOW ROYAL INFIRMARY DIRECTORS.—A private meeting of the Directors of the Glasgow Royal Infirmary was held on the 10th inst. in the City Chambers of the Institution. The meeting had been called at the request of a committee of the directors, with the object of considering what course should be adopted with reference to the resignation of Mr. Wm. McEwen, Chairman of the Committee of Management, referred to in our last issue. There was a large attendance, and a most animated discussion took place on various proposals that were made. Ultimately it was agreed to let Mr. McEwen's resignation lie on the table until another meeting, the question in dispute to be in the meantime considered, and a report thereon prepared by a committee of the Board of Management, this committee to consist of the gentlemen who were recently appointed to deal with the matter, with several names added. It is not easy to divine what may be the result of the present unfortunate contest. In the meantime we think it creditable to the staff of the institution that hitherto they have taken no notice of the one-sided and ill-advised articles which appeared in the daily papers.

Medico-Legal Intelligence.

CONVICTION OF A QUACK DOCTOR.

On Thursday last, a man giving the name of Hamilton Archibald Jacob was charged on a warrant before Mr. Ellison, at the Lambeth Police Court, with unlawfully taking the name, title, and description of a registered medical practitioner.

Mr. Pridham appeared to prosecute on behalf of the Medical Alliance Association.

George Spring, an engineer, living in Flaxman Road, said he knew the defendant. On the 28th of January he saw the defendant's name on a brass plate in front of a house in Asylum Road. The plate bore the inscription, "H. A. Jacob, Surgeon, &c." The defendant had attended the sister of witness as a medical man. In December he asked the defendant if he was the Dr. Jacob of Dublin, and he said he was. He told him he thought that scarcely possible, as he believed Dr. Jacob was still practising in Dublin. The defen-

dant was paid several times for his services, and always asked for his fee when attending.

Mr. Robert Hill Hodson, surgeon, practising at Peckham, said some months ago the prisoner was at his house, and described himself as Archibald Hamilton Jacob, of Dublin. Witness asked him if he was the celebrated ophthalmic surgeon, and he said he was. Witness asked him to look at one of his eyes and tell him what was the matter with it. He made an examination, and then said the witness could not see with one eye. This was not true, and after some further conversation the brother of witness said the defendant was a quack, and kicked him out of the place.

Detective Viney, of the P division, said that when he took the prisoner on a warrant he found on him some cards, upon which were printed the words, "H. A. Jacob, Physician and Surgeon; consumption, asthma, paralysis, palsy, sciatica, gout, lumbago, and neuralgia perfectly cured by H. A. Jacob, 25 Asylum Road."

Mr. Albert Alfred Tindall said he was manager of the English department of the *Medical Press and Circular*; Dr. Archibald Hamilton Jacob was the editor of the Irish department of the same paper in Dublin. The witness had known Dr. Jacob intimately for 18 years. The defendant was not Dr. Jacob or a bit like him, nor had Dr. Jacob ever left Dublin for practice elsewhere.

Mr. Pridham said he had other witnesses present who would prove that the defendant had attended their children as a physician and surgeon. He pressed for the fullest penalties, as it was most important that such a system should be put down.

The defendant had nothing to plead in answer to the charge, except that he was not now practising.

The magistrate said such a dangerous system as that carried on by the prisoner must be stopped, and he ordered him to pay a fine of £20, and £5 5s. costs, or in default to undergo three months' imprisonment.

The prisoner, who said he was without money or goods, was removed in custody.

Medico-Parliamentary.

HOUSE OF LORDS.

MEDICAL ACTS AMENDMENT BILL.

LORD CARLINGFORD has introduced a Bill for Consolidating the Law relating to Medical Practitioners. The Bill was read a first time.

HOUSE OF COMMONS.

POISONOUS MEDICINES.

In reply to Mr. WARTON, Mr. MUNDELLA stated that it was intended to bring in a Bill further to regulate the sale of poisons, and that the measure would apply to patent medicines of a poisonous nature.

POISONOUS MANUFACTURES.

In reply to Mr. BROADHURST, Sir W. HARCOURT stated that he thought the facts contained in the memorial of the cotton operatives which had been laid before him as to the dangerous effects of oversizing upon the operatives were such as to justify a medical inquiry, which would be at once instituted by the Government.

Obituary.

M. SEDILLOT.

THIS illustrious French surgeon died on the 28th of January in his 79th year, at Sainte Menchould, where he has been living in retirement for some years. Born in 1804, he became a Member of the Medical Faculty at Paris in 1824, and entered the Army Medical Service the same year. From that time till 1841 he attended the military colleges and the Faculty at Paris. He was made surgeon-major in 1824, and was attached to the hospital at Metz the following year. After this he returned to Val-de-Grâce, and when compelled for the place of assistant-anatomist, gave several lectures on normal and pathological anatomy, and took his physician's degree in 1829. Two years later he left with Malmignac for Poland to attend the insurgents there, and was in 1831

appointed, together with Malgaigne, Larrey, Lenoir, and Huguier, as a Member of the Assembly. He became first "side-major," then demonstrator at Val-de-Grâce, and after his surgeon-major and professor in the above school. Failing to obtain the Chair of Clinical Surgery, he went to Algiers, and again being disappointed in a competition for the Chair of Operative Medicine, he at last succeeded in obtaining the Professorship of External Pathology and Clinical Surgery at the Strasburg Faculty of Medicine. Being afterwards appointed surgeon to the military hospital there, medical inspector, &c., he remained a long time at that place. After the cession of Strasburg to the Germans he was offered the position of Professor at the new Faculty of Nancy, but he only accepted the honorary title. His most notable contributions to surgical science had reference to the employment of dynamometers in reduction of dislocations, the creation of gastric fistulae, which he effected first in the human subject in 1849, flap amputations, coxæ-femoral disarticulations, surgical anaesthesia, preservation of the periosteum in resections, staphyloraphy, rhinoplasty, urethrotomy. He maintained also, with much ability, the theory of phlebitis in parent infection, and his work on this subject is one of our classics. Whatever opinion may be in future entertained respecting the works of Sédillot, their value was justly prized by his contemporaries. Perhaps his erudition may be reproached as being factitious, but that was the usual fault of erudition fifty years ago, and to form a fair judgment one must go back to the epoch when Sédillot wrote his treatise on operative medicine, a period when competition was so ardent, and when, in the publication of teaching books, everyone seemed to have for his object not so much to do better than others as to overtop them. The funeral of M. Sédillot took place on February 22; deputations from the Institute, the Academy of Medicine, and from Val-de-Grâce and Nancy rendered the last homage to his memory.

Literature.

ON FAILURE OF BRAIN-POWER. (a)

THE aim of the author is to "elucidate the nature" of the very obscure conditions known as asthenia of the nerve centres, and establish the superiority of galvanisation of the brain as a means of treatment. This he proposes to do within forty-five small pages, five of which are taken up by the symptomatology of other disorders. A royal road to knowledge, truly, this pamphlet, if it fulfils the promises thus raised. But alas! turning for information concerning the cerebellum we find that all the author has to say about it occupies eight lines and a half, which we shall quote *in extenso* as giving the best illustration of the spirit of the whole book:—"This organ was formerly believed to be the seat of the reproductive faculty and desire, but we look upon it now as the centre for the equilibration of the body. The most constant symptom of tumour of the cerebellum is giddiness, and where this symptom is present in asthenic patients without disease of the cerebellum, the semicircular canal, or the stomach, we may conclude that it is owing to failure of power in the cerebellum." Does Dr. Althaus really believe that this kind of writing will "serve to advance an important department of medicine?" Had it not been that we knew him already as the writer of several valuable and laborious volumes, we should at once have put down the book as one intended *ad usum laici*. Having, by a process of reasoning similar to the one first exemplified, localised the protean symptoms of cerebral asthenia in the various portions of the brain, the author proceeds to elucidate their pathological substratum; and, for this purpose, calls to his aid and amplifies the old analogy between electrical and nervous "resistance." He thinks that his arbitrary explanation of asthenia, not by a diminution of the energy, but by an increase in that "resistance" of nerve cells "opens up a new vista for the explanation of numerous nervous disorders," whilst to us it appears like the substitution of one vague conception for another. Superficial analogies of this sort have more frequently retarded than assisted the progress of scientific thought. They may occasionally be of the same use as diagrams are for teaching purposes, but

(a) "On Failure of Brain-Power." By J. Althaus, M.D., M.R.C.P., London. 8vo. Pp. 60.

become mere *ignes fatui* in the fields of actual research. A number of cases are adduced to illustrate the therapeutical value of galvanism in cerebral asthenia. We shall not follow the author upon a ground which he has made so peculiarly his own. We do not pretend to pass any judgment upon his results. But this we would say: if Dr. Althaus wished to convince, not the public, but the medical profession, of the value of his method, he could not have failed more conspicuously than he has done. He has injured his own cause by his injudicious advocacy, a cause, we repeat, against which we have not the slightest prejudice, nay, in favour of which there is fair *prima facie* evidence. Dr. Althaus concludes his pamphlet with the announcement of a sequel on "the various forms of spinal debility." Before he commits himself to this course he will do well to ponder over the hidden meaning of the line "*facilis descensus Avernii*."

FIRST AID TO THE INJURED. (a)

THIS admirable little volume is intended as a text-book for the numerous associations for the relief of the sick which are everywhere springing up. Here they are intended for domestic purposes, but on the Continent there is no concealing that they look very much to warlike eventualities. All the various accidents, injuries, and emergencies are clearly described, and with entire absence of technicalities. In every instance the reader is told what to do pending the arrival of regular medical aid, and is placed in the position of aiding, not superseding, the medical profession. In cases of drowning the author leans to Silvester's, and not to Marshall Hall's mode of inducing artificial respiration—remarking that one man can accomplish the former. Illustrations are introduced here and in the other places requisite.

We should be wanting did we not offer our humble tribute to the exalted lady who has so well fulfilled the office of translator. The work is most admirably done, and the volume has none of the stiffness of a translation, but all the freshness of original work, all the crabbed technicalities of the German language being smoothed away. We look upon this action of H.R.H. as an extension of the courtesy and consideration which her Royal mother has always graciously extended towards the medical profession.

FOODS: THEIR COMPOSITION AND ANALYSES. (b)

SINCE the passing of the acts dealing with the adulteration of foods and drugs, the demand for correct and reliable chemical processes by which adulteration can be detected has become more and more imperative. Several methods of procedure have, from time to time, been published in the journals by independent workers, but these have been deprived of their value by the manner in which they appeared. The older works on the subject too, dealt with methods of adulteration, crude when compared with the ingenious sophistication of the present day. To supply the want to which we have referred, Mr. W. Blyth, in the volume now before us, has admirably succeeded. To the chemist and medical practitioner, the work is alike important, although, of course, chiefly addressed to the former. Apart from the practical details with which the book deals, there are chapters in which subjects of general interest are fully discussed, for instance, we have chapters on the history of adulteration in England, France, and Germany, containing much curious information. We also have an account of English legislation with regard to the adulteration of food. A description of some of the apparatus required by the analyst, and a chapter on the use of the microscope, complete what may be called the general portion of the book. Each article of food is then taken separately, and the processes for the detection of adulteration given with great clearness and precision. The chapter on milk is especially deserving of notice, and appears to us to leave little, if anything, to be said on the subject, in fact, milk, cream, butter, and cheese are treated of in Part iv., absorbing 119

(a) "First Aid to the Injured." Five Ambulance Lectures by Dr. Frederick Esamarch, Professor of Surgery to the University of Kiel. Translated from the German by H.R.H. the Princess Christian. London: Smith & Elder. Crown 8vo, pp. 100.

(b) "Foods: Their Composition and Analyses." A Manual for the Use of Analytical Chemists and others. By Alexander Wynter Blyth M.R.C.S., F.C.S. London: Charles Griffin and Co.

pages of the book. A chapter on water analysis, added by request to this edition, renders the book especially useful to the medical officer of health. In conclusion, we can honestly recommend the book both to analysts and medical practitioners, each will find the information he requires reliable, in fact, it is a book that must be possessed by the one, and should be read by the other, and kept as a work of reference.

QUAIN'S ELEMENTS OF ANATOMY. (a)

QUAIN'S Anatomy is a text-book of which British anatomists are justly proud. It is, therefore, with some anxiety that each new edition is received, lest the usual standard of excellence may not be maintained. In the eighth edition there was indeed a marked falling off in the first volume; every here and there were traces of careless reproduction. In the present instance, this volume has been remodelled by Mr. Thane, the energetic professor of anatomy in the University College of London, and we congratulate him most heartily upon the success which has attended his efforts. Never, perhaps, has the first volume of Quain's Anatomy appeared to better advantage. The revision has been evidently effected with very great care and judgment, and the new matter added has been well selected. The old woodcuts are also rendered quite gay, and much more instructive, by the colouring of the veins and arteries. The improvements in this volume which specially deserve notice, are (1) a very concise abstract of craniology; (2) a more complete account of the fascia of the pelvis; and (3) an important and valuable chapter upon superficial and topographical anatomy. We look forward to the time when the chapter on osteology will be extended. The brief description of the bones, which is given in Quain's Anatomy, is the chief cause of other inferior works upon anatomy being so frequently preferred by the medical student. With "Quain," a special work on osteology is also required, and students very naturally dislike the necessity of reading from two text-books.

The second volume has gained considerably in bulk, fully 100 pages has been added. It is devoted to Histology, Splanchnology, and Embryology, and its revision has been effected, as before, by Dr. Allen Thomson and Mr. Schäfer. This volume has come to give character to the whole work, and in the three departments of anatomy which it embraces, it stands pre-eminent as a student's text-book. In these subjects, there has been a great advance in the last few years, and the alterations which have been thus rendered necessary, are very numerous; everywhere indeed we meet with changes, and in every case the result is most satisfactory.

As presented to us in its present form, Quain's Anatomy more than holds its position, and we recommend it strongly to all students of medicine.

NEALE'S DIGEST. (b)

THOSE who have used the "Medical Digest" prepared for the New Sydenham Society by Dr. Neale will hail the reappearance of the work, brought up to more recent date, with unalloyed satisfaction. The issue of a second edition of so invaluable an aid to medical labour and research of every description could not but become a matter of necessity. Dr. Neale, however, has done much to deserve a renewal of the gratitude his work originally aroused by the completeness with which he has made the additions called for by lapse of time. It needs but a small acquaintance with the "Digest" to enable a full appreciation of its great utility to be arrived at; and we selfishly trust that the immense labours undertaken by the author in its production may be sufficiently rewarded to encourage him to give us periodically an extended form of the work. It consists mainly of retrospect references to the medical journals, dating as far back as 1837, and to a writer upon any special subject it supplies a need in no other way to be obtained. What would be a labour of days, or even weeks, is reduced to one of minutes. But it is not by writers only that this

work will be found useful. The physician, surgeon, and general practitioner who has not the periodical ready at hand to look over may still have his memory awakened by reading the heads or descriptions placed before him in the "Digest," for we find many diseases taken through first as to their pathology, the causes, diagnosis, and treatment, all employed remedies being mentioned by name, with an explanation which, though intended for reference, actually embodies the essentials of the paper or article referred to. So thoroughly, moreover, has Dr. Neale accomplished an almost illimitable task, that all but the very latest subjects discussed in medical journals are referred to by him. In this respect particularly the volume assumes an encyclopædic character, without the attendant inconveniences surrounding the usual encyclopædias. By a system of reduction, and by the constant employment of judiciously-chosen contractions, the author of the "Digest" has succeeded in compressing an amount of information truly gigantic within the limits of a not too cumbersome volume; and in such an excellent fashion is the work achieved, that no person will fail to find in it the essential details—at least, relating to treatment particularly—which he may be in quest of.

To form an adequate conception of the work is, however, after all, only possible by those who have actually used it, and found their labours immeasurably lightened thereby. To them, as to us, it will be patent that Dr. Neale has given to the world of medicine what is among the most invaluable of all works of reference.

EXERCISES IN PHYSIOLOGY. (a)

DR. BURDON SANDERSON has published for general use by students of physiology a collection of exercises which have been found to work well at University College. They serve as a guide to the practical physiology courses formerly given under Prof. Sanderson with the assistance of Mr. Page, B.Sc., Mr. W. North, B.A., and Dr. A. Walker. Included in the work are exercises relating to the physiology of muscle and nerve, with demonstrations of the use of apparatus concerned, and on chemical physiology. Under this last head the series of analytical tests usually carried out are arranged in order under the various substances, animal and vegetable, met with in this department of chemistry, including urine and blood. A considerable number of laboratory demonstrations in connection with starch and its derivatives; albumen, globulin, &c.; digestion, urine, muscle, and bile, are appended. By means of these the advanced student is afforded directions for practical pursuit of this important part of his education, which will be found of infinite service to intending candidates at university medical examinations. The work, indeed, is of a nature that adapts it more particularly to this class of readers; to them it will be invaluable.

GUIDE TO THE L.S.A. EXAMINATIONS. (b)

IN preparing a guide to the popular "Hall" examinations, written on lines very similar to those followed by Mr. Gant in his well known guide to the examinations of the Royal College of Surgeons, Mr. Dawson has supplied a want experienced by a very considerable number of students. This little work contains all the information necessary to enable candidates for the L.S.A. diploma to comprehend every detail connected with the qualification, and many useful hints are added which cannot fail to be of service to intending licentiates. Very complete lists of the questions actually set at past examinations are given, and the book concludes with a number of notes on medicine, midwifery, and medical jurisprudence. Many of these last possess somewhat the nature of "tips," it must be said, but on this account they will probably be found even more valuable than mere formal lessons. The "Guide" is, altogether, a very useful little manual.

(a) "Quain's Elements of Anatomy." Edited by Allen Thomson, M.D., F.R.S., &c.; E. A. Schäfer, F.R.S.; and Geo. D. Thane. Ninth edition. London: Longmans, Green and Co. 1882.

(b) "The Medical Digest." By Richard Neale, M.D. London: Ledger, Smith, and Co. 1882.

(a) "Practical Exercises in Physiology." By J. Burdon Sanderson M.D., F.R.S., &c. London: H. K. Lewis. 1882.

(b) "Guide to the L.S.A. Examinations." A Guide to the Examinations of the Apothecaries' Hall, London. By W. E. Dawson, L.S.A.L., &c. London: Baillière, Tindall, and Cox. 1882.

Novelties.

POCKET MEDICAL EMERGENCY CASE.

By T. FREDERICK PRABER, M.D.



THE case described by the above title is made of ebony, and in shape resembles a large drawing pencil. At one end is a special and neatly-packed hypodermic syringe. The other end is made up of a series of compartments (fitted on somewhat like the pieces of an object-glass belonging to a microscope), containing discs and perles of certain drugs likely to be required on an emergency. The chief substances provided for are *morphia*, to relieve sudden and acute pain; *apomorphia*, to induce immediate vomiting; *nitrite of amyl* of perles for allaying spasm of muscles in angina, asthma, &c.; *ergotine*, for hemorrhage; and ether in perles, as a rapid stimulant for syncope, &c. Each compartment is distinctly marked with the name and the quantity of each drug it contains. The whole forms a most compact case, which can be very readily carried in the pocket, and provides for almost every emergency not requiring surgical instruments. It has been made for me by Messrs. Arnold and Sons, of London.

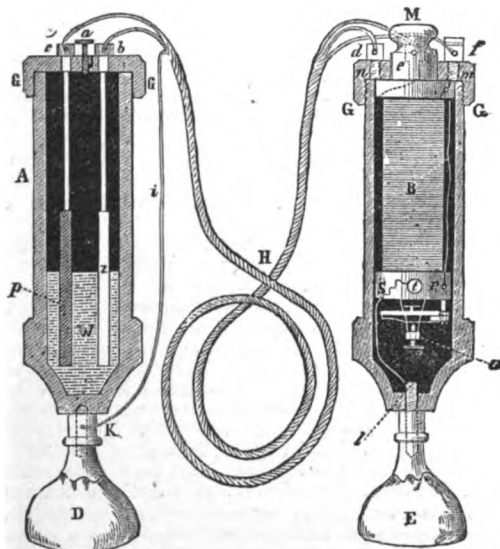
CARBOLISED SOAP SHEETS.

THE habit of carrying a private supply of soap while travelling is one very common among English people, and especially so with those who have once experienced the misery of endeavouring to cleanse the skin after the Continental standard, which, to judge from the absence of soap in toilet arrangements abroad, demands the removal of surface dirt with the assistance of water alone. The spirit of compassion would seem to have been excited on our behalf in this respect, even among the very authors of our discomfort, for a recent invention designed to remedy it in future emanates from the fertile genius of a Viennese patentee named Buczowski. This gentleman has been struck by the happy notion of manufacturing "soap sheets," which consist of fibres of tissue paper thickly loaded on either side with a plaster of soap. These sheets are then bound up in books of a hundred leaves each, and half a dozen such volumes may easily be carried in the space occupied by the usual cake of brown Windsor in an ordinary dressing case. Carbolic soap sheets have also been introduced, and these, or any variety, plain, scented, &c., &c., can be now readily obtained at a small expense. One sheet suffices for an ordinary wash, and the use of the novelty is attended with no kind of unpleasantness or drawback. Travellers have good reasons to feel thankful for so useful and timely an invention.

AUTOMATIC POCKET INDUCTION APPARATUS.

DR. THEODOR STEIN, the distinguished physiologist and electrician, of Frankfort-on-the-Maine, has recently invented a very convenient and extremely portable apparatus for the medicinal employment of Faradaic electricity, an illustration of which we give here. The apparatus consists of two handles which contain both battery and coil. In using it, we unscrew the lid GG, fig. 1, and take out the carbon (p) and zinc (z). We then, by means of a small porcelain pot fill the hard rubber case A to 1-3rd with the exciting solution to be hereafter described. We then screw on the lid and connect the cable H at c, b, and K by sticking the wires into their indicated holes, so that the wire with one notch is inserted into the stud c, the wire with two notches into the stud b, and the wire with three notches into the lower stud K. The wires of the other end of the cable are in like

manner inserted into the corresponding studs d, e, f. (In the instrument the studs are numbered 1, 2, 3, to correspond with the notches on the wires.) As soon as this is done, the secondary (stronger) stream is set up, and a buzzing noise is heard in the handle, fig. 2, which contains the coils. If it is desired to employ the primary stream, to move the three-notched wire from the stud f (3) into the second hole in stud e (2), so that this stud contains both the two and three-notched wires. In order to increase the strength of the stream, the damper M must be pulled up. The further it is pulled out, the stronger is the stream. Brass cylinders may be screwed on to the ends of the handles for electro-gymnastic exercises. For faradisation of the body these are to be replaced by electrodes covered with flannel, which is to be moistened in warm water. When using the apparatus, the small rubber screw a, fig. 1, must be unscrewed to a small extent to allow the escape of the gases formed during the electrical action. The developing fluid is made with 80 grammes of bichromate of potash, 100 grammes of sulphuric acid, 1,000 grammes (1 litre) of water. The extreme handiness and great power of this electrical apparatus will, no doubt, recommend it to those practitioners who make use of faradaic currents in their practice. Dr. Stein informs us that the apparatus may be obtained in London from Krohne and Sesemann, and Meyer and Meltzer. It is not expensive.



Notices to Correspondents.

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

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

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

C. A. V.—The title "Dr." can be legally used only by such persons as have obtained a degree in medicine, and degrees are conferred by universities only. It is permissible by courtesy that the public style members of the profession "Dr.;" but it would be contrary both to law and etiquette for any gentleman who does not possess the degree to sign himself "Dr." or "M.D." It is quite true that in America a medical qualification, whencesoever obtained, confers the title M.D.; but American institutions are, in this respect at least, still unaturalised in Great Britain, and we venture to think they are very likely to remain so for a considerable time to come.

EXPERTANT.—The prospects of legislation in favour of medical reform are said to be considerable by the quidnuncs who "suppose they know" what is in the womb of time. We confess, however, to a feeling of doubt as to the passage of an Act to amend the profession

during the present year, although it has been introduced and read a first time in the House of Lords.

IGNOSCO.—"Red precipitate" is the common name for the red oxide of mercury— HgO , and not for the *iodide* of the same colour. It is prepared by heating dry mercuric nitrate with metallic mercury. It is given in the form of pill when prescribed for internal use, in half-grain doses; but it is not usually so to employ the drug.

A. J. P.—The next International Medical Congress will be held at Copenhagen, under the presidency of Prof. Panum. We are not aware that any arrangements have yet been made with a view to enabling visitors from this country to travel to the Congress at reduced fares.

DR. MURRAY.—We regret that the crowded state of our columns precludes acceptance of the proposed articles.

MR. THOMAS.—Your question is not a proper one to be put in these columns. It is more fitted to appear in one of our general scientific contemporaries, the readers of which will doubtless appreciate the reference it contains.

MR. CORNISH.—Opposition to tobacco-smoking is often based on ignorance of physiological laws; and the tirade you submit is in no respect better or worse than the rubbish usually advanced against the use of "the weed." We quite agree with you that it is unworthy of consideration. Unquestionably smoking is injurious when indulged in by children and boys, or when even adults pursue the practice to excess.

MUSCULAR REPARTER.—It is related in a recent number of *Chambers's Journal* of an examiner who was getting impatient of the density of a candidate, that on one occasion, having failed to elicit satisfactory replies from a student regarding the muscular arrangement of the arm and leg, he somewhat brusquely said:—"Now, sir, perhaps you could tell me the names of the muscles I would put in action were I to kick you!" "Certainly, sir," replied the candidate; "you would put in motion the flexors and extensors of my arms, for I should use them to knock you down!" The writer is silent, and perhaps wisely so, concerning the fate of this particular student.

MR. CARSTONE.—The most suitable book from which to gain a knowledge of the most recent advances in histology and anatomy is undoubtedly the last edition of "Quain's Anatomy." For practical physiology, Harris and Power's "Manual" is the most suitable guide you can adopt.

M. D.—The matter was referred to in our issues for July and August, 1881. Please adopt some more distinctive cognomen in future communications.

W. G. L.—Mr. Jennings has a work on the subject in the press, which will be published very shortly.

A HATER OF SHAMS.—We feel certain that if Her Royal Highness knew the character of the institution to which it is announced she has given her patronage, it would be at once withdrawn. It is hardly within our province to carry out your suggestion, but we will see what can be done, as, like you, we are "haters of shams."

LONGEVITY—REMARKABLE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Those interested in "Remarkable Cases of Longevity" may find a goodly array by consulting section 2-6 of the "Medical Digest." Among others there noted are those of 137 Russian peasants who died at the ages ranging from 100 years to 147; also of a half-bred, San Salvador, who, in 1873, had attained the age of 180 years, a statement, however, not allowed to pass unchallenged.

I am, Sir, yours truly,

RICHARD NEALE, M.D. Lond.

MR. A. E. F.—It is not necessary that a candidate should be a Fellow of either College; the only qualification necessary for the appointment is thorough efficiency, and perhaps a little private influence.

MR. WILSON.—The relief given by the Society is necessarily confined to the widows and orphans of those medical men who have been subscribing members. We fear the case you are interested in is not eligible if the father had not been sufficiently provident during his life to subscribe to the Society.

F. R. M. (Edinburgh) should advertise his wants in one or other of the medical journals. We do not keep a "registry office for assistants."

SIR THOMAS WATSON'S WILL.

SOME surprise has been expressed at the magnitude of the will of Sir Thos. Watson, M.D., recently proven by his executors, Sir Thomas having virtually retired from practice many years since. The value of the personal estate amounts to upwards of £164,000. To his daughter, Miss Margaret Catherine Watson, in addition to his furniture and effects, the testator gives certain stocks amounting to over £26,000, and an annuity of £800. All his real estate and the residue of the personality, excepting some pictures, books, and other articles specifically bequeathed to his daughter-in-law, and to his friend Dr. George Johnson, he leaves to his son Sir Arthur Townley Watson.

MR. CHAS. LUNN (Birmingham) will receive a private note.

SURGEON (Bruff).—You can be admitted a member of the Irish Medical Association by sending your name to Dr. Glick, 8 Dawson Street, Dublin, with name of a member to propose you. You will be kept informed by the periodical reports of Council of what is being done for the advantage of the profession by the Association; and every one who benefits by the labours of the Council ought to join the Association. The subscription is 10s. 6d. a year.

MR. E. COTTERELL (Bicester).—We shall be glad to find space for the paper.

MEETINGS OF THE SOCIETIES, COLLEGE LECTURES, &c.

WEDNESDAY, MARCH 14TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m., Professor Flower, On the Anatomy of the Horse and its Allies.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Lumleian Lecture: Dr. A. B. Garrod, On Uric Acid, in its relation to Renal Calculi and Gravel.

HUNTERIAN SOCIETY.—7.30 p.m., Council.—8 p.m., Mr. Tatham, On Malformed Heart.—Dr. Warner, The Advantages of Antiseptic Precautions in Draining Dropsical Legs.

ROYAL MICROSCOPICAL SOCIETY.—8 p.m., Dr. C. T. Hudson, On a Batch of New Floscules.

THURSDAY, MARCH 15TH.

ROYAL INSTITUTION.—3 p.m., Professor Dewar, On the Spectroscopy and its Applications.

HARVEIAN SOCIETY.—8.30 p.m., Clinical Evening. Several Cases and Specimens of Interest will be exhibited.

FRIDAY, MARCH 16TH.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m., Professor Flower, On the Anatomy of the Horse and its Allies.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Lumleian Lecture: Dr. A. B. Garrod, On Uric Acid, in its relation to Renal Calculi and Gravel.

ROYAL INSTITUTION.—8 p.m., Professor Tyndall, On Thoughts on Radiation, Theoretical and Practical.

ACADEMY OF MEDICINE IN IRELAND.—Medical Section.—Living Specimen: Dr. M'Donnell, A Case of Hammer-cramp.—Specimens exhibited by Card: Dr. C. J. Nixon, Intussusception of the Death Struggle.—Dr. J. W. Moore, Disease of the Aortic Valves, with Compensatory Mitral Regurgitation.—Dr. Hawtrey Benson, Abscess in Wall of Bladder which pointed externally.—Papers: Dr. W. Frazer, "Bleeders," and Sudden Death from Cerebral Hemorrhage in such cases.—Dr. R. M'Donnell, Case of Hammer-cramp, with observations (the patient will be exhibited).

Vacancies.

Athlone Union, Brideswell Dispensary District.—Medical Officer. Salary, £140, and usual fees. Election, March 22nd.

Cambridge County Lunatic Asylum.—Resident Medical Superintendent. Salary, £500, with furnished residence, &c. Applications to be sent to the Clerk to the Visitors before March 16th.

Great Northern Hospital, Caledonian Road, London, N.—House Surgeon. Salary, 60 guineas, with board and lodging in the hospital. Applications to be sent to the Secretary on or before March 22nd.

Henley Union.—Medical Officer. Salary, £103. Applications to be sent to the Clerk to the Guardians before March 21st.

Nottingham Dispensary.—Resident Surgeon. Salary, £200, with apartments, &c. Election, April 2nd.

Appointments.

CLIPPINGDALE, S. D., M.D., F.R.C.S., Surgeon to the Kensington Dispensary.

DICINSON, W. H., M.D. Cantab., F.R.C.P.L., Consulting Physician to the Kensington Dispensary.

EARLE, L. M., M.D., C.M. Ed., Medical Officer for the Fourth and Fifth Districts of the Royston Union.

HEWSELEY, F., M.B. E.C.S., Assistant Medical Superintendent to the Royal India Asylum, Ealing.

PHILIP, T., M.B. Ed., House Surgeon to the Greenock Infirmary.

PROTHERO, E., M.R.C.S., Medical Officer for the Amlock District of the Anglesey Union.

REID, W., M.B., C.M., Resident Medical Officer to the Kensington Dispensary.

SANDFORD, A. W., M.D., M.Ch., Surgeon to the Cork Ophthalmic and Aural Hospital.

TORRENS, J. L., Medical Officer to the Connor Dispensary, Antrim Union.

Births.

CUNNINGHAM.—March 6th, at Edinburgh, the wife of Surgeon-General J. P. Cunningham, A.M.D. (retired), of a daughter.

FISHER.—March 7th, at West Walks, Dorchester, the wife of F. Bazley Fisher, M.R.C.S., L.R.C.P., of a daughter.

HILL.—March 2nd, at Turcoolah, Chumparun, Bengal, the wife of Dr. James H. G. Hill, of a son.

NEALE.—March 8th, the wife of William Neale, L.R.C.P., Mountmellick, of a daughter.

THOMPSON.—Feb. 24th, at Blackrock, the wife of E. C. Thompson, M.B., of Omagh, of a son.

Marriages.

GILBERT—IRWIN.—March 8th, at Castle Caldwell Church, W. F. Gilbert, L.R.C.S.I., L.K.Q.C.P.I., to Elizabeth Annie, eldest daughter of Wm. Irwin, M.D., Belleek.

Deaths.

ARNOTTE.—March 4th, at St. Stephen's Crescent, Westbourne Park, W., James Arnotte, M.D., formerly of St. Helena, aged 85.

DUNBAR.—March 6th, suddenly, at 2 The Cedars, Clapham Common, Georgina Fairlie, wife of Surgeon-General J. A. Dunbar, M.D., H.M. Bengal Army, aged 60.

GARDNER.—Feb. 28th, at his residence, Worthing, Sebastian Claude Thomas Gardner, M.R.C.S.E., aged 48.

GOODCHILD.—Feb. 25th, at Heathfield House, Ealing, Francis Goodchild, M.B. Lond., aged 28.

JACOBS.—March 8th, at 3 Russell Road, Kensington, Henry Jacobs, F.R.C.S., aged 63.

PILKINGTON.—March 7th, at his residence, Clayton-le-Moors, William H. Pilkington, M.D., J.P., aged 62.

PONDER.—Feb. 28th, at his residence, Hayes Cottage, Dulwich Road, Brixton, William Ponder, M.R.C.S., aged 74.

ROBERTSON.—March 8th, at Mount Albion House, Ramagata, Sophia, relict of Dr. John Robertson, Inspector-General of Hospitals.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 21, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Gulstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture II.—Its Theory or Causation 248

On the Relation of Micro-Organisms to Tuberculosis. By W. Watson Cheyne, M.R., F.R.C.S., Assistant Surgeon to King's College Hospital 246

On the Solution of the Actions of Remedies, and on the Existence of Nerves of Inhibition as Exemplified by the Action of Sedatives and Stimulants. By Hugh Owen Thomas, M.R.C.S. 248

CLINICAL RECORDS.

Jervis Street Hospital.—Vesical Calculus, of which a No. 1 Catheter formed the Nucleus.—Stricture—Albuminuria—Lithotomy. Under the care of Austin Mallon, F.R.C.S., &c. 249

Sheffield Fever Hospital.—Treatment of Ulcers. By B. A. Whitelegge, M.D. 249

TRANSACTIONS OF SOCIETIES.

ACADEMY OF MEDICINE IN IRELAND.—

Pathological Section—

Blood Vessels of New Growth 250

PAGE

Congenital Defect of the Rectum 250

Occlusion of the Inferior Vena Cava 250

Sub-section of Anatomy—

President's Address 251

The Refractory Period of the Auricle of the Heart 251

FRANCE.

Iridectomy in Cataract Extraction 251

Aneurism of the Basiliary Artery 251

The Medical Bill—Analysis of the Bill introduced in the House of Lords by Lords 252

LEADING ARTICLES.

THE MEDICAL BILL 254

CONJOINT MURDERING 254

THE DUBLIN STUDENTS AND THE IRISH COLLEGE OF SURGEONS 256

BACILLUS TUBERCULOSIS—ANOTHER STAGE 257

NOTES ON CURRENT TOPICS.

Laparotomy for Large Omental Tumour .. 258

Death of Professor von Sigmund 258

The Parkes Museum 258

Clinical Lectures at Oxford 259

Chloroform Accidents 259

PAGE

The Transmission of Diphtheria from Children to Fowls 259

A Simple Remedy for Pregnancy Sickness 259

Decrease of Zymotic Diseases in the Metropolis 260

Durham University Medical Society 260

Prostitution in Vienna 260

Sanitary Authorities at Loggerheads 261

Research in Sanitary Science 261

SCOTLAND.

Startling Accusation against Mr. McEwen 261

Additional Medical Instruction at Aberdeen University 261

Sale of Dr. Kellier's Museum of Midwifery 261

Gifts to the Dundee Royal Infirmary 262

Increase of Students at the University of Edinburgh 262

Epidemic of Measles in Orkney 262

Aberdeen University Honorary Degrees... 262

CORRESPONDENCE.

The Pathology and Treatment of Rheumatic Endocarditis (The Lettsonian Lectures) 262

Our Hospitals 263

PAGE LIST 264

NOTICES TO CORRESPONDENTS 264

The Gulstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London, February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L.,
Physician-Accoucheur and Lecturer on Midwifery at
St. Bartholomew's Hospital, &c.

LECTURE II.—PART II.

ITS THEORY OR CAUSATION.

FINALLY, Shorthouse has pointed out in mares the close alliance between sterility, abortion, and that kind of excessive fertility which is demonstrated by twinning. I quote the examples which he gives in the *Sporting Times* for Dec. 12th, 1874; and, as adding to the force of the evidence, it is to be remembered that in the mare twinning is a far rarer event than in woman and the cow: in these it occurs about once in 80 pregnancies; in the mare it is said to be only once in 400:—

Miserrima, barren in 1855, 1858, 1867, 1870, and 1871; slipped foal in 1856, 1859, and 1863; had dead twins in 1860 and 1862.

Caricature, barren in 1852, 1854, 1855, 1861, 1867, and 1871; had twins in 1856 and 1863; slipped foal in 1868.

Legendemain, barren in 1852, 1859, 1864, and 1866; slipped foal in 1849; slipped twins in 1856, 1860, and 1862.

Crystal, barren in 1858, 1860, and 1865; in 1866 slipped twins.

Slander, barren in 1851, 1854, 1864, 1865, and 1866; slipped twins in 1857.

Thimbling, barren to two horses in 1867; slipped twins in 1869.

Zoe, barren in 1865, 1866, 1867, 1868, 1869, 1870, and 1871; slipped foal in 1860.

No. 1, barren in 1865 and 1868; slipped foal in 1867.

No. 5, barren in 1856, 1858, 1860, 1864, and 1866; slipped foals in 1862 and 1868.

No. 7, barren in 1857 and 1860; had twins in 1853.

No. 8, barren in 1867; had twins in 1861.

No. 9, barren in 1858, 1860, 1864, and 1867; had twins in 1868.

No. 10, barren in 1858, 1860, and 1864; had twins in 1861.

No. 11, barren in 1856, 1863, and 1864; slipped foals in 1859 and 1865.

I know no observations worth quoting as to the special sterility of male lower animals, and the subject requires much further investigation. It is not quite a new subject, for it is popularly believed that certain stallions are often inefficient; and accordingly breeders, in their advertisements, take care to add to the other qualifications of a named horse that he is a "sure getter."

In woman sterility varies in amount according to the age at marriage. This is shown by the table which I compiled from the data of Edinburgh and Glasgow in 1855. (See Table IX.) It is evident that this table gives only an approach to the truth, for in its second column there is an excess of children over marriages that cannot have been. Incongruity of this kind is not only accounted for, but to be expected, from the manner in which the table is made up. The numbers of marriages in Edinburgh and Glasgow in 1855 at different ages of the wives are compared with the numbers of first living children born in the same year to wives married at the same ages in that year or previously, and the number of sterile wives is got by subtracting the latter figures from the former. The comparison is of the first births of one year with the marriages of the same year, while they were mostly the result of the marriages of the former year, and the table is consequently imperfect. It must be remembered that this table, like the others from the same source, gives the title of first children to the first-born living, excluding the dead from the reckoning, another manifest source of error. But there can be no doubt, I think, of the conclusion as to age which is derivable from it—that women married under twenty years of age have much more sterility than women married from twenty to twenty-four inclusive, and that the sterility of marriages before twenty is less than the sterility of marriages after twenty-four, and that of marriages after twenty-four the sterility increases with the age at marriage. A nearly

similar conclusion is derivable from the Statistics of Provi-
dence published by Snow.

TABLE IX.
Showing the Variations of Sterility according to the Age at Marriage.

Ages of wives at marriage	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50, &c.	Total.
Number of wives ...	700	1,885	1,120	402	205	110	46	29	4,447
First children ...	649	1,905	809	251	96	10	2	...	3,722
Sterile wives ...	51	...	311	151	109	100	44	29	725
Percentage sterile	7.3	...	27.7	37.5	53.2	90.9	95.6	100.0	16.3
Percentage sterile: 1 in ...	13.72	...	3.60	2.66	1.88	1.10	1.05	1.00	6.13

TABLE X.
Showing the Initial Fecundity of Women of Different Ages within the First Two Years of Marriage.

Ages of wives newly married	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Total.
Number of wives newly married ...	700	1,885	1,120	402	205	110	46	30	6	...	...	4,447
Number of wives mothers, bearing in 1855, and within two years of marriage ...	306	1,661	849	253	84	17	2	...	...	...	...	3,172
Proportion of latter to former is 1 in ...	2.3	1.1	1.3	1.5	2.4	6.4	23.0	...	...	...	...	1.4
Or percentage ...	48.71	90.51	75.80	62.93	40.97	15.45	4.35	...	...	...	...	71.33

yet the conclusion that it is so, at least in the very young, appears to be inevitable. For if the women married under twenty are more sterile than those married at twenty to twenty-four, and are also more relatively sterile so far as delay of childbearing shows this quality, then, if the marriages of the very young—that is, of those under twenty—had been delayed till the next quinquennial, they would in greater numbers have shown fertility and shown it also more quickly. Now, as the only difference known between those of twenty to twenty-four and those younger is age at marriage, we may reasonably conclude that premature marriage was the cause of the sterility. There may be some analogous injurious influence of too long delayed marriage upon the elderly, and the delay of commencing childbearing may point to it; but we cannot say of them, as we do of the youngest married, that if they had still further delayed marriage they would have had more chance of being mothers! Some further reference to this evil influence of marriage, and attempt at explanation, will be found in the discussion on sexual pleasure.

TABLE XI.

Showing the Initial Fecundity of Women under Twenty Years of Age within the First Two Years of Marriage.

Ages of wives newly married	16	17	18	19
No. of wives newly married...	48	108	225	314
No. of wives mothers within two years of marriage ...	4	27	98	177
Proportion of latter to former is 1 in ...	10.7	4.0	2.3	1.8
Proportion after correction for immaturity is 1 in ...	7.7	3.3	2.1	1.7
Or percentage ...	12.90	30.00	46.44	57.84

TABLE XII.

Showing the Mortality of Children Born in Marriages formed at Different Ages.

Years elapsed since birth of first child.	Mortality per cent. of the children born to marriages formed at ages—			
	16-20.	21-25.	26-30.	31-35.
10	36.87	37.69	37.89	35.48
20	47.44	43.10	44.36	16.67
30	53.03	49.89	48.53	64.29
40	63.12	57.14	68.00	50.00

I might here adduce evidence of the influence of age which is found in the weight and length of the children produced, the length and weight rising with the age of the mother to its climax in the children born to mothers between the ages of twenty and twenty-nine inclusive, and then again falling as the age of the mother increases above twenty-nine. This is a matter tested by too delicate variations of length and weight to be, as yet, quite relied on, and great authorities have indeed contested its truth, Hecker, for instance, alleging that the measurements increase with the age of the mother in a direct sort of proportion. But I have Aristotle on my side. "Premature conjunctions," says he, "produce imperfect offspring, females rather than males, and these feeble in make and short of stature. That this happens in the human race," he adds, "as well as other animals, is visible in the puny inhabitants of countries where early marriages prevail." The general tenour of the evidence is, indeed, very strong, in showing a concurrence of sterility, monstrosity, feebleness, and smallness, and on that account I still hold that diminished length and weight of children accompany the diminished fertility of the premature and post-mature women.

It is a matter of regret that we can present no demonstration of the influence of age on fecundity founded on the frequency of abortions and of ill-formed children. But we approach near to such evidence, and may guess what it would yield when we present the facts, scanty though they be, as to rearing of children and as to idiocy. Table XII,

The relative sterility of women at different ages is in part shown by their slowness to become mothers, or the length of interval between marriage and childbearing; and this is found to tally with the sterility according to age which I have just stated. I give another Edinburgh and Glasgow table embodying the facts bearing on this. (See Table X.) Those married below twenty years of age were longer in married life before becoming mothers than those married between twenty and twenty-four inclusive. These latter showed the highest fecundity and quickness to commence bearing children. Those again married after twenty-four were slower than their predecessors, and the slowness increased with every additional quinquennial after that of twenty to twenty-four.

In the quinquennial preceding twenty I can give for each single year the increasing delay of childbearing as age decreased. Table XI., from the Edinburgh and Glasgow data, shows this relative sterility of early ages.

At this point of the inquiry as to the influence of age I interpolate an argument as to the influence of marriage or cohabitation in causing sterility. Although it seems at first sight absurd to rank marriage among the causes of sterility,

derived from the data obtained by the Statistical Society in St George's-in-the-East, is the only body of facts as to the rearing of children born of mothers of different ages that I know of. It shows a diminished amount of rearing of children of the sterile ages. The sterility or weakness of reproduction by mothers of sixteen to twenty years of age is shown by the failures in rearing, and increased failures in rearing appear again as the sterile ages above twenty-five are entered on, the failures to rear increasing with the age of the mothers just as sterility increases at the same ages.

TABLE XIII. (from Arthur Mitchell).

Showing the Comparative Frequency of Births of Idiots, and of all Births, in First and Subsequent Pregnancies.

Number of pregnancy.	Percentage of all births.	Percentage of idiot births.
First ...	22.8	33.0
Second ...	17.7	18.8
Third ...	15.5	13.6
Fourth ...	12.1	2.4
Fifth ...	9.4	2.4
Sixth ...	7.4	2.4
Seventh ...	5.2	7.0
Eighth ...	3.9	3.5
Ninth ...	2.6	2.4
Tenth ...	1.3	7.0
Eleventh ...	.9	3.5

TABLE XIV. (from Langdon Down).

Showing the Comparative Frequency of Births of Idiots, and of all Births, in First and Subsequent Pregnancies.

Number of pregnancy.	Percentage of all births.	Percentage of idiot births.
First ...	22.8	24
Second ...	17.7	14
Fourth ...	12.1	9
Fifth ...	9.4	5
Sixth ...	7.4	7
Seventh ...	5.2	10
Eighth ...	3.9	2
Ninth ...	2.6	9
Tenth ...	1.3	2
Eleventh ...	.9	2
Twelfth ...	.4	1
Thirteenth ...	.2	3
Fourteenth ...	.06	1

TABLE XV. (from Arthur Mitchell).

Showing a Comparative Percentage of the Children Born at Different Ages of Mothers to all Children Born, and of the Idiots Born at Different Ages of Mothers to all Idiots Born.

Age	20-21 ..	25-29 ..	30-34 ..	35-39 ..	40-44 ..	45-49
Percentage of all children ..	22.62	30.99	23.61	14.76	5.15	0.58
Percentage of idiots ..	25.38	25.83	10.53	10.53	23.53	3.58

We suppose that, from the time of their birth, the children of these observations were tended with the same care or desire of the mothers to act fairly by them; and that we must look to some cause of the failure to rear in the reproductive arrangements. Now, here we include the nourishment of the child among the reproductive processes, while in our other studies of sterility we stop at its birth, or, if we proceed further, we consider only conditions presumably already established or commenced at the time of birth, such as idiocy. The child is naturally fed upon its mother's milk, and the feeding is an extra-uterine continuation of the previously otherwise conducted nutrition of the fetus. Nursing is part of the reproductive process. The failure to rear may be a result of imperfection of the fetus, now a child, or it may be the result of the imperfection of the mother as a nurse. I know no method of disentangling the results of these two causes, but the potency of imperfect nursing is undoubted. It is a universally recognised rule in the selection of wet nurses that very young or elderly mothers are to be avoided.

Imbeciles and idiots may be so from original or innate causes, sometimes called developmental, or from injury or other accidental causes. The undoubted frequency of acci-

dents at births or other injuries as causing imbecility and idiocy introduces an element which should be subtracted with a view to the ascertainment of the influence of the mother's age in the production of the mental weakness; but, although in individual cases the two kinds, the developmental and accidental, may with much assurance be distinguished, I know no way of doing so in the statistics to be adduced. Authors on this subject, especially Little, attach great importance to the resuscitation of the stillborn as an accidental cause of idiocy, and it may be so; but I am disposed to attribute the necessity for resuscitation partly to the feebleness of the imbecile child produced. Among Langdon Down's 2,000 cases, 400, or 20 per cent., were born in a state of suspended animation, and 40 per cent. of these 400 were first children. At all events, it will not be disputed that the great majority of idiots and imbeciles are so from innate or developmental, not accidental, causes acting during or after birth.

Among Mitchell's 443 idiots and imbeciles 138 were first-born; among Wilbar's 675 there were 191 first born; among 100 of Beach's, 20; among 2,000 of Down's, 480. Or among 3,218, 829, or about 26 per cent., were first born, and presumptively born of young mothers.

"Among 443 idiots and imbeciles consecutively examined (says Mitchell), I found 138 first born, or 31.1 per cent.; and 89 last born, or 20.1 per cent. When it was known, however, that almost every sixth idiot in Scotland was illegitimate (663 idiots and imbeciles, giving 108 illegitimate or 17.1 per cent.), it was thought that an element of disturbance was probably thus introduced into the foregoing figures which might affect their value. The great majority of illegitimate children are known to be first born and only children; while not a few of them are last born, though the last of a small number of pregnancies—say of two or three. It was therefore thought desirable that a fresh series of observations should be made, excluding the illegitimate, and dealing only with those born in marriage. It was also thought well to confine these observations to those cases in which not more than one idiot occurred in a family, and in which the idiocy was noticed very soon after birth—that is, in which it was probably congenital. Further, no cases were accepted but those in which the mothers at the time of the inquiry had passed the age of childbearing, though some of them, I think, were widows before that age was reached. All these restrictions made it difficult to obtain a large series of observations, and account for their number not exceeding 85—44 males and 41 females. I sent my results in detail to Dr. Matthews Duncan, who kindly drew up for me the two tables embodying the facts in a way which makes their teaching apparent." (See Table XIII.) "This table is read in this way: Of all the children born in Edinburgh and Glasgow in 1855, 22.8 per cent. were first pregnancies; while of the 85 idiots, 33 per cent. were first pregnancies, and so on. What the table appears to teach is briefly this—that idiocy is more likely to occur among first and latest (seventh to eleventh) pregnancies than among others. This is substantially the same thing as was taught by the first inquiry, which included 443 cases, and in which all that was asked was whether the patient was first born or last born."

Similar evidence is derivable from the data given by Langdon Down, but in regard to them we have not the same assurance of the circumstances of the collections as is given by Mitchell in regard to his. Down's data are given in Table XIV.

Fortunately Mitchell gives the age of the mother at the time of the birth of the idiot, and the result is very striking. Down does not give the age of the mother in his collection, but considering the excess of primiparity and the very large proportional number of pregnancies of high figure among them, we can have no doubt they would yield a like result.

"The same eighty-five cases," continues Mitchell, "are used in Table XV. which were used in Table XIII. This table is read thus:—Of all the children born in Edinburgh and Glasgow in 1855, 22.6 per cent. were born of mothers whose ages were from twenty to twenty-four years, while of the eighty-five idiots 25.8 per cent. were born of mothers of corresponding ages, and so on. What we learn from the table is this: that mothers under twenty-four years of age and above thirty-five are those more specially liable to have idiocy in their children."

Several times I have been told by men of experience that

an old bitch often ends her career of breeding by a dead and premature pup. Whitehead regards those pregnancies which occur near the termination of the fruitful period in women as being the most commonly unsuccessful, and Arthur Mitchell has connected the occurrence of idiocy in a child to the circumstance of its being the last born of its mother. "That in the mother," he remarks, "which leads to the miscarriage may lead also to the idiocy, and the only connection may be one through a common cause. It frequently happens," he adds, "that between the birth of the idiot and that of the child which precedes or follows, an interval occurs which is much longer than usual, or that after the birth of the idiot permanent sterility appears. Again, when the idiot is born eighteen or twenty-four months after the preceding child, but when for six or seven years thereafter no impregnation occurs, he thought there was reason to suspect that the imperfection in reproductive power, which showed itself in the idiot, had merely another and fuller expression in the subsequent barrenness. And so also when permanent sterility follows. In many cases indications of barrenness preceded the birth of the idiot, and became permanent thereafter."

We have alluded to prevalent opinions that the last born of a woman is specially liable to be a miscarriage, or a weak child, or an idiot, and female rather than male, and have shown that these opinions have considerable support from facts. We have also spoken of the only-child sterility, the mothers being in Ansell's collection at the high mean age of thirty-one. Now, in addition, there is some, though imperfect, evidence that such children, especially if female, are not merely illustrations of one-child fertility or only-child sterility, but are also the last of their race. They represent a family's last effort at continuation of its line. Girls in such a position are often heiresses, though not certainly single children, and this circumstance has enabled Galton to follow up their history and to show their infertility. I know several remarkable cases of single children of this kind, feeble, rich, childless, the last of their race; but a collection of cases forms stronger evidence than any scattered good examples. Speaking of marriages of heiresses as peculiarly unprolific, Galton remarks: "We might, indeed, have expected that an heiress, who is the sole issue of a marriage, would not be so fertile as a woman who has many brothers and sisters. Comparative infertility (he adds), must be hereditary in the same way as other physical attributes, and I am assured it is so in the case of the domestic animals." In addition to other strong evidence of the same kind, Galton found, in a partial search through the peerage, a total of fourteen heiress-marriages among seventy peers, resulting, he says, in eight instances of absolute sterility, and in two instances of only one son. "I tried the question from another side," he continues, "by taking the marriages of the last peers and comparing the numbers of the children when the mother was an heiress with those when she was not. I took precautions to exclude from the latter all cases where the mother was a co-heiress, or the father an only son. Also, since heiresses are not so very common, I sometimes went back two or three generations for an instance of an heiress-marriage. In this way I took fifty cases of each. I give them below, having first doubled the actual results, in order to turn them into percentages:—

TABLE XVI. (from Galton.)
Showing the Infertility of Heiresses.

Number of sons to each marriage.	One hundred marriages of each description.	
	Number of cases in which the mother was an heiress.	Number of cases in which the mother was not an heiress.
0	22	2
1	16	10
2	22	14
3	22	34
4	10	20
5	6	8
6	2	8
7	0	4
Above	0	0
—	100	100

"I find that among the wives of peers, 100 who are heiresses have 208 sons and 206 daughters, 100 who are not heiresses have 336 sons and 284 daughters. The latter shows how exceedingly precarious must be the line of a descent from an heiress. . . . One-fifth of the heiresses have no male children at all; a full third have not more than one child; three-fifths have not more than two."

ON THE RELATION OF MICRO-ORGANISMS TO TUBERCULOSIS.

Abstract of Report presented to the Association for the Advancement of Medicine by Research, 1st February, 1888.

By W. WATSON CHEYNE, M.B., F.R.C.S.,
Assistant-Surgeon to King's College Hospital, &c.

A VISIT was paid to Prof. Toussaint, of Toulouse, and to Dr. Koch at Berlin, with a view of seeing their methods of experimentation, and the results which they had obtained. Various experiments were seen, and a quantity of material was brought back to England for more detailed examination. The result of the visits and a full account of the observations made will be found in the complete report which will be published in the April number of the *Practitioner*.

It was thought advisable in the first instance to repeat some of the experiments which have led observers, more especially in this country, to object to the view of the specific origin of tuberculosis, and to hold that in rodents at least any irritation might produce that disease. The present series of experiments were performed under the best hygienic conditions, with complete isolation of the animals from each other, and thorough disinfection of the instruments employed. In six cases sets of various kinds were introduced both subcutaneously and into the anterior chamber of the eye; in ten vaccine lymph, both from the calf and from man was employed; in three pyemic pus was injected (1) into the eye, (2) subcutaneously, and (3) into the abdominal cavity; and in six various materials, (cork, tubercle hardened in alcohol, and worsted thread), were introduced into the abdominal cavity. None of these twenty-five animals became tuberculous. Some experiments are also cited in the report in which wounds in rodents have been stitched up with cotton thread, and others in which abscesses have been produced in various ways, but in none of these cases did tuberculosis ensue. In explanation of the former results it is pointed out that at the time the early experiments on this subject were made the communicability of tubercle by mediate contagion was not recognised, and as the precautions necessary for disinfection of instruments had not at that time been made out, the channels for the introduction of specific micro-organism were left unguarded.

Two tubes of serum containing micrococci were obtained from Toussaint, who holds that micrococci are the cause of the disease. Toussaint obtains these organisms by inoculation of flasks containing serum, or a fusion of rabbit with the blood of tuberculous animals, and he has in some cases succeeded in producing tuberculosis by the injection of these cultivations into other animals. The material obtained from M. Toussaint was injected into three rabbits, two guinea-pigs, one cat, and one mouse, and of these seven animals six were under observation for a sufficient length of time for the development at least of a local tuberculosis. In no instance did the tuberculosis ensue. (In all the experiments detailed in the report, inoculation was made into the anterior chamber of the eye, whenever this was practicable syringes purified by heat were employed for the purpose.) Cultivations of these micrococci were also made and injected into nine rabbits and three guinea-pigs. Of these four rabbits and three guinea-pigs were under observation for a considerable time without the development of tuberculosis in any case. The total result is that thirteen animals were inoculated with the micrococci with which Toussaint works, and obtained from Toussaint himself, and in no case did tuberculosis occur.

A number of tuberculous organs from animals experimented on by M. Toussaint were also obtained, some of the animals having become tuberculous after the injection of the micro-coccal fluid. Careful examination of these organs has shown the presence, often in large numbers, of the tubercle bacillus described by Dr. Koch, but no micrococci have been

found. The conclusion arrived at is that the micrococci described by Prof. Toussaint are not the cause of tuberculosis. One of the possible explanations of the results, which should not be left out of account, is the following:—Prof. Toussaint trusted greatly to carbonic acid as a disinfecting agent for the purification of the instruments employed in inoculation. This antiseptic though effectual for the destruction of the ordinary forms of micro-organisms, as evidenced by the satisfactory results obtained from its use in aseptic surgery, has been shown to be ineffectual against the spores of bacilli, unless it acts for a long time. The bacillus of tubercle apparently produces spores, and there is no reason to suppose that these are less resistant than those of bacillus anthracis, and other bacilli. An experiment is given which shows that a saturated watery solution of carbolic acid, even though it acts as long as fifteen minutes, is not sufficient to arrest the development of the tubercle bacilli. Therefore, to wash a syringe with carbolic acid is not such a certain means of disinfection in this particular instance as was formerly supposed.

Experiments were also made with cultivations obtained from Dr. Koch. Twelve animals were inoculated with these organisms, chiefly into the anterior chamber of the eye, and all of them became tuberculous, and that more rapidly than after the inoculation of tuberculous material. The tubercles produced in these cases were infective, and caused tuberculosis in other animals. On examination of tuberculous material Koch's tubercle bacilli are always found, though in varying numbers. They are most numerous in bovine tuberculosis, and least numerous in human tuberculosis. About eighty organs of tuberculous animals, and thirty-six cases of human tuberculosis were examined, and in all of these, without exception, tubercle bacilli were found. The inoculation of these bacilli is more rapid and more certain in its effect than the inoculation of tuberculous material from any source, and this seems only explicable on the supposition that in the cultivations of these bacilli, the virus of the disease is present in a more or less pure state, and in large amounts. Various facts are pointed out leading to the conclusion that in these bacilli we have the virus of the acute tuberculosis caused in the lower animals by the inoculation of tuberculous material.

In applying the facts obtained from experiments on animals to the pathology of tuberculous diseases in man, it is pointed out that all that has as yet been absolutely proved is that a variety of materials in man which we class together as tuberculous, produce acute tuberculosis when inoculated into rabbits, guinea-pigs, and other animals, and that result is only due to the tubercle bacilli in the material inoculated. It therefore remains for inquiry, what relation these bacilli bear to the morbid processes in man in which they are found?

Acute miliary tuberculosis in man, resembles in every respect in histological structure, in tendencies, and in the presence of bacilli, the disease produced in the lower animals by the inoculation of tuberculous material, and there can be little doubt that the cause of both diseases is the same, viz., the tubercle bacillus. It is, however, much more difficult to understand the relation of these organisms to the localised tuberculosis processes in man (phthisis, scrofulous diseases of glands, joints, &c.). Phthisis is alone considered in the present report, and with a view of making clear the conception which the author has formed as to the relation of bacilli to this disease the following facts are brought forward, which he has observed as to the mode of distribution of these organisms in the tissue, and their relation to its histological elements.

Two distinct structures have been described as tubercles in the lungs of rodents, viz., nodules of lymphatic tissue in close proximity to the vessels and bronchi, and nodules which are largely made up of epithelioid cells. If a case of commencing artificial tuberculosis be examined, it will be found that bacilli are only found in the latter nodules; indeed, it is rare, even in the later stages, to find them in the former, and in that case epithelioid cells will be found as well. The bacillus being the cause of this disease, the nodules containing epithelioid cells are alone tubercles. Further, on careful investigation of these nodules, it will be found that bacilli are only present in the epithelioid cells themselves. In making this statement, only young tubercles, and those in which the bacilli are present in moderate numbers, are referred to. Where there are enormous masses of bacilli: or where there has been confluence of tubercles

forming a largish tubercular deposit, some bacilli may be found in the outer part of the mass, but the great majority of them occupy the epithelioid tissue. When the bacilli are few in number, one need only look for them in epithelioid cells. Around the epithelioid cells the tissue becomes inflamed and converted completely into granulation tissue. As the tubercle becomes older the epithelioid cells at the centre undergo caseous degeneration, and in this case the bacilli are present in the caseous mass, but are often best seen at its margin, when epithelioid cells still exist, and they may also be found penetrating into the inflammatory tissue. The giant cells of tubercle can be distinctly traced as originating from epithelioid cells, especially from epithelioid cells containing bacilli. As to the origin of these epithelioid cells in the lung, the great majority are undoubtedly derived from the alveolar epithelium. The bacilli escape from the blood vessels or lymphatics, and pass into the alveolar epithelium, where they grow, and cause multiplication of the epithelial cells until the alveolar becomes completely filled with them. In some instances, however, these cells are probably derived from the endothelium of blood and lymphatic vessels. In the case of the liver, the author thinks that they are frequently developed from liver cells, for the bacilli may be found in liver cells at the margin of commencing tubercles, and gradation in size and form can be traced between the liver cells and the epithelioid cells in the centre of the tubercle. The accumulation of the epithelium in the centre of the nodule leads to obliteration of the vessels around, and to fusion of neighbouring nodules.

With regard to phthisis, the two extremes, the rapid phthisis or caseous pneumonia, and the chronic or fibroid phthisis, are considered. In the rapid phthisis the alveoli are distended with caseous material, or in parts where the process is less advanced with epithelioid cells. Surrounding these the trabeculae are thickened and converted into granular tissue. Here the bacilli are found in moderate or considerable numbers in the caseous material, and epithelioid cells which fill the alveoli. By-and-bye the walls of adjacent alveoli disappear, and thus irregular cavities are formed containing caseous material, surrounded by epithelioid cells and inflammatory tissue. In this case the bacilli are most numerous, and sometimes in enormous masses at the free margin of the cheesy material; and they are also present, though not generally so numerous, in the epithelioid cells at the line of junction of the caseous mass with the surrounding tissue.

In fibroid phthisis the bacilli are, as a rule, extremely few, but here and there, if a cavity exists, or in the centre of a caseous mass, one may find them in considerable number. They may, though very rarely, be also found in the giant cells, which are generally pretty numerous among the fibrous tissue. As a rule, however, the bacilli are extremely few, but nevertheless, if a sufficient number of sections be carefully examined, a few will be found here and there at the margin of or in the caseous masses.

The foregoing facts seem to indicate that when the tubercle bacilli reach the alveolus of a lung which is in a suitable condition for their growth, they develop in the epithelial cells lining the alveolus. This alveolus becomes filled with cells, neighbouring alveoli become affected, and the same process goes on in them. The further result will depend on the number and growth of the bacilli, and on whether the patient is a good soil for their development. If they develop well, we have caseous pneumonia—if they grow slowly and with difficulty, we have fibroid phthisis. In the former case the alveoli become distended early with epithelioid cells, inflammation of the walls of the alveoli ensues, the epithelioid cells soon undergo caseous degeneration, and the pressure of the masses leads to atrophy or sloughing of the walls of the alveoli. Infection of neighbouring parts of the lung occurs, both by continuity and also by coughing-up and re-inhalation of the bacilli into other parts of the lung. In this rapid phthisis fibrous formation around the alveoli only takes place imperfectly, and the lung rapidly breaks down.

In the case of fibroid phthisis, the bacilli are few, and grow only with difficulty. Thus, fibrous formation occurs extensively, and giant cells are entangled in this fibrous tissue. In parts, however, the process may be more rapid, and thus cheesy masses are formed, which may lead to breaking down of the lung, and the formation of cavities.

In the report it is pointed out that on this view one explanation of the rarity of acute tuberculosis in connection with

phthisis, and of the presence of bacilli in spectrum even before physical signs are marked; while it is shown that this view is directly corroborated by the results obtained by Tappeiner in his inhalation experiments. Against the statement that phthisis is due to the tubercle bacilli might be urged the fact that the bacilli found in the lung after death are often very few in number. Among other facts brought forward with regard to this question, it is stated that very extensive tuberculous processes may be found in animals containing only few bacilli, and that in cases where bacilli alone were inoculated, and where it is certain that the bacillus was the only agent at work. With regard to the production of phthisis by the inhalation of dust of various kinds, it is pointed out that the foreign particles inhaled probably only prepare the lung for the reception of the bacilli, for in those cases also bacilli are found.

It has often been urged that the milk of tuberculous cows is infective. This may be the case when the mammary glands become tuberculous, and the mode in which the bacilli might get into the milk was well illustrated by the appearances found in a tuberculous kidney. There not only were bacilli present in the tubercular mass, but they were also found in large numbers in the epithelium of the kidney tubules, and in the interior of those tubules, both in the vicinity of the mass, and at some distance from it. The author has not yet investigated the subject of tuberculosis of the kidney, but from what he has seen, he thinks it probable that the epithelium of the tubule is the favourite seat of the bacilli in the kidney, just as the alveolar epithelium is in the lung. In that case bacilli would be present in the urine, not merely when there were marked tubercular masses in the kidney, but also when the disease was but slightly advanced. From analogy it is probable that the same is the case in the mammary glands, and bacilli might be present in the milk, even though the disease of the gland was not sufficiently advanced to be noticeable.

The staining solution employed was the Weigert-Ehrlich solution. The formula is, of a saturated watery solution of aniline 100 parts, of a saturated alcoholic solution of the basic aniline dye (methyl violet, gentian violet, fuchsin, &c.), eleven parts. Rapid staining is obtained by warming the solution. The specimens are then decoloured by immersion in nitric acid (one part to two of water) and stained in a suitable contrast dye. Very delicate sections are apt to be injured by the immersion in the nitric acid. In this case, after staining them in the Weigert-Ehrlich fuchsin solution, they may be washed in distilled water, immersed in alcohol for a moment, and then placed in the following contrast stain for one or two hours—Distilled water 100c.c., saturated alcoholic solution of methylin blue 20c.c., formic acid 10 minims. Wherever it is possible, however, Ehrlich's original method is recommended as being most rapid, most simple, and most satisfactory. By this method of staining, tubercle bacilli and leprosy bacilli remain red. The ova and the outer coat of some parasites also retain the red colour. Lichtheim has further stated that a micrococcus is frequently found in the fæces, which behaves in a similar manner to the tubercle bacillus.

ON THE SOLUTION OF THE ACTIONS OF REMEDIES, AND ON THE EXISTENCE OF NERVES OF INHIBITION AS EXEMPLIFIED BY THE ACTION OF SEDATIVES AND STIMULANTS.

By HUGH OWEN THOMAS, M.R.C.S.

(Continued from page 226.)

STIMULANTS.

DIFFERENCE of opinion prevails among therapeutic authorities as to whether certain drugs are endowed with sedative or stimulant properties. I shall only discuss the physiological effect and medicinal results that follow the use, either experimentally or therapeutically, of belladonna, this drug being selected by me in consequence of its value in the treatment of collapse.

By the term stimulant, I mean any matter which, after its introduction into or absorption by vital tissues, increases the activity of the condition antecedent to its introduction, without supplying the source of force for maintaining this increase of power or function—as food can do, i.e., a stimulant draws upon a reserve, which

can only be renewed by food. How therapeutists could have come to the conclusion that belladonna “possesses powerful anodyne and hypnotic properties”—“valuable anti-spasmodic” (a)—at the same time, “stimulant effect on the circulation”—“potent diuretic”—(a) is to me explicable only by the supposition that investigators have not made the physiological doses of belladonna the basis for their deduction in prescribing, and its toxic effects their basis for antidotal treatment.

If the symptoms which follow the physiological doses of belladonna are analysed, there always remains evidence of stimulation, and during its action the phenomenon of special affinity for certain structures is demonstrable, just as may be observed during the action of sedatives. Its effect in full physiological doses is to stimulate the radiating fibres of the iris by its special affinity for the sympathetic nerves, a branch of which aids in regulating the radiating muscle of the iris; but it may be said that this dilatation of the pupil by belladonna arises by the same mode of action as that which causes henbane to dilate the pupil. But this objection is inconsistent with the fact that the blood-vessels are diminished in calibre when under the influence of belladonna, from contraction of their muscular coat (necessarily a stimulative result), so that the pulse is less perceptible, but increased in tone, and the temperature becomes elevated. Further, the heart's action is always accelerated by belladonna from its primary affinity for and stimulating effect on the vagus nerve, which nerve this drug can protect from the collapse arising from mechanical irritation, (b) provided the use of the drug be such as not to approach too near the toxic area. During the action of belladonna the solid constituents of the liquids excreted are increased—another phase of stimulation. Hitherto no evidence has been made known which shows that belladonna retards life so long as its action does not overstep the area of physiological action—that of safety; and this area of perfect safety in a healthy subject is exceeded as soon as the drug, whether sedative or stimulant, begins to act beyond the structures which they have a primary or special affinity for. A remarkable discord of opinion exists in explanation of how belladonna can benefit in medical practice. With some of these views I coincide from most of them I must dissent. For instance—“Belladonna allays pain . . . the attendant spasm . . . it relaxes muscular fibre” . . . “in spasms the expulsive effects are moderated” . . . Belladonna relaxes the hollow viscera, and it is to this effect that we must attribute its antispasmodic as well as expulsive action.—Harley, Vegetable Neurotics, page 230. “By relieving spasm arising from irritation of the air tubes, gall ducts, and ureters in bladder, belladonna is serviceable.”—Royle, Materia Medica, page 495.

These quotations, all from recognised authorities, are a collection of contradictions. If it allays pain, relieves spasm, relaxes muscles, how can it possibly have an expulsive action?

“The constricting fibres of the intestines and of the ducts of glands are, in like manner, relaxed by belladonna, and of this we may take dilatation of the pupil as the outward sign. The dilatation of the pupil under the influence of belladonna is active and due to a stimulant effect on the sympathetic nerve.”—Royle, Materia Medica, page 493.

If the constricting fibres of the intestines are relaxed by belladonna, how the dilatation of the pupil by the same drug can be an active change I fail to perceive. This inconsistent teaching appears to have arisen from a misinterpretation of the mechanism of stimulation on the non-striated muscle. For instance, the effect that stimulation has upon the pupils, and upon the muscular coat of the blood-vessels. As an example—“The sympathetic has, it will be observed, an effect on the

(a) Harley, Vegetable Neurotics, page 241. Headland, Actions of Medicines, page 275. Royle, Materia Medica, page 493.
(b) Foster's Physiology, page 171.

iris the opposite of that which it exercises on the blood-vessels. When it is stimulated the pupils are dilated, while the blood-vessels are contracted."—Foster's Physiology, page 466. "It is probable that these fibres are under the control of the sympathetic system of nerves. If so, it must be observed that the sympathetic nerves have an effect upon the iris directly opposite to that which it exercises upon the blood-vessels, since when it is stimulated the pupils are dilated, while the blood-vessels are contracted."—Raney, Applied Anatomy of the Nervous System, page 133.

The sympathetic has not an opposite effect on the iris to what it has upon the blood-vessels. Stimulation of the sympathetic nerves excites the circular muscular coat of the blood-vessels to contract, and this contraction can only take place in the direction of diminishing the area of a circle. The iris being a radiating muscle, then, if stimulated through the sympathetic nerve, it can only contract in the direction of its largest circumference, as the iris is a radiating muscle attached at its greatest or external circumference, so that it can only contract in the direction of its outer circumference, its base of resistance, and so dilatation must occur when the radiating muscle of the iris is in action; theoretically, dilatation of the pupil corresponds to contraction in a blood-vessel, when either is under sympathetic stimulation. "Retention of urine is a frequent result of a full medicinal dose of belladonna."—Royle, *Materia Medica*, page 492.

In the above quotation we have another out of many errors in regard to the action of belladonna that can be found in standard works written on therapeutics; it is an example of the toxic action being selected as evidence of the medicinal result of a drug. Retention of urine is not a result that follows a medicinal dose of belladonna; but it may be urged, if it is not the result of either a physiological or medicinal dose of the drug, it is fair evidence that it relaxes the muscular coat of the bladder and points to a sedative effect. This I deny. It is excellent evidence that it is a stimulant, and this toxic effect of belladonna upon the bladder is quite consistent with its effect upon other structures, and in support of this contention my reasons are the following:—

If the anatomy of the nerve supply to the bladder be considered, it will be found that the upper part of the bladder is supplied from the hypogastric plexus of the sympathetic, while the spinal nerves can be traced directly to its neck and base. (a)

The most reliable authority on the action of the vegetable neurotics has conclusively established that large doses only have the effect of causing retention of urine, and I hold that causation of this act arises in this manner. As soon as a toxic dose of belladonna has crossed its area of physiological action (vagus and sympathetic), the store of nerve energy within this area upon which it has primarily drawn is much diminished, but further forward in the toxic area which includes the vagus, the sympathetic and spinal nerves, the store of energy within the spinal nerve is in full force, until this area is crossed and death supervenes. These toxic doses of belladonna, having exhausted the nerve supply of the body of the bladder, at a time when it is commencing to stimulate the base and neck, must necessarily give rise to retention of urine.

As regards the doses of atropia, it is my opinion that when administered by the subcutaneous method, any quantity exceeding 1-48th of a grain becomes a toxic dose, and that, provided the drug be of good quality, it is always advisable to commence with much less, say 1-60th, and increase gradually until the physiological effect is attained.

(To be continued.)

Clinical Records.

JERVIS STREET HOSPITAL.

Vesical Calculus, of which a No. 1 Catheter formed the Nucleus—Stricture—Albuminuria—Lithotomy.

Under the care of **AUSTIN MELDON, F.R.C.S.I., M.K.Q.C.P.I., M.R.I.A.**, Surgeon to Jervis Street Hospital.

J. St. L., *æt.* 30, married, no children, by occupation a clerk, was admitted into Jervis Street Hospital on June 20, 1881.

The previous history showed that he had suffered from severe stricture since 1871, and frequently during that time had had complete retention of urine. During the past six years a No. 1 was the largest instrument which could be passed into the bladder. Last January, while in Northampton, was relieved by the introduction of a No. 1 catheter, which was allowed to remain in the bladder while he walked home. On arriving there the instrument was not to be found. From that to the present date he has never been free from pain. Of late he sleeps little, and has completely lost his appetite.

On admission into hospital he presented the appearance of having suffered a great deal. His body was emaciated and features pinched, his pulse quick and feeble; the water, which caused great pain in passing, only came in drops. It required nearly an hour to enter the bladder. The urine became almost solid when heated. Even the smallest instrument would not pass beyond two inches from the orifice of the urethra, where it was arrested by a stricture.

After some days this was dilated so as to allow the introduction of a probe, which revealed the existence of a stony deposit. Some of this was removed by a urethral forceps, and some by means of a director; but as his symptoms were so urgent, it was decided to open the urethra in front of the bladder.

On the 20th of July Dr. Meldon performed the operation. The patient was placed in the lithotomy position, and the urethra opened through the perineum. This was rendered somewhat more difficult than usual by the fact that no staff could be passed down beyond the scrotal portion, and consequently there was little to guide the knife. A very considerable amount of deposit was removed, and the passage completely cleared. A sound was now introduced into the bladder, but no stone could be found. After the operation the patient improved very much. He slept well, his appetite returned, and he even gained flesh. Matters went on in this way for a couple of months, when symptoms of stone reappeared. A sound passed into the bladder at once revealed the presence of a calculus.

Dr. Meldon removed this by the lateral operation. The stone weighed one ounce, and had for a nucleus the catheter doubled up, and each turn or bend showing through the stone. The deposit previously removed from the urethra weighed nearly half an ounce.

The patient made a rapid recovery, and left the hospital about six weeks after the operation. He has since, however, died of well-marked Bright's disease.

Dr. Meldon, in his remarks to the students on the case, called their attention to the danger of leaving an instrument in the bladder without securing it carefully. He also mentioned that he always used Dr. McDonnell's triangular staff, which allows of a much larger one being introduced, and renders it almost impossible to lose your guide to the bladder. He had now used it in some thirteen cases, and would not now use any other staff.

SHEFFIELD FEVER HOSPITAL.

Treatment of Ulcers with Large and Slowly Separating Central Sloughs.

By **B. A. WHITELOGG, M.D.**, Resident Medical Officer

The following is, as far as I am aware, a new method of treating these ulcers, although possibly the same idea may have occurred to others as well as to myself. In these ulcers the slough frequently remains, as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no possibility of healing whilst this mass remains, its rapid removal becomes a matter of some importance. Finding that the ordinary methods of treatment were slow in effecting separation of the slough, I was led to try the effect

(c) Quain's Anatomy, vol. II., page 426-7. Eighth Edition.

of pepsine as a dressing. I have now used it in some half-dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. My method of using it is to apply a lotion to the ulcer containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tr. of lavender to improve its appearance.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. THE PATHOLOGICAL SECTION.

The Pathological Section met on Friday, March 2nd, at the Royal College of Surgeons, the President of the Section in the Chair.

SPECIMENS EXHIBITED BY CARD.

Dr. QUINLAN—1. Bacillus anthracis in blood; 2. Bacillus anthracis in lung tissue.

Dr. TWEEDY—Brain from a case of acute hydrocephalus, with microscopic sections.

Dr. WARREN—Recurrent fibro-myxoma.

Dr. DUFFEY—Secondary carcinoma of the liver, with microscopic sections.

Dr. R. McDONNELL—Scirrhus of the male breast, with microscopic mountings, from a patient, æt. 29.

Mr. P. S. ABRAHAM read notes on

THE BLOOD-VESSELS OF NEW GROWTHS, WITH ESPECIAL REFERENCE TO THEIR ORIGIN IN GRANULATION TISSUE.

The blood-vessels which are seen in sections of tumours may be considered under two heads—(1) those belonging to the proper tissue of the part into which the neoplasm has infiltrated; and (2) those which have arisen anew and belong to the new growth itself. The former have become enveloped by the new invading tissue, which they afterwards, in greater or less part, supply. The latter are the vessels of circumscribed growth, and are either prolongations or sproutings from the vessels of the neighbouring tissue, or, formed apart, have been subsequently connected with them. The small arteries and veins which come under the first category are often distinctly modified by what appear to be inflammatory changes, and the proliferation of the cells of the coats may go on to such an extent in the case of the intestine that the lumen may become occluded. An extreme case of the vascular wall thickened and studded with an irregular cell-growth is seen in certain sections of leprosy tumour. The young blood-vessels of neoplasms in general do not always show any distinction of tunica; and sometimes, in a quickly-growing mass of cells, the walls of the vascular channels can scarcely be differentiated from the surrounding cell tissue. From the consideration of the sections of granulation tissue, which had formed in sponges placed for various periods in wounds, and on theoretical grounds, it seems unlikely that Professor Hamilton's new and ingenious mechanical theory for the formation of granulation vessels will be altogether accepted. In the specimens shown the vessels branch freely and innoculate among the fibres of the sponge; they give off shoots of different sizes, and there is abundant evidence of a new formation of capillaries going on, much in the manner described by Arnold. Even if the capillary blood pressure were sufficient to produce the mechanical effect of forcing out and elongating the capillary loops, it is difficult to understand how that pressure could cause the cell multiplication which goes on in the wall of the elongating capillary. The cells of the wall, indeed, are not simply stretched—they increase in number by division, and the wall of the capillary grows. Several other arguments were brought forward, and in conclusion it was remarked that, as Prof. Hamilton shows, a thrombus in a ligatured artery becomes vascular by the throwing in of granulation loops from the vasa vasorum near the point of ligature—in his own words, "it is nothing more than a granulating surface within a vessel." If this be the case, the pushing in of the loops must be against an intra-arterial pressure, certainly greater than that of the blood in the vasa.

Dr. E. H. BENNETT read a paper on

CONGENITAL DEFECT OF THE RECTUM, BASED ON THE DETAILS OF A CASE WHICH HE HAD TREATED DURING THE WINTER BY LAPAROTOMY, FAILING TO REACH THE BOWEL BY THE PERINEUM.

The variety of deformity exhibited was that in which the anus and other pelvic organs, except the rectum, were normal, and there existed a cord of variable length connecting the anal *cul de sac* with the extremity of the intestine. With the specimen recently acquired, Dr. Bennett showed three examples of the same deformity, contained in the Museum of the Royal College of Surgeons, and contrasted these with an example of complete defect of the anus and urino-genital outlet contained in the Museum of the School of Physic, Trinity College. Having directed attention to the views of Giraldes and of Curling, who have attributed this deformity to obliteration of the rectum by a pathological process, Dr. Bennett showed, from the evidence presented by the specimens, that this view was erroneous, and that the lesion is due to the arrest of development of the bowel, the hypoplastic pouch failing to reach the anal inflexion on the surface of the embryo. He indicated the probable analogy between the muscular cord connecting these parts and such bodies as the gubernaculum testes. He further demonstrated that attention to the position and relations of the cord might enable the surgeon when operating for relief of the deformity to avail himself of it as a guide to the intestine.

Dr. M'SWINEY, Mr. STOKES, and Prof. MACALISTER discussed the foregoing communication.

OCCCLUSION OF THE INFERIOR VENA CAVA.

Dr. F. W. WARREN read a paper on the subject of occlusion of the inferior vena cava, illustrating his remarks with a rare case in which the inferior vena cava was completely occluded by a calcareous tumour, about the size of a bean, growing by a narrow pedicle from the great Eustachian valve. The tumour completely obstructed the vein at the caval opening of the diaphragm, and was adherent to the living membranes of the vein. The specimen was taken from the body of a male, æt. 22. During life, both lower limbs—the front of the abdomen and the anterior aspect of the thorax—were covered with a close network of varicose veins, the head, neck, and upper extremities being perfectly normal in appearance. The patient stated he had these enlarged veins as long as he could remember. He was otherwise perfectly healthy, there being no œdema, no hæmorrhoids, no albuminuria, but he died unexpectedly of enteric fever from perforative peritonitis, and he suffered from œdema of the liver from the onset of the fever. A careful post-mortem examination having been made, the principal channels of collateral circulation were as follows:—The vena was about the size of the latter vein in health; the superficial compensatory circulation was principally carried on by the superficial deep epigastric veins, with the circumflex iliac veins from below anastomosing with the internal mammary and long thoracic veins from above, the source of blood current being reversed and passing from below upwards. Within the vena, just as it opened into the right auricle, the tumour already described was discerned. The vena cava hepatica were not obstructed, as a surgical probe could be passed through them into the right auricle. Dr. Warren was of opinion that the tumour commenced as a fibrinous vegetation upon the great Eustachian valve, and then underwent calcareous degeneration, causing very gradual and finally complete obstruction of the vena. Upon striking the tumour with a pencil or spatula, its stony and calcareous character was readily demonstrated. The tumour did not in any way partake of the character of a thrombus, as it was round, small, isolated, and attached by a narrow pedicle to the valve. Dr. Warren was also of opinion that the tumour was intra-venous altogether in its origin and development.

Dr. MACALISTER, commenting on the paper, stated that the total number of cases recorded of obliteration or absence of the inferior vena cava was probably about twenty-three.

Drs. H. KENNEDY and BENNETT also commented on the paper.

Dr. WARREN replied, and
The Section then adjourned.

SUB-SECTION OF ANATOMY AND PHYSIOLOGY.

At the opening meeting of the Sub-Section of Anatomy and Physiology held in the Albert Hall, Royal College of

Surgeons, the President of the Section, Mr. Alexander Macalister, M.D., F.R.S., occupied the chair. Mr. John Freeman Knott, F.R.C.S.I., Sub-Sectional Secretary, was in attendance.

EXHIBITION OF SPECIMENS.

Dr. D. J. CUNNINGHAM exhibited frozen sections through various parts of the human body.

Dr. P. S. ABRAHAM exhibited (1) a specimen illustrative of the occurrence of two superior venæ cavae in the human subject; and (2) sections of certain tissues in lower animals.

Mr. J. F. KNOTT exhibited (1) section of human hair follicles, demonstrating the connection of Heule's and Huxley's sheaths; (2) frog's nerve, showing Cauntermann's notches; and (3) termination of nerve in frog's muscle, showing Bremer's "sud-dolde."

THE PRESIDENT'S ADDRESS.

Dr. MACALISTER delivered an address on the history of anatomical research in Ireland. Beginning with the ancient Irish medical literature of the tenth and fourteenth centuries, whose anatomical knowledge is borrowed from classical sources, he sketched the progress of teaching and of investigation, touching on the researches of Mullen, Molyneux, O'Halloran in the seventeenth and eighteenth centuries, and those of Macartney, Colles, and their successors in the present century.

THE REFRACTORY PERIOD OF THE AURICLE OF THE HEART.

Dr. PURSER gave the results of some new experiments which he had made on local electrical stimulation of the different portions of the frog's heart. It was found that for the sinus, the auricle, and the ventricle, the law held good that each of these parts is insensible or refractory to single induction shocks during its systole; while, if stimulated during its diastole, it responded by an extra contraction—followed, in the case of the sinus, by a contraction of the auricle and ventricle, in that of the auricle by the contraction of the ventricle. Some observations were made on the circumstances which influenced the rapidity with which the contraction of the ventricle follows that of the auricle.

Dr. THORNLEY STOKER called attention to the extreme practical importance of Dr. Purser's results in explaining how the murmur of mitral stenosis may be sometimes pre-systolic, and sometimes post-diastolic.

The Sub-Section adjourned.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

IRIDECTOMY IN CATARACT EXTRACTION.—M. Terrier read, at a recent meeting of the Paris Academy, a paper "On the Necessity of Abandoning Excision of the Iris in the Extraction of Cataract, and of returning to the old French Method." Referring to the former French method (Daviel's), which was to make a large corneal flap for the extraction of the opaque crystalline lens, he said that it is necessary if we abandon iridectomy in this operation, to do so. In Jacobson's flap method, and especially that called *combined linear*, where, as directed by Von Gräfe, iridectomy was practised, this way of operating remained a veritable necessity. Without this excision, the crystalline lens was only extracted with difficulty by contusion of the iris and mechanical force, causing exposure to hernia and anterior synechia. Relying on the extraordinary results produced by iridectomy in acute glaucoma, we admit that, according to Von Gräfe, this mode of operating prevents inflammation following. Iridectomy has not, then, simply a mechanical advantage, but also an antiphlogistic one, and it has been generally performed notwithstanding sundry protestations from Von Hasner and others. But things became somewhat modified by the transformation of the linear method. For ~~linear~~ or almost peripheral linear incisions made in the

sclerotic-corneal flap, those which were entirely peripheral, especially in the cornea, were substituted. This was the beginning of the flap method; soon these portions were made larger (by Liebreich, Warlomont and Lebrun, and Maurice Perrin, of Wecker), and then for the first time did the operators discuss the value of iridectomy. Some, following the precepts of Von Gräfe, greatly reduced the practice of it (Sichel, &c.); others regarded it only as a power-giving method (Maurice Perrin); and the remainder of them considered it useless and abandoned it (Liebreich, Lebrun, and Warlomont, of Wecker). In fact, by returning little by little to the flap method, iridectomy, which is now advocated for cataract operations, will be abandoned. This M. Galezowski has done by substituting the cutting of a flap for the linear section, which before this he has so much extolled. This change will explain the cause of some unsuccessful operations and accidents of ocular phlegmon in spite of the methodical use of antiseptics and the phenic spray. The new method proposed by M. Galezowski will, according to the reporter, only be another aspect of the flap method. When operating, M. Galezowski makes the puncture and counter-puncture at the sclerotic-corneal limit, then cuts a flap the top portion of which covers two millimètres of the edge of the sclerotic. The crystalline lens, says the author, is then easily extracted, as the pupil becomes dilated under its pressure and leaves the passage free; the iris returns to its place immediately, or can be easily put back by a pointed silver instrument. According to the author, the semi-elliptic flap method would have this advantage over Davill's, that it allows an easier coaptation and a more rapid cicatrisation. This operation has been performed, it is said, fourteen or fifteen years ago by M. Luoi, with this difference, that then the flap was about one millimètre larger at the base. However that may be, out of forty cases performed by M. Galezowski, there were five difficult cicatrisations of the flap in spite of the semi-elliptical incision, and the absence of iridectomy gave place to four hernia cases of the iris, two of which were accompanied by anterior synechia, and for two others excision of the iris became absolutely necessary. There were also three cases of iritis, one with hypopyon. Ought these results to make the profession abandon the combined linear method more or less modified by English ophthalmologists? Should we give up the practice of making a small flap which has been known to surgeons for some time, to return to the old method of Davill or Beer? M. Terrier does not think we ought to, having regard to the few facts related by the author, and to the absolute insufficiency of details in the operation and the results obtained.

ANEURISM OF THE BASILARY ARTERY.—M. Runeberg was called in consultation over a peculiar case a few days since. A strong-looking man, æt. 56, having suffered for a whole day from headache, was found unconscious in bed the next morning. It was at first diagnosed as a case of poisoning by chloroform. The pupils were large, dilated, and fixed, and showed no reaction with light. The head was forced forward, the tongue very far back, and hindering respiration, which at other times was full and regular. The pulse was slow, but the force good and equal, and the beating of the heart was normal, muscular reflex following the pricking with a pin. Chloroform poisoning was, nevertheless, not the cause. Runeberg thought of hæmorrhage of the brain membranes. The general state did not, however, improve; the reflexes became better developed, the respiration more superficial and frequent; as the heart weakened, the teguments became cyanised and covered with perspiration. The

temperature rose to 40°, and the patient died in this condition two days afterwards. The post-mortem examination showed that there was an aneurism of the basilar artery opening into the membrane of the brain. The blood poured into the sub-arachnoid spaces at the inferior surface of the hemispheres. There was not any other cause of death. The rupture of the aneurism was probably signalled by the headache; the sub-arachnoid flowing of blood took place probably during the sleep which preceded the comatose accidents.

THE MEDICAL BILL.

Analysis of the Bill (all important phrases verbatim) introduced in the House of Lords by Lord Carlisle on behalf of the Government on Thursday, 8th of March.

BE it enacted, &c.

PART I.

ADMISSION TO MEDICAL PRACTICE.

2. The Medical Register shall be continued.
3. A person, whether male or female, who has proved his or her competency in medicine, surgery, and midwifery by passing the final examination in this Act mentioned, and no other person shall be entitled to have his or her name entered on the Medical Register.
4. A registered practitioner may "practise the callings of medicine, surgery, and midwifery, or any of the said callings, in the United Kingdom, and (subject to any local law) in any other part of Her Majesty's dominions, and may recover any expenses, charges in respect of medicaments or other appliances or any fees to which he may be entitled," Members of Colleges of Physicians exempt.
5. A registered practitioner shall be exempt from serving on all juries and corporate offices.
6. A person shall not be entitled to recover in any court of law any expenses, charges, or fees for any medical or surgical advice or attendance, or for any operation, unless he proves that he is a registered practitioner.
7. Any expression importing a medical practitioner, when used in any Act, shall be construed to mean a registered medical practitioner within the meaning of this Act.
8. Nobody but a registered practitioner shall hold any appointment.
 - (a) In the military or naval services, or
 - (b) In any hospital, &c., not supported wholly by voluntary contributions, or in any lunatic asylum, &c., union workhouse, or other public establishment, or
 - (c) To any friendly or other society, or
 - (d) As a medical officer of health, or
 - (e) In any emigrant or other vessel.

Medical Boards.

9. (1.) There shall be established in each part of the United Kingdom a medical board.
- (2.) The numbers of the medical boards shall be—
- (3.) Fifteen chosen for England. Two each by Oxford, Cambridge, and London Universities; one each by Durham and Victoria Universities; three each by the London Colleges of Physicians and Surgeons; and one by the London Apothecaries' Society.
- (4.) Eleven for Scotland. Three by Edinburgh University; two each by Glasgow and Aberdeen Universities; one each by St. Andrew's University, Edinburgh Colleges of Physicians and Surgeons, and Glasgow Faculty.
- (5.) Ten for Ireland. Two each by Dublin and Royal Universities; three each by Colleges of Physicians and Surgeons; and one by Apothecaries' Hall.
- (7.) A medical board shall be renewed every five years by the whole of its members retiring, being eligible for re-election.

- (9.) Any person of full age shall be qualified to be elected a member of a medical board.
- (12.) The same person may be a member of more than one board.
- (13.) The Privy Council on the report of the Medical Council may increase the number of authorities entitled to return a member.
- (14.) Or may deprive any authority of the privilege of returning a member.
- (15.) And shall every ten years take into consideration the number of members returned by the constituent authorities, and add to, or reduce the number of members.

10. The medical board shall make, revoke, alter, or add to a scheme for—

- (1.) The holding of final examinations for the admission of candidates to registration, and
- (2.) The appointment of examiners; and
- (3.) The nature and conduct of such examinations, and the qualification of candidates as to age, moral character, and any other matter necessary or expedient to be determined by rules. Provided that—
 - (b.) Provision shall be made for the admission of women to the examinations, but such distinctions (if any) may be made as may be judged proper between the cases of men and women, so however that the examinations of men and women shall be in all general respects equal as respects proficiency in medical knowledge and experience.

So far as is practicable a uniformity of standard shall be aimed at in the final examinations held by the medical boards of the several parts of the United Kingdom.

Any scheme, or alteration of a scheme, shall be of no validity until it has been approved by the Medical Council and confirmed by the Privy Council.

11. A medical board may delegate any of their powers to a sub-committee.

Medical Council.

14. The Medical Council shall consist of eighteen persons, to be chosen as follows:—
- Six Crown nominees;
 - Two direct representatives for England;
 - One for Scotland;
 - One for Ireland;
 - Four elected by the medical board of England;
 - Two by the medical board of Scotland; and
 - Two by the medical board of Ireland.

Any person of full age shall be qualified to be a member of the Medical Council whether he is or is not a member of the medical profession, and may be a member of medical board and also of the Medical Council.

The Medical Council shall be renewed every five years by the whole of its members retiring and their places being filled up as above set forth.

A casual vacancy occurring amongst the direct representatives shall be filled up by election by the registered medical practitioners of that part of the United Kingdom from whence the member who created the vacancy was returned. If it occurs during the fourth or fifth year after any quinquennial renewal of the Medical Council, shall not be filled up unless the Medical Council so direct.

15. The Medical Council shall, in addition to any other duties, visit examinations conducted or recognised for the purposes of this Act, and inquire into the sufficiency thereof.

The Medical Council shall have power by order to regulate the performance of their duties by each medical board. Any medical board aggrieved by any order made by the Council may appeal to the Privy Council.

16. The Medical Council may delegate functions to a sub-committee.

PART II.

Medical Education.

19. Every candidate for final examination shall comply with the following requirements; that is to say—

- (1.) He must have passed such a preliminary examination, and
 - (2.) been admitted as a medical student, and
 - (3.) he must have passed through a prescribed course of medical education, and such medical education shall comprise such experience in the practice of medicine, surgery, midwifery, and the acquisition of such professional and scientific knowledge as may be necessary for the purpose of securing efficiency in his exercise of the profession of medicine, surgery, and midwifery.
20. Each medical board shall make (and revoke, alter, or add to) a scheme with respect to the following:—
- (1.) The preliminary examinations, and
 - (2.) The course of medical education.
- In defining the course, the scheme shall describe—
- (a) The schools which are to be considered proper places of education;
 - (b) The times and places at which examinations are to be held; and
 - (c) The authorities which are to be considered competent for conducting or for appointing examiners to conduct such examinations, and such examining authorities may be the medical board themselves, or any medical authority.

Any scheme shall be of no validity until it has been approved by the Medical Council.

21. It shall be the duty of each medical board to ascertain by inspection or otherwise the sufficiency of the education provided by schools, and by visitation or otherwise to inquire as to the examinations held by any recognised examining authority, and to take such steps as may be necessary for depriving any school or any authority of recognition.

PART IV.

Quacks' Clauses.

23. (1.) If any person, whether registered or not, takes or uses a medical title which he is not entitled to take or use, he shall be liable to a penalty of twenty pounds.

(2.) If any person, whether registered or not, takes or uses a medical title which is by this Act not permitted to be entered on the Register, he shall be liable to a penalty of twenty pounds:

Provided that a person shall not be liable—

First, if he holds a diploma which authorises him to use the medical title granted by a medical authority recognised by this Act; or

Secondly, if he is not ordinarily resident in the United Kingdom, and holds a diploma which authorises him to use the title complained of, and to practise in the country in which the diploma was granted.

(3.) If any person not registered represents himself to be a registered medical practitioner, or uses any name, title, addition, or description implying that he is a registered medical practitioner,

he shall be liable to a penalty of twenty pounds: Unless he shows that he has been and is entitled to be registered, but that his name has been erased therefrom in error.

(4.) If any person who is not registered, and who practises for gain, or professes to practise, or publishes his name as practising medicine or surgery, or who receives any payment for practising medicine or surgery,

(a) represents himself to be a physician, surgeon, doctor, or apothecary; or

(b) uses any designation denoting that he is qualified by law to practise,

he shall be liable to a penalty of twenty pounds.

(5.) Prosecutions for offences against this section may be undertaken only

(1.) By any person authorised by the Medical Council; and

(2.) By the Public Prosecutor for the Division of the Kingdom, or by a person authorised by the medical

board for same, or by a recognised medical authority, medical board.

This section shall not prevent

- (1.) A person from using the designation of midwife, or
- (2.) A person holding a licence in midwifery from using the designation of licentiate in midwifery, or
- (3.) A registered dentist from using any title which he is entitled to take or use under the Act.

Medical Authorities.

35. Any authority authorised to grant diplomas may, notwithstanding any charter or Act, grant medical diplomas to persons of both sexes, provided that—

A woman who receives a diploma from a medical authority which does not already grant a diploma to any woman, shall not, be thereby entitled to any share in the management of that authority.

36. Any authority may, if it thinks it expedient so to do, admit without further examination any person who has passed a final examination in pursuance of this Act to its lowest qualification.

37. Nothing in any Act or charter shall prevent any medical authority from making any such changes in its constitution or practice as may be necessary to enable such authority or school to conform to this Act.

PART V.

Expenses and Medical Funds.

38. The three medical boards and the Medical Council, shall respectively form funds.

Each medical board fund shall be applicable to the payment of—

- (1.) The expenses of its examinations.
- (2.) The reasonable expenses and remuneration to members of the medical board in attendance on such board.
- (3.) Expenses in respect of officers and rooms, and any expenses in respect of elections, visitations, or otherwise which the board may properly incur.

Any surplus shall be paid to the Medical Council fund. The Medical Council fund shall be applied in payment of—

- (1.) The reasonable expenses and remuneration to members of the Medical Council in attending on such council.
- (2.) Any expenses in respect of officers and rooms, &c., which the Medical Council may properly incur.
- (3.) The expenses of the election of direct representatives.
- (4.) The expenses of maintaining any such medical museums and medical libraries belonging to any medical authority for the time being authorised to return a member to a medical board, as may before the passing of this Act have been ordinarily maintained for general public purposes by such authority in their capacity of grantors of qualifications for registration under the Medical Act, 1858, and have been so maintained out of fees paid by applicants for such qualifications, and may be of such importance to the promotion of knowledge in medicine or surgery as to deserve to be maintained out of the funds of the Medical Council.

The amount of the remuneration for members of a medical board shall be determined by that board with the assent of the Medical Council.

An account shall be rendered by the Medical Council to the Privy Council, and any surplus shall be applied for the benefit of the medical profession, or in such manner as the Medical Council may determine.

For the purpose of supplying moneys to form each medical fund, each medical board may charge such fees for its examinations and for the registration of medical students within its part of the United Kingdom as that board with the assent of the Medical Council and sanction of the Privy Council may determine.

The Medical Council may, with the sanction of the Privy Council, charge

- (a.) For copies of the pharmacopoeia and of the medical register, and

- (b.) A fee for the registration of practitioners, and
 (c.) An annual fee for keeping the name of each medical practitioner on the register, and
 (d.) Fees of small amount for making entries on the register by way of alteration of names or addresses, &c.

PART VII.

Transition from Old to New Law.

54. The first election of a medical board in each part of the United Kingdom shall take place in January, 1884.

Subsequent elections in the January of every succeeding fifth year.

The returning officer shall be such person as the Privy Council may appoint in each part of the United Kingdom.

The returning officer shall issue a precept to each constituent body, requiring such body within ten days to hold an election of members of the medical board.

Each of the medical authorities in each part shall return such member or members in manner in which such authority is accustomed to return a member or members representing its body.

The first medical board in each part of the United Kingdom shall come into office on Feb. 1, 1884.

The first meeting of the medical board shall take place within the first fortnight in February.

55. The returning officer for the Medical Council shall be the registrar of the Medical Council.

For election of members by the medical boards, the returning officer of the Medical Council shall, within the first seven days of March, issue his precept to each of the medical boards, requiring them within ten days to certify to him the names of the members elected by each such medical board.

The election of such members shall be conducted as may be provided by regulations to be made by such board.

For the purpose of the election of members to be elected by the registered medical practitioners resident in England, Scotland, and Ireland respectively, the following steps shall be taken:—

For election of direct representatives, the returning officer of the Medical Council shall, within the first seven days of March, issue his precept to each of the medical boards, requiring such board to cause the proper number of members to be elected within fourteen days.

The election shall be conducted as follows:—

- (1.) The nomination paper of each candidate shall be signed by not fewer than twelve registered medical practitioners; and
- (2.) The returning officer shall forward by post to each registered medical practitioner, resident in any part of the United Kingdom, at his registered address a voting paper.

The first Medical Council shall come into office on March 31, 1884.

The first meeting of the Medical Council shall take place during the first fortnight in April.

56. Each medical board shall, before May 1, 1884, submit to the Medical Council a scheme—(1) for the final examination of medical students within its division, and (2) for the medical education of students within its division.

The scheme or schemes so submitted shall be settled by the Medical Council and forwarded to the Privy Council for confirmation before September 1, 1884.

Any objections to such scheme or schemes shall be considered by the Privy Council before November 1, 1884, on which day at latest the scheme for the first final examination and for the admission of students thereto shall be deemed to come into force.

The first final examination shall be held on such day, not later than the 1st of March, 1885, as the Privy Council may direct.

57. Persons may continue to be registered as medical practitioners in manner heretofore in use up to January 1, 1885.

58. When the medical board of any part of the United Kingdom comes into office the branch council in that part of the Kingdom shall cease to exist, and all property

belonging to such branch council shall be transferred to the medical board.

61. The existing officers of the branch council in each part of the Kingdom, and of the General Medical Council, shall become the officers and servants of the medical board and of the new council respectively at the same salaries and with the same tenure of office as they possessed under the branch council.

[The parts relating to foreign practitioners, medical titles, management of Register, medical boards, &c., approval and confirmation of schemes, saving clauses, dentists, and schedule, will be inserted in our next issue.—ED. M. P. & C.]

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6

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* Post-office Orders and Cheques to be drawn in favour of—
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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MARCH 21, 1883.

THE MEDICAL BILL.

We print to-day, at as great length as possible, an analysis of the Medical Bill introduced by Lord Carlingford on Thursday, the 8th inst., and standing for a second reading on the first Thursday after the Easter recess. Our readers will best understand its principles from the following outline:—

1. A divisional board for each division of the kingdom is to be formed by delegates from the licensing bodies therein.

2. That board will have four functions—*a.* To concert a complete education scheme; *b.* To hold final examinations for admission to the Register; *c.* To supervise primary examinations, which will continue to be held by

the licensing bodies; *d.* To send forward delegates to the General Medical Council.

3. Licensing bodies will continue to grant diplomas on any terms they please (subject to the supervision of the board), but these diplomas will not be registrable; they will, however, be necessary for any one going for the *final* examination of the board.

4. The Medical Council will be rebuilt, and reduced in number to eighteen—viz., six Crown nominees, four delegates elected by the profession at large, and eight elected by the divisional boards. Licensing bodies will cease to send representatives.

5. Foreign and colonial diplomas will be registrable under certain restrictions.

6. The law against the fraudulent use of medical titles will be strengthened and its ambiguity removed, but practice by unregistered persons will not be forbidden.

After careful consideration of the provisions of the Bill, we would pronounce it good in principle and well-intentioned in its mechanism, but open to great improvement of detail, and of doubtful value if the more important of these improvements cannot be effected.

As we have said, it deals exclusively with *final* examinations, which we assume to mean examinations on the practical application of the fundamental sciences, such as anatomy, chemistry, and physiology, all of which subjects it remits to the primary examinations to be held, as heretofore, by the licensing bodies. This scheme seems to us excellent in principle, for it leaves the educational function in the hands of the licensing bodies, encourages them to compete for success at the final examinations, and gives them a work to do and a reason for existence which would not be so evident if the entire examining function were undertaken by the divisional board. But it is open to the very strong objection that, unless the course of study, examining fee, and standard of examination at these primary examinations be carefully defined, the downward competition of the licensing bodies for the student's patronage and money will be rather intensified than mitigated, inasmuch as these examinations will have no value as qualifications, but will be simply a step towards the final test. If any of the primary examining bodies will give its *imprimatur* to the student for one year's hospital and £5, it will attract the majority of the students from the body which requires two years' hospital and a £10 fee. Ample power is given to the divisional board by the Bill to fix the educational and monetary value of the primary examinations, but no duty is imposed upon them in this matter, nor any method fixed, and it would seem as if the framers of the Bill depended upon the check imposed by the subsequent examination to guard the system against the abuses of competition.

The provisions contained in the Bill against competition between the divisional boards are utterly unsatisfactory. The only proviso on the subject which we can find is as follows:—

"So far as is practicable a uniformity of standard shall be aimed at in the final examinations held by the medical boards of the several parts of the United Kingdom;" and so part of the Bill can we find any clause to prevent the Scotch Board from touting by the lowness of its

curriculum and fees and the ease of its examinations for the Irish and English students, just as the Scotch colleges have heretofore sought to attract patronage by similar means. This is a fault in the Bill which would make it altogether objectionable if it were not remedied, and we think the best adjustment of the matter would be to add to the Bill the clause which was contained in the Government Bills of 1871 and 1880, to the effect that the Medical Council shall revise the schemes of the three divisional boards so as to make them uniform in all respects. The allocation of the funds which will accrue from the board's examination fees must also be the subject of change. By the Bill it is provided that each board, having paid the expense of its own maintenance and its examinations and visitations, shall hand over the surplus to the General Medical Council, who shall allocate the fund so created to "the expenses of maintaining any such medical museums and medical libraries belonging to any of the licensing bodies" as the Council thinks fit. This clause, being interpreted, means that the Irish and Scotch surplus shall not be divided by the Irish or Scotch boards, nor given to Irish or Scotch purposes, but shall be handed over to the Medical Council in London, who might or might not vote a portion of it to the maintenance of the educational bodies from whom the money was indirectly derived. Obviously the Irish and Scotch bodies could not be expected to leave themselves thus dependent on the charity of the London Council, and we think that the Bill should be amended so as to leave to each divisional board the disposal of its own surplus, the proportionate grant therefrom to educational bodies to be previously fixed by the Act itself.

The only other point upon which we take exception to this part of the Bill is the recognition which it accords to the Apothecaries' Companies of London and Dublin, and the Glasgow Faculty, by permitting them to send representatives to the medical boards. We have long been of opinion that these bodies, if they ever had a claim to recognition as licensing bodies, have ceased to possess any such right, and we protest against their being permitted to encumber the medical licensing of the future with their unnecessary co-operation. We submit that the seat which it is proposed that they should occupy at the divisional board shall be given to the direct representative for the division, who will otherwise have no voice whatever in the educational arrangements of his own country.

The clauses of the Bill which deal with the reconstitution of the Medical Council are in all essential respects worthy of approval and hearty support, and are, indeed, so satisfactory as to go far to reconcile us to the faults of the educational sections of the measure. The clauses for suppression of quackery are also satisfactory, so far as they go; and, on the whole, we need not hesitate to say that we welcome the Bill with all cordiality, and trust the Government will not be prevented from doing justice by its means, no matter what the interested opponents of reform may think or say.

CONJOINT MUDDLING.

ASTOUNDING as many of the vagaries recently indulged in by the Royal Colleges of Physicians and Surgeons in London have been, each and all grow insignificant before

the latest and most transcendent folly, which, under the title of a combined scheme of examination, these august institutions now solicit the profession to admire and accept. It will be in the knowledge of our readers—for brief references to the fact have from time to time been made in our columns—that a committee appointed by the two Colleges has for three months past had under consideration proposals for creating a new examination, to be conducted by both corporations together, with the object of conferring the double qualification in medicine and surgery hitherto granted by the colleges severally. The matter having at length been finally settled, the scheme is now before the world; and of all the preposterous attempts that have yet been made to obstruct reform, it may safely be said that none approaches it, even remotely, as a means of preventing advance or improvement if it should, by adverse fortune, fail to meet the fate it so richly deserves.

According to the agreeable and harmonious arrangement entered into by the two Royal Colleges, "each will abstain, so far as allowed by law, from the exercise of its independent privilege of giving a qualification necessary for admission to the Medical Register;" and while so binding themselves to a plan utterly destructive of many of the best traditions of English medicine, they saddle the licence thus to be obtained with a pecuniary liability of *thirty-five guineas*. In other words—and the more plainly this is put just now, the better it will be—two ancient and honourable medical corporations have joined their forces, to the end that their coffers shall be enriched at the expense of the already overtaxed student. From one point of view, however, it is possible to derive satisfaction from the threatened infliction; for nothing could have been more serviceable as proving the utter incompetency of interested corporations to initiate anything in the shape of reform in respect to qualification. The Royal Colleges of England now hold the unenviable position enjoyed by monopolists in combination to exact usurious returns for their wares; and it may be safely assumed that their action in this respect will remove any remaining doubt as to the expediency of dealing with them in a spirit regardless of their private aims or wishes. With abundant opportunity of proving not only anxiety, but also ability to commence in themselves the reform that is now rendered more than ever certain, the chief centres of English medicine and surgery have seized that opportunity to promulgate a "scheme" as remarkable for its neglect of pressing claims on their liberal interpretation of facts, as it is for the avaricious nature of its pecuniary clauses.

Should this miserable combination most unfortunately ever come to shed its blighting light over our schools and students, but one result can be anticipated. The annual migrations of English students in search of Scotch diplomas will be hugely augmented, and with the necessary result that the special kind of education required to enable a successful candidature to be gone through north of the Tweed will be permanently established in southern colleges and hospitals. Selfish consideration of their own material interests would, however, seem to have blinded the combining corporations to the irreparable injury they must perforce

inflict on education by persisting with their most injudicious proposals; and hence it is but too clear that legislation is imperatively called for to prevent the consummation of the worst blunder possible to be committed under existing circumstances.

Of the details of the combined scheme but little need be said. It provides three examinations—the first including chemistry, physics, materia medica, botany and pharmacy, elementary anatomy and physiology: the last two subjects may be passed separately. The second examination includes anatomy and physiology, and these also may be taken at different times. The subjects of the third examination are medicine, surgery, midwifery and diseases of women; and it may be passed in three instalments. This feature of divisional examination is, perhaps, the most favourable instance of good judgment exhibited in the scheme; and of the examination as a whole, it may be at once admitted that it is a proper and sufficient test of knowledge which should entitle to a qualification in medicine and surgery. But when the question of fees is considered, the prospect is much less satisfactory. These are, for the first examination, ten guineas, with additional three guineas for re-examination in *either* part; for the second, ten guineas, with the same amount in case of rejection; for the third, fifteen guineas, with an addition of five guineas for examination in either of the three sections.

Unless the mode of examination is different to that sometimes pursued at the College of Surgeons, it will thus be possible for an especially unfortunate candidate to be mulcted of *sixty or seventy guineas* as the price of his diploma! a monstrous and wholly unjustifiable tax on the resources of a class already sufficiently burdened with monetary impositions.

Unpleasant as it is to record the fact, we must nevertheless admit that examination of the "scheme" induces the impression that the prime object held in view in its foundation has been, not the advantage of medicine, but the pecuniary advantage of the participating Colleges.

THE DUBLIN STUDENTS AND THE IRISH COLLEGE OF SURGEONS.

"A STORM in a teapot" has agitated the studental atmosphere in Dublin within the past week, and has given rise to a good deal of vapouring by young men who did not understand what they were talking about, grinders who were interested in keeping up agitation against educational reform, and newspapers which live by the popularity policy.

Our readers do not need to be reminded that the Council of the Irish College of Surgeons has been engaged for the past three years in warfare with the sham-certificate, apprentice-farming, credit-fee systems which in years past have disgraced Irish medical education and indirectly reflected their discredit upon the College itself. They have endeavoured to make real the course of education which have hitherto been nominal by establishing a complete new system of consecutive annual examinations; they have thus used every means within their reach to protect the student and his parents against the pernicious apprenticeship system by means of which

much of the educational outlay of the student was diverted from the pocket of the teacher into that of the apprentice-farmer, and many of the students were driven from the pursuit of their profession to other avocations in sheer disgust. The College expected and has met with the violent opposition of those who found the old system profitable, but it has persevered in the praiseworthy determination to amend the Irish medico-educational system, of which—the Medical Council being effete and useless—it is the chief custodian. In pursuance of the honesty policy, the Council decreed in June of last year a series of new regulations having for their object to ensure that lectures and hospital paid for by the student and certified by the teacher shall be really attended, and not merely testified, as heretofore, by false testimonials at the end of the year. These regulations require that the actual number of lectures and hospital visits at which the student was present shall be stated on the face of the certificate by the teacher, and certified by the registrar of the school or hospital, and by the student himself, and, to make these proofs of study specific and unequivocal, it was ordered that the certificates should be tabulated, as is done in London and Edinburgh, in a "schedule" for submission to the Inspection Committee of the College. Being thus brought face to face with the impossibility of evading the courses of medical study without the perpetration of a series of specific falsehoods, the teachers and students who had been co-operating in the sham certificate system were driven to their wits' end to comply with the requirements of the College, and the expedient was adopted by one Dublin school of delivering lectures at night, to enable clerks and shop assistants who were engaged daily from half-past nine a.m. to six p.m. to make a pretence of attending lectures between seven p.m. and eleven p.m. This method of evading medical study has been persisted in during the past winter session in the hope that some other method would turn up of evading the proofs of *bond fide* study required by the collegiate certificate regulations.

Within the past fortnight the dilemma in which these gentlemen are placed reached its culmination, because the time had arrived for lodging the proofs of study prior to the first examination for the College licence, and no alternative remained open but to get up a fresh agitation to intimidate the Council of the College from enforcing its own regulations. Accordingly, the party amongst the teachers who manipulate the agitators amongst the students induced a number of the students to organise a demonstration based upon certain ambiguities in the phraseology of the schedule. That such a demonstration was entirely unnecessary could have been easily ascertained by anyone who thought it worth while to ask a question on the subject from those conversant with the regulations in question, or to look at the resolution of Council which put those regulations in force. Anyone doing so would have learned that the new certificate rules had reference solely to the session for 1882-83 and succeeding years, and were in no way coercive in respect of courses of study commenced before that date. Information on the point was probably not very anxiously sought for it being a better line of policy

for the anti-reform teachers to inflame the minds of the students by statements which could easily be disproved, and thus to terrorise the timid members of the College Council. The effort, however, did not, in this instance, succeed, for the Council, upon consideration of the matter, simply referred these gentlemen to its resolution of June, 1882, and maintained its determination to carry that resolution into effect.

We cannot reasonably be surprised or disappointed at the continuous and uncompromising hostility offered to a reform of the educational system in Dublin by those to whom such reform means a very serious loss; but we certainly regret to observe that certain of the students evince an equal readiness to oppose the efforts which the College is making to ensure that their education shall be *bond fide*, and to protect them against the exaction of fees for lectures which they do not want, derive no benefit from, and heretofore have not been asked to attend.

Abuses die hard; and if the College expected to overthrow a system of fraud out of which tens—we might almost say hundreds—of thousands of pounds have been obtained from the student for no value given, the College must have been indeed sanguine. The students ought not, however, to associate themselves with the defence of such a system, for we honestly believe they will find in the Council of the Irish College of Surgeons friends more anxious to deal fairly with them, more regardful of their circumstances and interests, and more independent of personal influences, than they are likely to meet with in the bad advisers who have stimulated their recent proceedings.

But if the Council of the College should have to face the opposition of the students as well as that of the hostile teachers, we hope and believe they will not hesitate to meet it with dignity. The College cannot with honour lend itself to connivance at the evasion of its own requirements and those of the Medical Council, and we hope it will never condescend to purchase off interested clamour by consenting to do so.

BACILLUS TUBERCULOSIS.—ANOTHER STAGE.

WITH every addition to the list of those who engage in experimental investigation of the facts and difficulties surrounding the genesis and history of the renowned bacillus, we are brought to see, always more and more plainly, the absolute importance of admitting and appreciating the mutability, not of opinions only, but often even of recognised theories. In this connection an abstract report of Mr. Watson Cheyne's recent researches on bacillus tuberculosis, and for which we are indebted to the author, is peculiarly instructive; for while devoting himself mainly to verify or disprove previous observers' results, Mr. Cheyne has been able to correct errors which indirectly have affected the validity of conclusions accepted by not a few scientific workers. The claim put forth by M. Toussaint, to the effect that tuberculosis is caused by the presence of micrococci, not approving itself to Mr. Cheyne, he conducted a series of experiments with a view to demonstrate the truth of his own position. Finding Koch's tubercle

bacillus present in undoubted quantity in animals which M. Toussaint had injected with micrococcal fluid, Mr. Cheyne was led to inquire into the means observed to ensure absolute cleanliness of the instruments employed. M. Toussaint trusts mainly to carbolic acid for this purpose, and thinking this reagent might possibly prove ineffectual as a bacillicide, Mr. Cheyne experimented, with the result that he is now able to state that it does not always arrest the development of the bacillus spores. Added to this, thirteen animals were carefully inoculated with micrococcal fluid, the most ample precautions against any other infection being taken, and in no single instance was tuberculosis produced.

By another series of experiments Mr. Cheyne would seem to have successfully disposed of the theory so energetically maintained by Dr. Formad, of Philadelphia, that tuberculosis may be set up by any irritant under appropriate conditions in certain orders of animals—rodents particularly—supposed to be anatomically predisposed to its development. In quite a number of instances the experiments quoted in proof of this assumption were repeated without success, failure being attributed to the fact that precautions were taken against mediate contagion, the possibility of which had not been duly appreciated by the original observers.

A most important, and, at the same time, interesting, part of the report is that in which Mr. Cheyne describes the conclusions he has arrived at in regard to the site and extent of the bacillous deposits in tuberculosis. Always, except when a sort of universal infiltration implicates all the structures involved, bacilli are found only in the epithelioid cells of the lungs, this situation being that of their first deposition. Advancing degeneration may be associated with the presence of bacilli in the caseous mass; but then, also, they are best found on the margin where epithelioid cells exist, originating from the alveolar epithelium, to which the bacilli can, of course, penetrate without difficulty.

We cannot now do more than draw especial attention to the very admirable researches in the prosecution of which Mr. Cheyne has been lately engaged. It should, however, be remembered with satisfaction that his work has been suggested by, and carried out with the aid of, the Association for the Advancement of Medicine by Research; and being the first undertaking promoted by the Society, it has much reason for congratulating itself on the success of its primary essay in aid of scientific medicine.

M. PASTEUR has written from Vacluse, where he now is, to the Medical Academy at Paris, to say that he has found the cause of the disease in pigs, which in the valley of the Rhone alone killed 20,000 animals lately. The disease is caused by a very minute microbe, resembling that which causes cholera in fowls, but it differs in physiological properties, being quite harmless to these latter animals, although it kills rabbits and pigs, particularly white ones. M. Pasteur succeeded in inoculating pigs with microbes obtained by artificial means, and thus preventing their ever having this disease.

Notes on Current Topics.

Laparotomy for Large Omental Tumour.

ABDOMINAL section was performed last Saturday week at the Children's Hospital (Adelaide Road), Dublin, by Mr. Ormsby, of the Meath Hospital. The patient, an unmarried female, aged 26 years, suffered from a large abdominal tumour of six years' standing. Where it sprang from was a matter of doubt. She had never been tapped. She was of short stature and the abdomen was enormously distended, the girth of her body at the umbilicus being 54 inches. She was fully placed under the influence of ether by Dr. Oulton, and Mr. Ormsby operated under the antiseptic spray by the usual median incision, as for ovariectomy, assisted by Messrs. William Stokes, Smyly, Atthill, and Wharton. When the abdomen was opened an enormous quantity of ascitic fluid escaped, and the multilocular tumour then came into view, containing fluid which would not run through the trocar or tube, but was the most part solid. The tumour was not attached to the ovary or uterus, but appeared to spring solely from the great omentum. The pedicle was ligatured with two stout catgut ligatures, and cut off short: the tumour was then removed in front of the ligatures. The abdominal incision was brought together with catgut and silkworm gut sutures, and then dressed with the antiseptic gauze. The girl has not had a bad symptom since. The tumour weighed, together with the fluid removed, 75lbs.

Death of Professor von Sigmund.

CONTINENTAL papers announce the death of this celebrated writer on syphilis. His career is somewhat remarkable. He graduated at Pesth in 1837, and soon after removed to Vienna, where he qualified as a teacher of surgery. He afterwards turned his attention to syphilis, and became a teacher in this branch of medicine. In 1845 he was appointed extraordinary Professor of Syphilis, and held this position *twenty-four years* before being advanced to the ordinary professorship. This latter position he held in conjunction with the well-known Hebra. So well satisfied was he with the early discoveries of Ricord that it has been said of him, that during the whole of his 40 years' activity, he never acknowledged any new discoveries in the domain of syphilis. He died unexpectedly in Padua.

The Parkes Museum.

THE migration of the Museum to its new premises in Margaret Street has been taken advantage of to submit the whole collection to a careful examination, and we believe that the increased efficiency and completeness thus obtained will more than compensate for the delay to which it has led. Special care and attention have been given to the library, which, it is hoped, within a short time may become a representative collection of works on sanitary science. One important advance in the desired direction was announced at the meeting of the Council on the 12th inst., when a communication was read from Mr. Ernest Hart, who has generously offered to present to the Museum a valuable collection of the Health Reports from nearly all

parts of the country, which he has formed during the last seven years. The offer, which included a promise to bind and arrange the reports, was gratefully accepted. The collection will in itself form a library of reference invaluable in its way, and such as is nowhere else available for the use of students of sanitary science. At the same meeting gifts of books, maps, and plans were received from the United States Government, Dr. J. Tatham, of Salford, Dr. John James, and Dr. G. V. Poore; through the kindness of the hon. Edward Erskine, of her Majesty's Diplomatic Service, a number of pamphlets, drawings, and photographs, sent by Dr. Geisse, of Ems. There is a large and well-lighted reading-room, to which members will have access, and in which periodicals and works of reference will be kept. Mr. Edward Chadwick, C.B., has shown his interest in the work of the Museum by offering to present a medal.

Gifts of books, pamphlets, plans and maps bearing on the subject of water supply, both in its geological and engineering aspects, on epidemiology, on vital statistics, and on health resorts will be gratefully received and acknowledged by the honorary secretary, Dr. Dawson Williams, or by the secretary at the Museum, 74A Margaret Street, Regent Street, W.

Clinical Lectures at Oxford.

SOME time ago, Dr. H. W. Acland, F.R.S., Regius Professor of Medicine in the University of Oxford, resigned the Professorship of Clinical Medicine, of which also he was the holder; and in place of reappointing to the chair thus thrown open, the University decided to create and substitute for it two clinical lectureships, to which, therefore, elections were made on the 13th inst., by the Hebdomadal Council. The Lectureship in Medicine has been given to Dr. E. B. Gray, Exeter College, Senior Physician to the Radcliffe Infirmary; that in Surgery to Mr. A. Winkfield, F.R.C.S., Senior Surgeon to the same institution.

The Transmission of Diphtheria from Children to Fowls.

DR. L. ROTH, of Kissingen, reports a virulent outbreak of epizootic diphtheria in a barnyard of fowls, which he attributes to infection from children. Two children had suffered from scarlatina and diphtheria; and it is supposed that the desquamated epidermic scales, or some of them, had got mixed with the dust of the room and emptied out into the yard along with the other sweepings. Such an observation as this is exceedingly interesting, and seems to bear out some of the statements of Herr M. Wolff made in the course of a recent paper read before the Medical Society of Berlin, "On a Widespread Brute Mycosis." The paper referred mainly to a mycosis that was the cause of death of about 95 per cent. of the grey parrots that were imported from Africa. In it he drew attention to the infectious diseases of domestic animals, which clinically and anatomically run a course exactly similar to those of human beings. He mentioned the fact that anthrax was met with in fowls, geese, and ducks, and exhibited the same phenomena as when its habitat was the mammalia, especially the blue-red vesicles with anthrax bacilli. He also mentioned another devastating

mycosis prevalent amongst domestic birds that bore a complete analogy to diphtheria (*vide* Dr. Roth's observation). Yellow and white-yellow membranes were developed upon the most diverse mucous membranes, having all the characteristics of human diphtheria, so that it could not be removed without causing bleeding. A third disease that had its analogue in man was ulcerative endocarditis, that runs its course with the same valvular changes and multiple emboli in the various organs as in man.

Chloroform Accidents.

WITHIN the past fortnight or so two deaths under chloroform have been reported. The first was that of a labourer aged eighteen years, and occurred in the private practice of Dr. Allison, of Lasswade. The second was that of a child, an in-patient of St. Mary's Hospital, suffering from an affection of the knee-joint. In this latter instance a coroner's jury returned a verdict to the effect that deceased died from the influence of chloroform administered prior to an operation; and we learn that an exhaustive inquiry into all the circumstances surrounding the accident is being undertaken by direction of the governing body of the institution. It might be well if this plan of proceeding were invariably followed whenever death during anaesthesia takes place in public institutions like the great hospitals of this country. In the interests both of the staff officials concerned and of the hospital itself, as well as of the public, it could not but be a much more satisfactory course than the usual one of stopping short at the inquest required by law.

A Simple Remedy for Pregnancy Sickness.

THE oftentimes distressing nausea experienced by pregnant women is probably one of the most frequent affections of a minor kind which tax the ingenuity of the general practitioner to successfully relieve. Of the numerous suggestions and remedies proposed in this connection none is simpler than that recommended by Dr. T. C. Wallace in the *Medical and Surgical Reporter*. This consists of a species of Indian corn familiarly known as pop-corn, which should be quickly roasted in a wire basket, as is done at several American sweetmeat shops in this country; but, of course, without the addition of sugar. It forms a very agreeable, light, and nutritious food, and it is asserted to possess almost the virtue of a specific against vomiting uncontrollable by any of the remedies ordinarily employed.

THE highest annual death-rates per 1,000 last week in the large towns from diseases of the zymotic class were:—From whooping-cough, 1·2 in Birkenhead, and 3·3 in Hull; from scarlet fever, 1·0 in Newcastle-upon-Tyne and in Blackburn, 1·6 in Leeds, and 1·8 in Sheffield; and from "fever," 1·7 in Sunderland, and 2·9 in Blackburn. The 39 deaths from diphtheria included 12 in London, 8 in Glasgow, 6 in Edinburgh, 2 in Salford, 2 in Leeds, and 2 in Sunderland. Small-pox caused 2 deaths in London, 1 in Wolverhampton, 1 in Birmingham, and 1 in Newcastle-upon-Tyne. The mortality was again excessive in Dublin amongst persons of 60 years and upwards and in public institutions.

Decrease of Zymotic Diseases in the Metropolis.

At the meeting of the Metropolitan Asylums Board on Saturday last, reports were presented from the various hospitals for infectious diseases, which showed that at Stockwell 16 had been admitted during the past fortnight, 13 had been discharged, and there remained under treatment 71, while 157 beds were available. At Homerton, 33 had been admitted, 3 had died, and 32 had been discharged, while 173 remained under treatment, and there were 13 beds available. At Fulham, 7 had been admitted, 2 had died, 10 had been discharged, while 56 remained under treatment, and 153 beds were available. At Deptford, 3 had been admitted, 13 had been discharged, and 54 remained under treatment, while there were 126 available beds. At Hampstead, 7 had been admitted, 6 had been discharged, and 29 remained under treatment, while 71 beds were available. The total returns from the small-pox hospitals showed that 25 had been admitted in all, 2 had died, and 20 had been discharged, while 79 remained under treatment, and there were 143 beds available. These figures showed a decrease in every instance, and is satisfactory evidence of the present healthy condition of the metropolis.

University of Durham Medical Society.

THE *soirée* of the University of Durham Medical Society came off in the Wood Memorial Hall and adjoining rooms of the College of Physical Science on the evening of the 14th inst. In success and splendour it surpassed its predecessors. This *conversazione*, commonly spoken of as the students', has come to be looked upon as an annual institution to which many look forward with no little feeling of pleasure. The various rooms, which were elegantly adorned, were scarcely large enough to hold the numbers assembled. Received by the President of the Society, Professor Philipson, and the Committee, the guests proceeded at once into the Wood Memorial Hall, wherein was raised at one end a platform for the various singers, and at the other was gathered together and neatly arranged a choice selection of curiosities, works of art, samples of the industrial productions of the district, photographs, &c. Here at intervals the details of an excellent programme of song and instrumental music were executed, Mr. Mace, a favourite Newcastle tenor, contributing his share in a manner which only added to the good opinion in which he is held in the North. One of the most interesting parts of the concert was the performance of Romberg's *Kindersymphonie*, in which music is collectively or individually elicited from a series of instruments, the chief of which are the piano, violin, violoncello, *schnarre*, *kukuk*, *crachtel*, *nachtigall*, triangle, trumpet, &c., the rendering of which took remarkably well, as much from its poetry as its able execution. We were pleased to notice among the performers the Professor of Chemistry, Dr. Bedson; Dr. Limant, the Senior House-Surgeon; Mr. Dunn, and Mr. Horace Paige. It is only right to add that the success of this part of the entertainment was in a great measure due to the zeal and energy displayed by these two latter. In other rooms were arranged microscopes, scientific instruments, electrical apparatuses, &c. A limelight exhibition of micro-photography had attrac-

tions for many of the visitors. In the exhibit department the Committee were kindly aided by Messrs. Mawson and Swan, Messrs. Brady and Martin, Mr. Winter, and Mr. Robson, besides many other gentlemen who lent curiosities to make this section still more interesting. To Mr. Mears, the esteemed lecturer on anatomy of the College, and to the Committee, is due very great praise for the orderly manner in which they brought the meeting to such a successful issue, as is also the thanks of the visitors for the very pleasant evening which they spent. Messrs. Dunn, M.Sc., Paige, Carter, Plummer, Sternberg, and Race formed the Committee; Mr. Powell acted as Treasurer; and Messrs. Caleb and Lutzenby as Secretaries; Dr. Mears being the Chairman.

Prostitution in Vienna—a Health Book.

DR. MORIZ KRAUS, Secundararzt of the Royal Krankenhaus Wieden, Vienna, recently published an article in the *Wiener Medizinische Zeitung* on the above subject. From it we learn that some time between the years 1860 and 1870 a health-book was introduced as a check upon the spread of venereal diseases. Every registered prostitute possesses one. On the one hand, its possession is an indisputable legitimation, and on the other, a tolerably perfect means of control on the part of the authorities. The book contains (a) the nationality of the person to whom it refers, together with her signature; (b) residence; (c) name and residence of the examining physician; (d) the examiner's decision as to her state of health. Section 1 explains the intention of the health-book, which is to show proof of her having undergone regular and satisfactory medical examinations. Section 7 fixes the remuneration of the examiner at 1s. at the examiner's own house, 2s. at the prostitute's. Section 8 provides that, if the prostitute on examination be found sound, the fact, together with the date of examination, be entered in the book; but if, on the other hand, she be found to be suffering from any affection of the genital organs, or from any contagious disease, the examiner is empowered and required to detain the book. He is then to offer her her choice of the three Royal Krankenhäuser, and in case of her refusal to enter any of these, she is to be detained in a hospital by the police. Finally, she is to be sharply warned that, if she still pursues her calling, a penal prosecution will be the result. Treatment of such cases of venereal disease to the prostitute's residence is unconditionally forbidden. There is finally (e) a tabulated appendix, which contains the condition in which the possessor of the book was found, the date of the examination, and the signature of the medical examiner. By means of this the police commissary has proof at once that the bi-weekly examinations are regularly submitted to in accordance with section 2 of the health-book. Dr. Kraus proposes to render the book more complete, and less liable to abuse, by affixing to it the photograph of the prostitute, to be renewed every three years, her age, and, finally, a small appendix of instructions on the nature and symptoms of the various maladies to which she is, by her calling, of necessity exposed. He cannot help mentioning an interesting circumstance—viz., that of late syphilis has occurred with the lowest possible frequency in the syphilis divisions of the three Krankenhäuser, and he attributes this *scilicet*

liche Thatsache on the one hand to the health-book, and on the other, to rigorous control on the part of the police.

Sanitary Authorities at Loggerheads.

THE frequency with which water companies are prosecuted for an impure or doubtful supply is not a matter for surprise, but it has been reserved for Croydon, one of the pioneers of sewage farming, drains, and other sanitary exigencies, to set an example of a "house divided against itself" in these very matters. On Saturday last a summons was taken out by the Croydon Rural Sanitary Authority against the Croydon Local Board of Health, in which the defendant authorities were charged with causing five cottages situate in Beddington Lane, and built by them since the passing of the Water Act, to be occupied without having obtained a certificate showing there was a supply of water sufficient for consumption and use for domestic purposes. Mr. Blake said the occupiers of the cottages had been drinking water taken from a well, a sample of which, upon being analysed by Dr. Hassall, was found to be contaminated with vegetable matter. Dr. Alfred Carpenter, J.P., said it was a most improper course for two sanitary authorities to be proceeding against one another on that ridiculous matter. After perusing Dr. Hassall's certificate, Dr. Carpenter said if everybody were supplied with water as good as that taken from the well people would be well off. It was impossible in wet seasons to get water of a better quality, or water which was entirely free from vegetable matter. Unfortunately, analyses are very cheaply obtained now-a-days, and the craze for absolute purity, obtainable only on paper, or by stretch of the imagination, only ministers to a perpetuation of the system of vexatious prosecutions.

Research in Sanitary Science.

THE accumulated wealth of some of the City Companies—which the new Municipal Bill of the Government is intended to regulate—has been of late directed into legitimate channels for the furtherance of technical education, the promotion of science, art, &c.; and now we have one of the richest and most munificent of these corporations—one which at a single stroke of the pen gave £20,000 to the London Hospital, viz., the Grocers' Company—issuing a scheme for the encouragement of original research in sanitary science. It consists of two forms of endowment—the one, meant as maintenance for work in progress in fields of research to be chosen by the worker himself; the other, intended as reward for actual discovery in fields of research to be specified from time to time by the Company. With the former, the Company establishes three research Scholarships, each of £250 a year; with the latter, they appoint a Discovery Prize of £1,000, to be given once in every four years. The Research Scholarships are intended as stipends for persons engaged in making exact researches into the causes of important diseases, and into the means by which the respective causes may be prevented or obviated. The Court of the Company propose to appoint to two of the scholarships in May, and to a third in May, 1884. The Discovery Prize is intended to reward original investigations, which shall have resulted in important additions to exact know-

ledge in particular sections of sanitary subject-matter. The Court will, once in four years, propose some subject for investigation, and the first subject will be announced in our columns in May next.

DR. CARTER, of Liverpool, has a very crushing letter in Monday's *Standard* against the promoters of compulsory notification of infectious diseases by medical men. Those who are wavering should read it diligently.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 36, Bombay 33, Madras 39, Paris 26, Geneva 20, Brussels 25, Amsterdam 27, Rotterdam 29, The Hague 25, Copenhagen 28, Stockholm 27, Christiania 18, St. Petersburg 40, Berlin 24, Dresden 23, Breslau 31, Munich 32, Vienna 30, Prague 34, Buda-Pesth 32, Trieste 32, Rome 32, Turin 28, Venice 33, Lisbon 37, Philadelphia 21, Baltimore 26.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Cardiff 15, Portsmouth 17, Derby 18, Edinburgh, Bradford, Leicester 19, Sheffield, Salford, Huddersfield 20, Bristol, Wolverhampton, London 21, Halifax, Plymouth, Brighton 22, Nottingham, Birmingham 23, Birkenhead, Newcastle-on-Tyne 24, Leeds, Norwich 25, Sunderland, Bolton, Hull 26, Oldham, 27, Liverpool, Blackburn 28, Manchester 29, Glasgow 31, Preston 33, Dublin 35.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

STARTLING ACCUSATION AGAINST MR. WILLIAM McEWEN.—The chloroform question at the Glasgow Royal Infirmary has at length drifted into the daily papers. Mr. McEwen has had two letters in the *Glasgow Herald* on the subject, following a very one-sided "leader" which the initiated explain on the first principles of political economy; and Dr. Leishman, an influential manager, followed with a crushing and dignified reply. The staff is represented in the controversy by Dr. James Morton in letters which appear in the *North British Daily Mail* and the *Glasgow News* of the 16th inst. Euphemism is not Dr. Morton's forte, and consequently in this letter his statements are no less trenchant than direct. It seems that in the relations between the staff and the directorate the *merest trifles* were regarded as a *casus belli*; for instance, as Dr. Morton so generously remarks, "such small matters as winking or speaking to a good-looking nurse, or anything that smelt of a scandal, was pounced upon as a perfect tid-bit, although the convener (*horribile dictu*, Mr. McEwen) did not scruple one afternoon to drive off with one of the best nurses from a ward without saying 'by your leave' to the surgeon or his assistant! "We have very genial authority for the statement that success does not so much depend on the lover who woos as on his "way of wooing."

ADDITIONAL MEDICAL INSTRUCTION AT ABERDEEN UNIVERSITY.—Some months ago the Medical Faculty of Aberdeen University expressed its desire of extending the teaching in the Aberdeen Medical School, by encouraging those members of the medical profession who are willing and qualified to do so to give

practical instruction in certain special branches in addition to the instruction given within the University. At a recent meeting of the *Senatus Academicus* a report was presented on this subject in which the Faculty asked the sanction of the *Senatus* to include in the advertisement of the summer medical classes, in addition to the special courses already included in it, three special courses of practical instruction—namely, in *Insanity*, in *Public Health*, and in *Diseases of the Ear and Larynx*. After a very protracted discussion a motion by Professor Struthers, expressing approval of it, was carried by a majority, the counter proposal being directed against the insertion of the course of instruction in *Public Health*. The effect of the decision of the *Senatus* will be that three classes will be added to the list of voluntary classes, by which opportunities of additional practical instruction will be placed within the reach of those who desire it in Aberdeen, as in other schools of medicine, and a deficiency thus far supplied in the final year of medical study.

SALE OF DR. KEILLER'S MUSEUM OF MIDWIFERY.—An opportunity, we learn, offers for acquiring the valuable museum of obstetrical specimens and appliances collected by Dr. Keiller, and used by him for the illustration of his lectures and teaching. That such a collection should be dispersed is a matter of regret, especially as the College of Surgeons is already in possession of an obstetrical museum to which additions might be made with advantage. The College might therefore find a permanent home for Dr. Keiller's collection, and thus add to its strength in a branch of practical medicine for which Edinburgh has for so long been famous, and which in the hands of several rising members of the Extra-Mural School shows no signs of decline.

DUNDEE.—GIFTS TO THE ROYAL INFIRMARY.—At the quarterly Court of the Governors of the Dundee Royal Infirmary, last week, it was stated that the following donations in behalf of the Infirmary, including the proposed children's ward, had been received:—Miss Baxter, £1000; Mr. John Sharp, £1,000; Mr. Armitstead, M.P., £500; and Mr. and Mrs. Gerahom Gourlay, £200—in all £2,700.

INCREASE OF STUDENTS AT THE UNIVERSITY OF EDINBURGH.—We understand that the number of students who have presented themselves for the preliminary examinations in Arts for the Medical Faculty, held last week in the University of Edinburgh, is already over 470, as compared with 406 for the corresponding examinations in March last year.

EPIDEMIC OF MEASLES IN ORKNEY.—The epidemic of measles in the Orkney Islands has spread with rapidity, and there is scarcely a parish in the islands that is not affected. As yet there is no abatement of the disease, but fortunately it continues of a mild type, and few fatal cases have occurred.

ABERDEEN UNIVERSITY HONORARY DEGREES.—The *Senatus Academicus* of Aberdeen University have resolved to confer the honorary degree of LL.D. on the following members of the medical profession—viz., Dr. Robert Farquharson, M.P. for West Aberdeenshire, and Dr. James Ross, of Manchester.

Correspondence.

THE PATHOLOGY AND TREATMENT OF RHEUMATIC ENDOCARDITIS (THE LETTSOMIAN LECTURES).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—Dr. Sansom gives such an erroneous impression of what I hold and have written on the above subject that I must crave space for a few words in reply to him.

He quotes (*Med. Press*, Feb. 28) from my letter the follow-

ing sentence: "When the endocardium is affected in acute rheumatism there is no general inflammation of its surface such as is found in the pericardium and synovial membranes. The mischief is limited to a small portion of one surface of the affected valves." Here I refer solely to the endocardial lining, and the sentence as it stands is absolutely correct. But when Dr. Sansom separated it from its context, and remarked upon it as embodying my views on the pathology of rheumatic endocarditis he ought to have known that he was giving a very inaccurate account of what I have written on that subject. If he will take the trouble to read again the chapter on endocarditis in my work on rheumatism to which he has referred, he will find that our views as to its pathology are not so much at variance as he supposes, and that much of what he teaches in 1883 had already been insisted on by me in 1881, as the following quotations show. Dr. Sansom says that "one of the chief purposes of his first Lettsomian lecture was to show that the endocarditis of acute rheumatism is much more widely spread than appears by a naked eye inspection," and proceeds thus to describe some of the microscopic changes referred to: "The whole tissue of the valves is swollen; it is seen under the microscope to have lost its normal fibrous appearance and to be infiltrated with cellular elements." Wherein does that sentence differ from the following one, taken from page 137 of my book: "The inflammatory process which takes place in the valvular fibrous tissue gives rise to multiplication of its cellular elements, and consequent thickening of the valve." The two sentences are so like each other, and so exactly describe the same morbid changes, that they might be transposed. The chief difference between them is that mine was written in 1881 and Dr. Sansom's in 1883.

Continuing the subject, he says: "The inflammation, moreover, is not confined to the endocardium; the exudation spreads to and infiltrates the muscular structure to which the valves and tendinous cords are attached, and even the root of the aorta." Here, again, Dr. Sansom is treading in my footsteps. If he will refer to the chapters bearing on the subject in my book he will find much on the subject of rheumatic inflammation of the muscles and fibrous rings, including the root of the aorta. Out of consideration for your space, I satisfy myself with two brief quotations: "The fibrous rings are a common seat of rheumatic inflammation" (p. 162); "The muscular structure is frequently involved in the morbid process" (p. 165); to which I would add one extract from my former letter to you: "The parts which suffer in the heart are the fibrous rings and valves, the endo- and pericardial linings, and occasionally the muscular substance."

I think I have said enough to show that Dr. Sansom and I are not so much at variance as would appear from his letter, and that many of the morbid changes which he describes had already been described by me two years before his lectures were delivered.

But though agreed as to the nature and extent of the changes which take place, we differ materially in our views as to their mode of production.

Dr. Sansom regards the endocardial lining membrane as the primary seat of rheumatic inflammation, and "the bead-like elevations on the surface or borders of the valves as but the concomitants of an extensively diffused inflammation." But if that be so, why do they occur on the valves, and why only on one surface of a valve? Why is it that they are always on the same surface? and why is this surface in the aortic valve always its convex, and in the mitral always its auricular? There must be a reason for this limitation of the bead-like elevations to these particular portions of the endocardial surface. The friction theory supplies an adequate reason, if we only admit a prior thickening of the valve such as both Dr. Sansom and I have described.

When Dr. Sansom says, "I cannot, therefore, accept the friction theory as accounting for rheumatic endocarditis," he conveys the impression that I do accept it as accounting for that disease. In doing so he ought to have known that he was attributing to me views which I do not hold. I have distinctly said that friction is not the cause of rheumatic endocarditis, but a mere incident (though an important one) occurring at a certain stage of that disease: it causes not the endocarditis, but only the roughening of the valvular surface; and it comes into play only after the rheumatic inflammation is established, and the fibrous texture of the valve is already swollen from cellular infiltration. This view of the matter Dr. Sansom seems to have been dimly conscious of, for he adds in an apologetic sort of manner, "though friction may well be

a cause determining the aggregation of cellular elements at certain spots of the endocardium, the formation of beads and the deposit on the devitalised surfaces of the little caps of fibrine with which we are familiar." Why, Sir, that is just what I have said that friction does, exactly the rôle that I have attributed to it; and I am glad to find Dr. Sansom coming round, even though reluctantly, to my view of the matter.

But here I must point out the grave pathological error into which Dr. Sansom has fallen—an error which is at the foundation of all the difference between us. In considering the pathology of rheumatic endocarditis it is essential that we should distinguish between the changes that take place in the endocardial lining membrane and those noted in the fibrous texture of the rings and valves. This Dr. Sansom has failed to do. He accurately enough describes the changes which take place both in the deeper fibrous structure of the valve and in its superficial endocardial covering; but he has failed to recognise that these two structures are essentially different both in nature and function, and that the bead-like elevations which are formed on the surface differ entirely in their mode of production and in their formation from the changes which take place in the deeper structure of the valve. Rheumatic endocarditis consists primarily and essentially in inflammation of the fibrous texture: the endocardial lining becomes involved only secondarily and after the valves have become swollen from cellular infiltration of their fibrous structure. "The swelling it is which makes the valves rub, and the rubbing it is which irritates and roughens the membrane that covers them externally." Both physiologically and pathologically the endocardial lining is to be regarded as pertaining to the vascular canals rather than to the heart. It has no vessels: in the absence of these it cannot be, and as a matter of fact never is, the seat of spreading inflammation. It may be irritated and even have a hole rubbed through it by a valvular vegetation, but the mischief is confined entirely to the one spot, and never causes such general inflammation as would result from a similar agency acting on the vascular pericardium. It cannot itself be the seat of primary inflammation; it is impossible for it to be a source of secondary inflammation in contiguous textures. Rheumatic inflammatory disturbance originating in the fibrous or muscular structures of the heart may extend to and injure the endocardial lining, and generally does so more or less; but the process is never reversed.

But the question has more than a pathological interest. In the vast majority of cases in which the heart is permanently damaged in acute rheumatism the damage essentially consists in injury to the endocardial lining. As I said in my former letter, "the inflammation and thickening of the fibrous structure of the valve may be recovered from: what is not recovered from is the roughening of and lymph deposit on its non-vascular endocardial covering." The former is antecedent to and causative of the latter. If the former can be prevented, or arrested early, the latter will not be developed, and the heart will not be damaged. We know that by the free administration of the salicyl compounds we can arrest and prevent rheumatic inflammation of the fibrous textures of a joint: the fibrous textures of the heart are identical in nature and function with those of the joints; like them, they are subject to rheumatic inflammation: may they not also, like them, have that inflammation arrested and prevented by the free administration of the salicyl compounds? But to get this result in the heart we must see the case early, before the valves are so swollen that they begin to rub from premature contact. That, of course, is the difficulty; but it is as certain as such a thing can be that some such chances do occur; and I am glad to note Dr. Sansom's assurance that he intends to adopt my plan of giving, not salicylate of soda, which cannot safely be given in large dose, but salicin. Let me beg him, and those who may follow his example, to give, as I recommend, thirty grains every hour. But let me beg him, and them also, to bear in mind that the morbid process which the salicin can arrest and prevent is the primary rheumatic inflammation of the deeper-seated fibrous structure of the valve, and not the secondary mechanical irritation and roughening of its endocardial covering.

Yours, &c.,

T. J. MACLAGAN.

9 Cadogan Place, London, S.W.

P.S.—I am pleased to learn from Dr. Quinlan's letter (*Med. Press*, Feb. 23) that salicin has been so generally adopted, and with such good results, in Dublin. Wherever it has been given in the dose which I recommend the same satisfactory results have been obtained.

OUR HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Believing the motto of the *Medical Press and Circular* to be *audi alteram partem*, I crave permission to offer a few comments on your article of last week on "Our Hospitals." In the first place, you are under a misapprehension in saying that, "at length the subject of hospital abuses is beginning to be discussed in the lay press." The subject of hospital abuse has, on the contrary, been pretty freely discussed in the lay press for the last twenty years at least, and apparently without having in any way affected public opinion, either for good or evil. For years the daily morning papers have permitted a good deal of discussion in their columns on the subject, and within the last five years well-written argumentative articles have appeared in *Macmillan*, from the pens of Dr. Fairlie Clarke and Mr. Torrens, M.P. for Finsbury. Many other articles have been contributed to other periodicals; and this is now the second paper which has appeared in the *Nineteenth Century*, the previous one being by Mr. Gilbert, and written in a severe and acrimonious tone, apparently intended to inflict damage on the older-endowed hospitals, and on certain members of the staff, while the lay governors, or managing bodies, in whose hands "the power to effect reforms largely rests," I observed were either let off scot-free or received absolution for their sins. A second Daniel has now come to judgment in the pages of the same periodical; and if he were only as successful in his premises as he is confident in himself and his conclusions, a better case might have been made out, or at least the evils complained of would probably have been clearly understood; at all events, there would have been "a prospect of enlightenment," which you, Sir, devoutly wish to see. As it is, Mr. Burdett's facts and arguments are so confused that they entirely miss the mark, and, to my mind, his "fifteen years' experience of hospitals" has only enabled him to play the part of successful "promoter," whose portrait he draws in lively colours. His own Stock Exchange variety of the limited liability sort will, to all intents and purposes, eventually inflict a grievous injury upon the general practitioner. In Mr. Burdett, then, we have a "promoter" sufficiently behind the scenes to enable him to unmask "the wretched imposter" who, "under the cloak of the sacred name of charity," is diverting funds from their "legitimate channel to found some sham hospital and make it the recruiting ground for building up an enormous practice!" A more preposterous idea never entered the head of a sane man. Such sham institutions must certainly exist, because Mr. Burdett assures us that there are no less than sixteen hospitals of some kind or other that do not appear to receive any donations from the Hospital Sunday Fund, and consequently have not the *imprimatur* of the Hospital Sunday Council to show for their existence. No doubt if inquiry were made a very good reason could be given for the non-appearance of these sixteen institutions in the list of the Hospital Sunday Fund; and then comes the more important question: Do the voluntarily-supported hospitals suffer in any way by the existence of "sham or special hospitals?" Most assuredly they do not, and this fact Mr. Burdett shows in plain figures. He tells us that a considerable surplus remains, amounting to four or five and twenty thousand pounds last year (I have not the exact figures by me) over and above the amount required for the support of the "legitimate hospitals," as you term them. Who, then, is injured by the "hospital promoter," if he exists and has made for himself a "local habitation and a name?"

Anyone acquainted with the rise and progress of our unendowed hospitals will tell Mr. Burdett that in every case they must have had a "promoter." They have all had a very humble beginning, and in most cases a "promoter" has appeared in the shape of a medical man, who at a considerable sacrifice of time and money, and after years of anxiety and toil, has at length succeeded in working up an unpretending dispensary into a stately and well-to-do hospital. The promoter of any other good and useful work would have been said to have acquired some right over it, and hand down his interest to another. But Mr. Burdett is of a different opinion; he objects to vested interests in medical matters, and by the staff of a medical school, because it is part of the hospital that has been built up by the hard work of the medical promoter. He would, therefore, at once put a stop to "the sale of professional and scientific knowledge" to the medical student, because here is another opening for a syndicate, or limited liability company, and forthwith an imposing National School of Medicine will emerge from the ashes of a school out of cha-

racter with the age in which we live; and the new school would, no doubt, go far to abolish hospital abuses. But no; he would not let matters rest here. He demands a commission of inquiry to put hospital management on a new footing. No. A grand idea: he proposes the appointment of a paid commissioner, who shall annually report to Parliament on all questions relating to the relief of the sick, the administrative and executive departments of the hospital, and so forth; and this he feels sure will prove to be a panacea for all the ills hospitals have so long groaned under. We want, however, no centralisation—no middleman between the profession and a paternal Government; no King Stock to swallow up our medical schools; but what we do want is, as Sir James Paget told us at the last meeting of the British Medical Association, to be let alone, to be allowed to manage our own affairs in our own way; and no good will come of any other proposal, I am convinced.

I am, Sir, yours, &c.,

ONE WHO HAS LARGELY CONTRIBUTED
IN TIME AND MONEY TO HOSPITALS.

March 17th, 1888.

King and Queen's College of Physicians in Ireland.—The following candidates, having undergone the necessary examinations for the Licences of this College, received their diplomas during the meetings of the Court in the present month. For the Licence to practise Medicine—

Baker, George Lowbridge, London.
Barry, Thomas David Collis, Liverpool.
Gornley, John William, Drogheda.
Howard, Timothy, Sandymount, Dublin.
Bowe, William John Vivian, Rathgar, Dublin.

For the Licence to practise Midwifery—

Baker, George Lowbridge.
Gornley, John William.
Hamilton, William Robert, M.D., M.Ch. Royal Univ. Ireland, Fivemiletown, co. Tyrone.
Hoey, John Colelough, Kingstown, co. Dublin.
Howard, Timothy.
McGee, William, Donnybrook, co. Dublin.
Bowe, William John Vivian.

The following Licentiates in Medicine, having complied with the by-laws relating to Membership, have received the diploma of Membership of the College:—

Nolan, Andrew O'Kelly, Licentiate 1865, Gort, co. Galway.
Blake, Richard Marlay, Licentiate 1876, Dundalk.

Notices to Correspondents.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

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

ERRATUM.—In the announcement of the appointment of Mr. Wm. Berry to the magistracy of Wigan, that gentleman, by a printer's error, is described as House Surgeon to the Royal Albert Edward Infirmary, instead of Hon. Surgeon.

MR. LUNN (Birmingham).—Send up the paper, and we will consider it. **DR. W. HOLSTEIN (Geneva).**—The matter will be considered, and a private note sent on decision.

QUI VIVRE.—We know of a travelling appointment open at this moment; but the medical companion must be a total abstainer, and must be prepared for a long sea voyage to the East. Let us know your views, and we will communicate.

B. O. F.—With pleasure; we have made a note of it.

DR. B. W. C.—Thanks for the information; we have put it aside for a favourable opportunity, which the present does not afford.

MR. S. E. R.—The gentleman referred to died last November; hence the absence of his name from the Register.

IRISH PRISONERS.—The name of Dr. Kinkaid, of Galway, was inadvertently omitted from the list which we gave last week of the delegates appointed by the Irish Prison Surgeons to represent them with the Royal Commission on Irish Prisons.

ANTI-NOXIFICATIONIST.—1. The Act does not apply to London, and fortunately there seems to be no present inclination towards saddling

the profession of the metropolis with detective duties. 2. From the half-yearly report of the medical officer of health for the port of London, there were very few cases of infectious diseases amongst the shipping of the Thames during the half-year just ended; those that occur are reported by the captains, and means are at once adopted for removal to hospital ship at the entrance to the port. 3. We are not cognizant with the mode of procedure at the port of Liverpool; but in the case of the town, the profession there decided, by an overwhelming majority, to have nothing to do with the Act.

DR. SAUNDERS.—Such works do an infinite amount of injury to scientific study; but the present artificial system of examination unfortunately calls for their production. So long as "cramming" is held to be an essential method of preparing for examinations, so long will cram-books continue to issue from the press. We regret the fact as much as you possibly can, but protest has hitherto been in vain.

DR. FIREPATRICK.—Your letter is unavoidably crowded out of the present number.

SANITARIAN.—The annual Congress will, we are informed, be held this year in Glasgow on Sept. 25th and following days. It is too early yet to give detailed arrangements; but the discussion of papers will form the principal business, as heretofore.

DR. G.—THADDA. We hope to publish the lectures when the present pressure on our space is relieved. Slips have been duly received.

PATERFAMILIAS.—You will find all the necessary information on reference to our "Students' Number," Sept. 30th, 1888.

A CONSTANT READER—Sulpholins Lotion.—Your formula is truly good. Use precipitated sulphur instead of sublimed, and half the quantity of camphor. The best sulpholine lotion is that of Bary (see Trousseau's Therapeutics, vol. iii, p. 289). Take one dram of potassium sulphide, two of cacao butter, and up to eight ounces of oil of sweet almonds. This forms a soap which "loses its causticity while retaining the general properties of the sulphur." It can of course be made stronger.

Vacancies.

Charing Cross Hospital.—Assistant Physician and Assistant Physician-Accoucheur. Applications to be addressed to the Medical Committee on or before March 31st.

Chichester Infirmary.—House Surgeon and Secretary. Salary, £100, with board and lodging. Applications to be sent to the Secretary on or before April 7th.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with residence, &c. Applications to be addressed to the Chairman of the Committee not later than March 31st.

Manchester Royal Infirmary, Dispensary, and Lunatic Hospital.—Honorary Assistant Physician. Applications to be addressed to the Chairman of the Board not later than March 31st.

Nottingham Dispensary.—Resident Surgeon. Salary, £300, with apartments, &c. Election, April 2nd.

Royal Academy of Arts.—Professorship of Anatomy, tenable for five years. Applications to be addressed to the Secretary on or before March 24th.

Appointments.

BATEMAN, H. E., M.B.C.S., L.R.C.P., House Physician to the Royal Hospital for Diseases of the Chest, City Road.

EVANS, J. F., M.B., House Physician to the Bristol Royal Infirmary.

FOLKES, F. H., M.B.C.S., House Surgeon to the Salford Hospital.

HINKINGS, J. W., L.R.C.P., L.R.C.S.Ed., M.R.C.S., Medical Officer to the Second District of the Bromyard Union.

KING, D. A., M.B.Lond., M.R.C.P., Assistant Physician to the West London Hospital.

MARSH, C. J., L.R.C.P.Ed. M.R.C.S., Medical Officer to the No. 1 District of the Yeovil Union.

MORRISON, J. T. J., B.A.Cantab., M.R.C.S., House Surgeon to Guy's Hospital.

SMITH, W. H., M.R.C.S., Medical Officer and Public Vaccinator to the Boston District and Workhouse of the Boston Union.

STANGER, W., F.R.C.S.E., Medical Officer to the Walton District of the Wakefield Union.

STORRAR, W. M., L.R.C.S., L.R.C.P.Ed., Junior House Surgeon to the Carlisle Dispensary.

SUTTON, S. W., M.B., L.R.C.P.Lond., Resident Clinical Assistant to the Hospital for Consumption, Brompton.

YOUNG, A. H., M.B., M.Ch.Ed., F.R.C.S., Honorary Surgeon to the Salford Royal Hospital.

Births.

HOAR.—March 13th, at Maldstone, the wife of C. E. Hoar, M.D., of a daughter.

MACDOWELL.—March 12th, at Bellinglass, the wife of Dr. F. V. MacDowell, of a daughter.

PALMER.—March 4th, at Crossmaglen, the wife of Benjamin Armstrong Palmer, M.B., of a son.

SAVAGE.—March 16th, the wife of George H. Savage, M.D., M.R.C.P. London, Medical Superintendent of Bethlem Hospital, London, of a son.

Deaths.

HUGHES.—March 5th, at Roscommon Street, Liverpool, Ambrose Cecil Hughes, M.D., F.R.C.S.L., aged 59.

LOWRY.—March 8th, at West Malling, Kent, Thomas Harvey Lowry, M.D. (late R.N.), son of the late James Lowry, M.D., R.N., of Maldstone and Donoughmore, aged 66.

LAYCOCK.—March 8th, at Stonebridge Park, Willenden, William Laycock, M.R.C.S., aged 73.

FAYNE.—March 4th, at East Peckham, Kent, George Spinks Payne, Surgeon, formerly of Andover, Hants, aged 76.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 28, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Gulsstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture II.—Its Theory or Causation 265
 Infantile Paralysis. By Charles Nelson Gwynne, B.A., M.B., Hon. Surgeon to the Sheffield Children's Hospital 268
 On the Solution of the Actions of Remedies, and on the Existence of Nerves of Inhibition as Exemplified by the Action of Sedatives and Stimulants. By Hugh Owen Thomas, M.B.C.S. 270

CLINICAL RECORDS.

St. Mary's Hospital—Case of Cerebellar Tumour. Under the care of Dr. W. H. Broadbent 271

FRANCE.

Cultivation of the Glander Microbe 271
 Typhoid Fever 272
 Hereditary Syphilis and Rickets 273
 Hypogastric Lithotomy 273
 Chronic Diarrhoea 273

TRANSACTIONS OF SOCIETIES.

SHEFFIELD MEDICO-CHIRURGICAL—
 Charcot's Disease 273
 Vegetations in the Mitral Aortic Valves 273
 Cancer of the Stomach 274
 Infantile Paralysis 274

ODONTOLOGICAL SOCIETY—
 Epuloid Growths 274
 Therapeutic Agents for the Promotion of Osseous Development 274

ACADEMY OF MEDICINE IN IRELAND—
 Surgical Section.
 Axillary Aneurism 274
 Strangulated Hernia 275
 Medical Section
 Bleeders 275
 Hammer Cramp 275

SPECIAL.

Medical Department Report of the English Local Government Board 275
 The Medical Bill—Analysis of the Bill introduced in the House of Lords by Lords 276

LEADING ARTICLES.

THE MEDICAL BILL 278

INTRA-CARDIAC DISEASE 278
 PLEA OF INSANITY IN CRIMINAL CASES .. 279

NOTES ON CURRENT TOPICS.

Angina Pectoris 271
 Guardians' English 281
 The Combined Colleges Scheme 282
 Case of Dr. Abrath 282
 The Drainage of Sheffield 282
 Presentation to Dr. Flinn 282
 Presentation to Dr. McNaughton Jones 282
 General Medical Council 283
 Prescribing v. Compounding 283
 Carbollised Iodoform 283
 Irish Graduates' Association 283
 Notification of Infectious Disease 283
 Wakes in Cases of Death from Infectious Diseases 284
 North Dublin Union Workhouse 284
 Royal Institution 284
 Victoria University 284

SCOTLAND 285

CORRESPONDENCE 286

LITERATURE 287

NOTICES TO CORRESPONDENTS 288

The Gulsstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London, February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c.

LECTURE II.—PART III.

ITS THEORY OR CAUSATION.

In Galton's statement of the actual infertility of heiresses there is observable a remarkable comparative paucity of male issue—a fact which goes, like many others, to confirm the ancient and still prevalent opinion that relative sterility or weakness of reproductive energy tends to the production of females rather than males. This department of the study of sterility I shall not enter on; the causes of the excess of females over males in all births being the subject of an extensive literature, and its relations being too numerous and complicated for advantageous discussion in this place. But I may state that I have long been impressed with a belief, in accordance with the chief pertinent facts, that the excess of female births is due to the prevalence of a degree of weakness of reproductive energy. Excess of female births is coincident with other evidences of sterility.

We have already given reason for believing that when a woman bears above ten of a family she shows an unnatural or excessive amount of fertility; and this belief is corroborated by the demonstration we now propose to give that excessive families occur chiefly in women who are married in the sterile age, or ages of weak reproductive energy characterised by absolute sterility and by morbid production, whether abortive, premature, or mature. At present we only consider the production of mature children, and we find the unnatural intensity of fertility in the young shown by absolutely large number, that is, above ten; while in the elderly it is shown by rapidity of births or intensity of fertility, so long as it lasts; and we may here remark that

it has been elsewhere proved that for such women as begin childbearing late in life, there is a prolongation of the period of fertility beyond the average age of ceasing to bear, not a prolongation, as estimated from beginning to end, of actual childbearing.

That the fertile younger are more fertile than the fertile older is shown by the following table of data derived from

TABLE XVII.

Showing the Fertility of Mothers Married at Different Ages.

Years elapsed since birth of first child.	Average number of children to each marriage formed at ages—			
	16-20.	21-25.	26-30.	31-35.
10	5.05	4.51	4.42	3.44
20	7.68	7.01	6.43	3.00
30	8.41	7.89	6.80	7.00
40	10.85	8.24	5.00	4.00

St. George's-in-the-East. That the younger fertile have a longer perseverance in fertility than the fertile older is shown by Table XVIII. derived from my work on Fecundity. That the unnatural intensity of fertility in women bearing large families begins with the commencement of childbearing is shown by Table XIX. from Ansell, which demonstrates the rapidity, only up to the birth of the third child, in families of various numbers. Up to the third birth the rapidity is twice as great in families of sixteen or more as in families not above three, and it is easily counted that while the small families came slowly, and the excessive families quickly, the families from seven to twelve came nearly at the average rate of one every eighteen months. That the unnatural rapidity of childbearing in excessive families continues throughout childbearing life is shown clearly by Tables IV. and V. In my table the quickest childbearing is every ten months, the family being nineteen in number. In Ansell's table the quickest is every fifteen months, the family being eighteen.

Lastly we show, by a table framed from the Edinburgh and Glasgow data, that the wives beginning fertility at

TABLE XVIII.

Showing the Amount of Continence in Fertility of Wives Married at Various Ages, as shown within Twelve Months.

Age of mother at marriage..	15-19	20-24	25-29	30-34	35-39	Total.
The number child-bearing in the 5th year of married life is 1 in	2.6	2.7	4.1	4.9	10.5	3.2
The number child-bearing in the 10th year of married life is 1 in	3.2	4.0	5.9	8.7	—	4.4
The number child-bearing in the 15th year of married life is 1 in	4.6	6.8	18.2	37.4	—	8.0
The number child-bearing in the 20th year of married life is 1 in	8.5	14.6	129.8	—	—	16.3
The number child-bearing in the 25th year of married life is 1 in	68.0	480.5	—	—	—	171.0

TABLE XIX. (from Ansell).

Showing Intensity of Fertility in Mothers of Families of Different Numbers.

In families consisting of the under-mentioned numbers of children.	Interval between the marriage of the parents and the birth of the—		
	First child.	Second child.	Third child.
	Years.	Years.	Years.
1, 2, or 3	1.78	4.84	7.38
4, 5, or 6	1.37	3.32	5.49
7, 8, or 9	1.18	2.52	4.68
10, 11, or 12	1.05	2.54	4.15
13, 14, or 15	1.06	2.40	3.81
16 or more	0.96	2.15	3.47

advanced periods of life have an unnatural intensity of fertility while it lasts, a greater intensity than that of women married and beginning to childbear at the best ages. (See Table XX.) The table reads thus : To take the second row of figures—Fertile women five years married and under ten have, if they are now from fifteen to nineteen years of age, 2.5 children; if now from twenty to twenty-four years of age, 3.19 children; if now from twenty-five to twenty-nine years of age, 3.75 children, and so on.

TABLE XX.

Showing the Intensity of Fertility in Wives Mothers of Different Ages.

Duration of marriage.	Mother's age.						
	15-19	20-24	25-29	30-31	35-39	40-44	45-49
Under 5 years ..	1.128	1.519	1.825	1.844	1.827	1.693	1.200
5 years and under 10 ..	2.500	3.190	3.750	4.048	4.035	3.792	4.000
10 years and under 15 ..	—	5.333	5.453	5.903	6.197	5.964	6.500
15 years and under 20 ..	—	—	6.000	—	7.914	7.993	8.435
20 years and under 25 ..	—	—	—	7.000	9.396	9.718	10.528
25 years and under 30 ..	—	—	—	—	—	12.363	13.600
30 years ..	—	—	—	—	—	—	13.000

Multiparity is a term already well recognised as implying that the subjects of it have had two or more pregnancies and births; but a woman may bring forth two or more children at once, and to this condition we apply the term pluriparity. The most common degree of pluriparity is the production of twins, these occurring about once in every eighty pregnancies. Triplets and higher numbers are very much rarer, and the rarity increases with the number.

Chiari, Braun, and Spaeth have given good evidence that abortions are comparatively more frequent in plural than in ordinary pregnancies. McClinton, founding on large ex-

perience, shows that hydramnios is also common. Acrophalous monsters are found only in plural pregnancies. Monstrosities of all kinds are commoner in plural than in ordinary pregnancies. There are more dead-born children in plural pregnancies. The children born alive in plural pregnancies are more difficult to rear. "The proportion," says Ansell, "of infants that are stillborn or die soon after birth is, in the case of males nearly five times, and in the case of females nearly four times, greater in multiple than in single births."

Subsequently we shall adduce evidence that pluriparity is specially associated with idiocy and imbecility of the children, and that it specially affects the sterile ages, or ages of weakness of reproduction. Excessive family, that is, above ten in number, specially affects the same ages, and is dangerous to the lives and injurious to the health of both mothers and children. Both have therefore an alliance with sterility.

In a case of quintuplets the mother's age was forty and the pregnancy the tenth. In 7 cases of quadruplets the age of the mother was given in 6, and the mean is twenty-seven; the number of pregnancy was given in 6, and the mean is nearly three. The ages were nineteen and twenty with first pregnancies; twenty-five with third pregnancy; thirty with number of pregnancy not stated; thirty-two with a fifth pregnancy; and thirty-five with a fourth pregnancy. In one case of second pregnancy the age of the mother was not given. From a great variety of sources I have collected 43 cases of triplets (and of these I give in the subjoined tables some account). (See Table XXI.) In 40 cases the age of the mother is given, and the mean is thirty. In 41 cases the number of the pregnancy is given, and the mean is four. (See Table XXII.) It is naturally expected that our best evidence should be derived from twins, but while this is really so we have, even in these cases, to deplore the inadequacy of the data in point of number. I have not at present sufficient time at my disposal to enter into the details of the production of twins, and for these I refer you to my work on Fecundity. It is there shown that the frequency of twins increases with the age of the mother and with the number of the pregnancy, the very early ages of the mothers and the first pregnancy forming exceptions to the rule.

TABLE XXI.

Showing the Ages of Mothers in Forty Cases of Triplets.

Age of mother ..	19	20	23	24	25	27	28	29	30
Number of cases..	1	3	1	2	4	2	2	1	6
Age of mother ..	31	32	33	34	35	36	37	38	44
Number of cases..	1	1	1	1	6	2	2	3	1

TABLE XXII.

Showing the Number of Pregnancy in Forty-one Cases of Triplets.

Number of pregnancy } 1 .. 2 .. 3 .. 4 .. 5 .. 6 .. 7 .. 8 .. 10 .. 11 .. 12
Number of triplets } 8 .. 8 .. 12 .. 2 .. 2 .. 2 .. 2 .. 3 .. 1 .. 1 .. 1

In a paper by Arthur Mitchell, published in the *Medical Times and Gazette* (Nov. 15th, 1862), he shows that twins are peculiarly liable to be imbeciles or idiots. The conclusions of Mitchell's paper are so pertinent to the present subject that I quote them here at length:—"1. Among imbeciles and idiots a much larger proportion is actually found to be twin-born than among the general community. 2. Among the relatives of imbeciles and idiots twinning is also found to be very frequent. 3. In families, when twinning is frequent, bodily deformities (of defect and excess) likewise occur with frequency. 4. The whole history of twin births is exceptional, indicates imperfect development and feeble organisation in the product, and leads us to regard twinning in the human species as a departure from the physiological rule, and therefore injurious to all concerned. 5. When we pass from twins to triplets and quadruplets, everything we know regarding these latter gives support to the general conclusions in question."

Besides these accumulated dangers and disasters to the children produced in plural pregnancies we know that plural pregnancy is dangerous and disastrous to the mothers. The trivial and the graver disorders of pregnancy are more common in pluriparous than in uniparous women, and the disasters and deaths in childbirth and in childbed are also more

numerous in the pluriparous than in the uniparous. Nothing can be better demonstrated than that woman is naturally or normally uniparous, and that pluriparity is an unnatural or abnormal condition connected with sterility by being observed in the sterile ages, or ages of weakness, or imperfection of reproductive power. It does not imply the desirable productiveness of health and vigour, but the reverse.

Pluriparity in a population, then, is not an indication that its social condition is as it should be. It shows, according to its amount, that marriages take place too early or too late in life; and it may be predicated of such a population that it has a correspondingly large maternal and infantile mortality, and that the reared children are not of the finest. While woman is normally or physiologically uniparous, like the mare and cow, many of the other domestic animals are normally or physiologically pluriparous, as the dog, the rabbit, and the sow; and the fertility of most birds is a sort of pluriparity.

In the uniparous animals pluriparity is rare in various degrees in the different kinds; but the extreme rarity in some, as in the mare, may to some extent depend on the circumstance that, in general, only the finest specimens at the most suitable ages are allowed to exhibit their fertility. Little, indeed, is known about them with the exactness desiderated with a view to comparison with woman. Yet we may safely assert that, among breeders of horses and cattle, the production of twins is, with a view to their interest in both mother and offspring, not looked upon with favour.

In the sheep there is such a frequency of twins, and even of triplets, that there may be some hesitation in classing it with uniparous mammals.

In the pluriparous animals, on the other hand, uniparity is uncommon, and pauciparity is an indication of reproductive weakness or imperfection, while a just degree of pluriparity is natural or physiological. It is remarked, says Spencer, by Buffon that when a sow of less than a year old has young, the number of the litter is small, and its members are feeble and even imperfect.

The domestic hen, in its fertile career, admirably illustrates the rise and decline of pluriparity, and the variations are in accord with the great law of age which holds good in women and in all living beings. Its first and its last productions are small in size, and are believed to be peculiarly liable to be addled or without yolk, or to be otherwise incapable of being hatched. In its first year, according to Geyelin, it produces only 15 or 20 eggs; in its second, 100 or more, up to 120; in its third year, from 120 to 135, and here the climax of fertility is reached; in its fourth year it produces from 100 to 115; in its fifth, from 80 to 80; in its sixth, from 50 to 60; in its seventh, from 35 to 40; in its eighth, from 15 to 20; in its ninth, from 1 to 10. The fertility rises quickly to its summum in the third year of life, and more slowly fades to its disappearance in the tenth year of life.

In like manner the bitch and pig begin their fertile course with a small number, which year by year rapidly increases; and after a few years, whose number I cannot give, again decreases, till fecundity disappears, the last production being often a premature or a dead fetus. The pluriparous animal has its best young when its progeny is most numerous. The best young may be so described, as in pups, on account of their intelligence, docility, or special talents; or they may, as in a litter of pigs, be best because they are large and easily made to grow to great bulk or weight. In the case of the bitch, it is impossible to reduce to an exact statement the value of pluriparity, but it is no doubt, very great; and while it is the case that when most in number are produced, there is also most in weight; the statement of weight of the pups gives no idea of their value. In a litter of pigs, the value of pluriparity is a simpler matter, being estimated almost entirely by weight and capability of rapid growth; and both may be very well stated in figures.

The uniparous mare has a foal which may be valued partly for bulk, especially if it is to do rough, heavy work; but the bulk of a foal bred in the racing stud is a matter of comparatively little moment; and I dare say all will agree that the nobler the breed of horses, or the higher the qualities expected in them, so is bulk in the foal of less and less importance, and so also is pluriparity less and less desirable.

We have already used estimates of weight and length of

single children as indications of fertility in woman; and if weight and length of twins were a test of paramount import, then twinning would, correspondingly, connote fertility, as 12lb. exceeds 6½lb. or 7lb. But there are higher qualities than the combined weights and lengths, and it is these higher qualities that are deficient in twins. Weight and length are valued merely as indications of general health and full development of individuals, not of twins.

Pluriparity in uniparous animals is rare, and for its study great accumulation of instances is required; and knowledge regarding it in these animals is tardily gained. Pluriparity in some common domestic animals is an every-day matter; and without any deliberate study its variations strike even the obtuse, a class often specially sensible of the pecuniary advantages of the higher degrees of pluriparity. It is the striking characters and advantages of high degrees of pluriparity in pluriparous animals that have led to the general adoption of the erroneous opinion that pluriparity even in the uniparous animals, as in woman, is an unqualified sign of fertility.

In pluriparous animals, and specially in the common hen, the quick rise and more gradual decline of fecundity is plainly observed, the climax in the hen, as in other pluriparous animals, being marked by the highest number of annual production or in a single brood or litter. In woman there is the same kind of variation, but in her it is a decline from occasional pluriparity to the production with due intervals of the best kind of single births; and the rise is back again to occasional pluriparity and hurry of births one after another.

In the common hen the rise to the climax occupies three years of life, and the more gradual decline occupies six years, according to Geyelin's data, already given. In woman the decline to the lowest, if we count roughly, from fifteen to twenty-five years of age, occupies ten years, and the more gradual rise, from twenty-five to forty-five, occupies twenty years. In the hen the rise is from 15 to 135, and the decline from 135 to 1. In woman the decline is from about 1.02 to 1, and the rise again to about 1.02. There can be little doubt that a similar rise and fall, or fall and rise, are to be found in the history of the fertility of other living things. The curve of this climax and anticlimax is not a part of a circle. Dr. Routh, in a valuable paper on "Procreative Power," published in the *London Journal of Medicine* for 1850, describes this curve, representing what he calls the inclination of procreative power, and thinks the circle is perhaps the nearest that could be selected; but the circle cannot be made to represent the figures on which he relies. He makes the age of greatest fecundity in woman twenty-six; and the climax and anticlimax may be partially indicated by the following figures, which he gives:—At fifteen years of age the figure is 22; at twenty it is 82; at twenty-six it is 100; at thirty it is 92; at thirty-five it is 74; at forty it is 54; at forty-five it is 39.

In leaving the subject of twins, it is natural to refer to malformations and monstrosities as showing weakness or disorder of the reproductive powers, but on this point I have no good detailed evidence to adduce meantime. Yet it is well known that a great body of opinion is in favour of the view, and there are many facts pointing in the same direction. In the course of these lectures I have frequently mentioned such opinions and facts, but the subject is well worthy of special study. Here I would only refer to the frequent combinations of idiocy and malformation, of idiocy and twins, of idiocy and premature or post-mature maternity, of malformation and twins, of interbreeding and malformation, of interbreeding and sterility, as combining to form an argument that may, if worked out, be found to be conclusive on this question.

Experiments in producing malformations and monstrosities in the common fowl have been very fruitful in results, and demand caution in judgment as to the potency of such influences as age of the mother. Especially interesting in this view is the recent discovery of D'Arste that mere delay of incubation, in the case of the eggs of the common fowl, is a cause of malformation in the chick.

THE Right Hon. John Bright, M.P., was installed on Thursday last as Lord Rector of Glasgow University with the usual ceremonies.

INFANTILE PARALYSIS. (a)

By CHARLES NELSON GWYNNE, B.A., M.B.,
M.Ch., T.C.D.,

Hon. Surgeon to the Sheffield Children's Hospital.

MR. PRESIDENT and GENTLEMEN,—Though I cannot give you in connection with this subject any original researches of my own, yet for various reasons it is a subject which ought to be an interesting one for discussion. The clinical features of the disease have not, till comparatively lately, been recognised, or rather differentiated; the pathology also has up to a recent period been practically unknown; and the treatment adopted, before the disease became to a certain extent understood, was either *nil*, or in many instances injurious, and even after a fairly accurate, as far as it goes, basis of its pathology had been laid, the modes of treatment suggested showed anything but a unanimous consensus of opinion. In fact, in this, as in many other forms of disease with which we are brought face to face, we have, I fear, to confess that treatment has very little influence upon the course of events, and that the issue is arrived at almost irrespective of our efforts. On the other hand, infantile paralysis is a disease which is not uncommon in the experience of most general practitioners, and it cannot fail to be interesting to find out in the course of the debate, what clinical features have predominated in the experiences of individuals present, and what course of treatment has been found by each most favourable. Amongst the many diseases that entail deformity, and Sheffield, I am sorry to say, has its full complement of such, there are none which present such sad and hopeless characteristics—to the parent whom a sad fate compels to witness it in their children, to the stranger who suddenly in the street comes across the youthful cripple with a withered arm or leg, or to the physician who has to view the same in a hospital and, in the majority of cases, to confess his skill unavailing. The name of the disease as it is usually known in this country, viz., “infantile paralysis,” is unfortunate and misleading, for it is not, as the name would imply, the only form of paralysis that occurs in children; and even if it were it is not confined to the period of infancy, but attacks persons of any age; and it is akin to a form of paralysis that is by no means uncommon in adults, to which Duchenne has applied the name of “progressive muscular atrophy.” How very little has been till lately known of the nature of this disease will be evident from the fact that it was not till 1860 that Von Heine first described its clinical features, and it was not till after 1870 that the pathology of the disease began to be understood. Our principal knowledge of the pathology of infantile paralysis has been derived from the observations of Cornil, Prévost, Lockhart Clarke, and after them, of Charcot, Vulpian, and Professor Erb.

Though infantile paralysis or acute anterior poliomyelitis, a name proposed by Professor Kussmaul, has been observed at almost every period of life, yet we cannot but recognise the period of youth as a predisposing factor. Most of us have seen cases of it in children which from time to time come under our care, but few, perhaps not one of us here, has seen an acute case in an adult. The more chronic form of the disease, viz., progressive muscular atrophy, has no doubt been familiarised to most of us, if not in private practice, at least in the wards of an hospital. If we look back and recall the history of cases that have come under our own observation, the first thing that will strike us is the apparent want of any efficient cause for the attack. I am sent for to see a child, it is probably teething, but otherwise is healthy, as far as outward appearances go, the mother tells me that she put it to bed all right and in perfect health, and in the morning on taking it out of its cradle she finds one leg is helpless, or an arm, or both. The child itself

does not seem much the worse for the catastrophe, but takes his food much as usual and does not afterwards deteriorate in health. The above is all the history which can be got at in a large number of cases, and was in fact the history, and the only history I could get in an old case of a boy named Haslam under my care last month, where both legs below the knee were paralysed, the right retaining some slight power of motion. I am aware that it is laid down that the paralysis in typical cases is ushered in with fever and restlessness, but I can only recall one case where I was called in sufficiently early enough to take note of the fever, and in the other cases that have come under my care there may have been the initial fever, but I could not satisfy myself on the point either from the condition of the patient or from the history. On this point of initial fever I would solicit the opinion of those present who have had cases of infantile paralysis under their care. Charcot regards the fever as the usual precursor of the paralysis, and most of the textbooks follow his example, but in the few cases I have seen I have failed in the majority of them to obtain any history of high temperature. After the draft of this paper was written I happened to take up West on the “Diseases of Children,” and I find he lays little stress on the initial fever, and makes it rather the exception than the rule.

From statistics gathered from various sources I find that in nearly half the cases the lower limbs are the affected parts; of the remainder the majority represented implications of the arms and legs, or arm and leg, and a very small number the upper extremity alone. There are few features of the disease so interesting in a pathological point of view as the atrophic changes that gradually supervene—the wasting or withering of the limb, which is not confined to the soft structures alone, but also affects the bones. This would suggest that portions of the nervous system are involved that preside over nutrition. Let us compare (side by side with this remark) the deformities that characterise infantile paralysis with the large number of deformities which we witness in rickety children, the latter in many instances presenting more or less partial paralysis, and the notion is apt to occur whether the deformities which characterise rickets may not be due to lesions of a somewhat different character affecting the same portion of the trophic nerve system. But this is by the way.

As regards the cause of the disease, then, I fear we must own that we know nothing whatever of the subject. All the investigators, it is true, assign some cause, such as teething, measles, scarlatina, malarious fever, convulsions, heredity, but when such a variety of wholly distinct causes are assigned which possess no feature in common, I think we are warranted in thinking that they are not causes at all, but merely concomitant or accidental. Heredity, I believe, has a distinct influence in the production of the disease; but, after all, it is only after a very loose or popular mode of expression that we can consider “heredity” in any sense a “cause.” As regards the etiology of the disease, we must, I fear, at present rest content with the very general statement that early life, and especially the period of dentition, is especially liable to disorders of the cerebro-spinal system, and as, from apparently very slight causes, we find convulsions the cause of death in the case of numberless infants apparently robust, so we see an affection of the spinal system with, to all appearance, as little cause producing temporary or permanent paralysis.

I had hoped to show you, under the microscope, some sections of spinal cords taken from patients that have been the subject of infantile paralysis, but I have been disappointed at the last moment in obtaining them. Supposing such a section to be put under the microscope, in the majority of cases you would see an atrophy or shrinking of the anterior grey substance on one side or both, and a paucity, or entire absence, of the large nerve cells, and if any remained they would probably

(a) Read before the Sheffield Medico-Chirurgical Society, March 1st, 1883.

be shrunken, and present some pigmentary changes. The axis cylinders in the same anterior cornu would be few in number and partially wasted, and their place supplied by fibrous-tissue fibrils; the capillaries would probably be numerous and large, though sometimes the reverse. The anterior lateral column would probably be smaller in diameter than on the opposite side, and the nerve fibres going to the anterior nerve roots would be deficient with some connective tissue-fibres filling their place. In fact, very much the same state of things as is described in cases of progressive muscular atrophy. Why then, I should like to know—and I would be very glad if some gentleman present would suggest—Why, in the latter disease, the affected limbs react normally to electrical stimuli; and in infantile paralysis galvanic reaction is either wholly or partially lost? Gentlemen present will please note this point. We may sum up then, the appearances of cord sections in infantile paralysis as suggesting a "sclerous atrophy of the anterior cornu of grey matter, with disappearance or shrinkage of the large motor cells, and some hyperplasia of the neuroglia connective tissue; with occasionally secondary emaciation of the adjoining white column."

Let us now turn our attention to the limbs, and first let us consider the muscles. Of course, we have loss of heat and atrophy. The first inquiry here that will suggest itself to us to make is, What is the cause of the atrophy? Is it due merely to their not being called into action? Or is the atrophy as much a feature of the disease as the paralysis, and dependent upon the changes in the nerve centre? The latter seems to be the most probable, as we see the atrophy extends to the osseous system as well, and because we see in some cases it forms one of the earliest phenomena of the disease. This suggests the question of the utility of topical remedies, such as rubbing, massage, electricity, heating, &c. Here again, in the muscle lesion, we observe a marked contrast to the order of sequences that obtain in the cognate disease "progressive muscular atrophy," for while in the former the paralysis always precedes the atrophy, in the latter the atrophy precedes the paralysis and determines the amount of it. This point I would also mention present to note, and offer, if possible, some explanation of.

Let us now examine a piece of affected muscle under the microscope, and what do we see? If we take it during the earlier period of its degeneration, we will see simple atrophy of the muscle fibres, some sarcolemma nuclei scattered in clusters between the fibrils, some loss of striation in the muscle fibres, and hyperplasia of the connective tissue; if we examine it after the atrophy has reached its intensity we will find much fatty degeneration, an entire absence in parts of muscle bundles, and a substitution of fatty material.

A curious example of the defective development of the limbs affected by paralysis infantilis presented itself at the Children's Hospital, Brookhill, some time ago, in the case of a girl, Lydia Holmes, *æt.* 5 years. At the age of about ten months, according to her mother's statement, she suddenly lost the use of the left arm and leg, not altogether, but retaining some slight power of movement. After a while she regained to some extent the strength in the affected parts, but they never reached the standard of development of the other limbs. I found on examination that the left arm and leg were both thinner than their fellows, and on measurement, that the left arm was nearly an inch shorter than the right arm, and the left leg half an inch shorter than the right leg. The hand, too, was smaller in diameter across the palm, and the same applied to the foot. She could walk fairly, limping a little, and showing evidences of weakness in the affected leg, and she could not grasp firmly with the left hand. In other respects she was perfectly healthy. She never had convulsions, nor was there any history of any illness or noticeable symptom prior to the appearance of the loss of power. There did not appear to have been any treatment whatever directed

to her case. Having alluded to some of the most interesting features in the clinical history and pathology of the disease, I now arrive at what, after all, is the most practically important to men like most of us who are called in, not so much to gratify our scientific tastes in diagnosing and observing, as to cure our patients. And here my limited experience is not comforting. Advisedly, I think that treatment does do some little good in some cases, especially in those cases where Nature is going to effect some repair of the mischief of her own accord. In such cases, by a variety of measures directed to keeping up an artificial exercise of the muscles of the affected parts, and supplying artificial heat, we may delay the degenerative changes going on in the muscular tissue until such time as the nerve centres, becoming restored to health, supply the natural centrifugal nerve stimulus. To carry out this line of treatment, a variety of expedients have been recommended. Friction, kneading, massage, shampooing, and electricity have all been recommended, and are, no doubt, useful, and a gentleman named Klemm has invented a very pretty little apparatus for beating the affected muscles. It is made of wood, and has to be vigorously applied, and when we consider that there is no loss of sensibility in this disease. I have no doubt but that its application is contemplated by the suffering infant with feelings particularly enjoyable. On the whole, friction with the hand, keeping the limb warm by a casing of cotton-wool, and the application of electricity, sum up the most rational treatment in chronic cases. A toy called the "baby-jumper," which he does not condescend to explain, is highly recommended by Dr. West.

In using electricity a good deal depends on the method of its application. First, as to the kind of electricity to employ. In bad cases we find faradisation of no use at first, for the simple reason that the muscles will not respond to it; on the other hand, in many cases where the former has failed, the application of galvanism will induce fairly strong muscular contraction, so that we may adopt it as our rule in practice to commence with galvanism, and when the muscles are so far improved as to respond to the faradaic current, to call in its assistance also.

Early in last month I admitted Edith Stocks, *æt.* 3 years, into the Children's Hospital, suffering from paralysis of both legs practically complete. In her case, too, there was the sudden seizure, but no history whatever of previous fever or indisposition. The muscles of the legs were much wasted, and the feet and legs hung and swung about like flails. I applied the faradaic current without the slightest contraction being induced in the muscles. I then employed galvanism, bringing into action first ten, and then twenty cells. The former failed, but the latter induced contractions, the legs being drawn up to the body, and the feet extended. Since that time the galvanic current has been employed at first twice a week, and afterwards daily, with, I think, some very slight improvement, but of course it is too early yet to estimate the value of the treatment. The best method of applying the galvanism is to place the anode or positive pole over the spine, at the seat of the disease, and the negative or cathode over the limb, or the nerves that supply the affected parts close to their exit from the canal of the spine. The positive, or the pole applied to the spine, should be stationary, but the negative can be either fixed over the nerves going to the limb, or moved up and down over the affected muscles—the labial method. After some months, or a year or two's perseverance in this treatment, the patient surgeon or parent will probably be rewarded by some signs of improvement. A judicious use of the induced current also will be of benefit. At the same time, the general health should attract special regard, and special nerve tonics should be administered. So far for the treatment of chronic cases where there is atrophy of the limb. In the early or acute stage more vigorous medicinal treatment should be employed. Dr. Althaus re-

commends the injection of ergotine, $\frac{1}{4}$ gr. for a child a year old, hoping thereby to cause contraction of the blood-vessels of the part, and so deplete its blood-supply. He also stimulates the muscles as they become affected with injections of strychnia. Other natural remedies in the acute stage are cupping, leeches, iodide of potassium, blisters, &c.

ON THE SOLUTION OF THE ACTIONS OF REMEDIES, AND ON THE EXISTENCE OF NERVES OF INHIBITION AS EXEMPLIFIED BY THE ACTION OF SEDATIVES AND STIMULANTS.

By HUGH OWEN THOMAS, M.R.C.S.

(Continued from page 249.)

STIMULANTS—(Continued).

BELLADONNA is now admitted to be an antidote to opium poisoning, but it has also been noticed that opium will not act as an antidote to belladonna. This is further evidence that belladonna possesses genuine stimulant properties only, as over-stimulation (poisoning by a stimulant drug) must lead to exhaustion, a condition which would certainly not be benefited by any drug that tended to arrest vital action.

The efficacy of belladonna as an antidote to opium is explicable by the fact that it possesses an earlier affinity for the vagus than opium possesses. Thus, if a toxic dose of opium be taken, and an antidotal dose of belladonna be also given, ere the opium has affected the vagus, the other drug precedes it in affecting the vagus, and thus protects the nerve rather than neutralises the coming action of the opiate. The prescribing of a combination of opium and belladonna is evidence, I maintain, of ignorance for which, at the present day, no trained practitioner has good excuse.

In the selection of drugs for the treatment of maladies, it is my opinion that more attention ought to be given to their physiological action on the healthy portion of the body, as it is the indirect or secondary effect of remedies in many instances that brings about relief to the diseased area, the latter not being susceptible to direct drug action.

The theory here advanced in explanation of the apparent divergent action of drugs will, if used as a guide to the interpretation of the data given by experimental and clinical observers, enable us to harmonise the signs that follow the action of drugs, which otherwise would appear contradictory. It is my opinion that this theory will also be of some assistance towards the settling of the open question as to the existence of "nerves of inhibition."^(a)

My explanation of the phenomena which have led physiologists to believe in the existence of inhibitory nerves is the following:—That each animal contains, stored in certain nerve-centres, a quantity of nerve force which, for the sake of illustrating my argument, the whole quantity may be reckoned as represented by a unit, this being originated and stored in several nerve centres, which I will suppose to be represented by five fractional components of the total (unit). It would not be an unreasonable supposition that, if by a drug of mechanical influence, any one of these five nerve centres was inhibited, then there might remain one-fifth more available source of force for service elsewhere, which could only be utilised and deflected along the remaining four-fifths of nerve structure. This economy of nerve force in one direction would raise the fractional energy of the remaining untouched nerve centres, so that their force would be represented by a fractional power of one-fourth of the total unit. Such a transposition of nerve energy would cause, for a time,

(a) After I had formed this opinion, it was a source of satisfaction to find that Mr. Lister had also questioned the correctness of the prevalent views held regarding the question of inhibition.

those parts to which the remaining four fractions habitually conveyed energy to show signs of excitement. And there are good grounds for believing that such nerve inhibition can be induced or prevented by drug influence, as it is patent that the simulated signs of stimulation follow the action of narcotics, certain doses producing isolated action upon certain nerves only; and the question naturally arises, why should there be a temporary excitement of the unaffected nerve-centres when no stimulation had been exercised nor extra force introduced? This excitement cannot exist without extra source of power, and as the excited nerve-centres had already their usual store, probably this sign of increased energy-excitement may have been derived by some method of deflection of store from the inhibited force being arrested from being distributed to its locality of expenditure. The preceding I believe to be the solution of the method by which the phenomenon that follows the inhibition of nerves is caused, as there has been no evidence of the existence of inhibitory nerve fibres, though their existence has been previously asserted. Experimental physiology and clinical observation both are in favour of the probability that nerve force can be distributed collaterally; and why should the store of nerve energy within a special centre, if arrested from being distributed to its usual points of expenditure, not be deflected into another centre, all being known to be connected.

It is from observation of the signs that follow the administration of drugs belonging to the class known by the terms sedatives and narcotics—inhibitory drugs—that we must seek for physiological and clinical information which may enlighten us in regard to the debatable question of the existence of nerves of inhibition, more than to the effects that result from mechanical interference with animal structures (a); not that I would totally ignore information derived from such source. If we again select opium and alcohol, both narcotics, in illustration of the views upheld in this contribution, if after the administration of a physiological dose of either of these, a careful watch is kept upon its progress across their area of physiological action, what do we observe? First one system of nerves—the sympathetic—is inhibited, and the remaining ones are excited, but as soon as another nerve-centre is reached by the narcotic and becomes also inhibited, all the other nerve-centres show further excitement, and when these have succumbed to the drug action, we have the total narcotic effect. Those who are accustomed to the habitual use either of alcohol in any of its various popular forms, or opium, or indeed of any narcotic, tell us of the pleasures they enjoy from the extra activity of the sensorium. Some even profess that with the aid of what is mis-termed alcoholic stimulation and the sedative action of other narcotics, they are, whilst under its influence, mentally and physically superior; this may be found to be true, if it could be proved that temporary drug inhibition of nerve-centres, not necessary to mental or physical exertion, did increase the nerve force available for use by the remaining unaffected nerve-centres.

Some may suppose that the action here attributed to alcohol is a justification or even an encouragement to its being habitually consumed, but this is certainly not a proper deduction to make from the theory advanced in this paper, as the habitual use of alcohol and of other narcotics by their inhibitory effect both upon the action and nutrition of the liver, kidneys, and heart, tends to produce in all persons, and in many prodigals, a diseased state of these organs. Some may also

(a) Experimental investigation has shown that mechanical interference with nerve-centres and trunks sometimes produces shock, and at other times excitement. This makes observations taken during direct interference with the parts experimented upon inconclusive. Again, in very many instances, observation as to the effect of direct interference is made while the subject of experiment is under the influence of an anæsthetic, the toxic action of which introduces another source of error.

suppose that the remarks here made in regard to the simulating of stimulation which follows the use of narcotics is also a justification for using them when pure and urgent stimulation is wanted. This would be justifiable only, if no true stimulant was known or near at hand, inasmuch that the administration of a narcotic for this purpose involves some risk and delay, as simulated stimulation is not so rapidly induced. And, again, it may be rapidly followed by the true narcotic action over too large an area, and this in a critical case may further arrest life previously threatening to ebb—especially if the subcutaneous method of the administration of remedies is practised. For instance, a subcutaneous dose of either opium or belladonna acts rapidly, commencing after a period of fifteen or twenty minutes has elapsed, one-fourth of the period required when given by the mouth, while after the introduction of alcohol or ether subcutaneously, their action is not as rapid as when given by the mouth. The practice introduced of late of injecting ether under the skin in collapse is certainly wrong, for when thus administered, its action being much more slowly developed than even when given by the mouth; if it were otherwise it would be almost certain death to the patient.

In diseases arising from the action of septic poisons, of which tetanus and hydrophobia are examples, there may be noticed signs similar to those which follow the administration of certain inhibitory drugs, those which cause inhibition and those which cause the so-called defect of inhibition. My reason for selecting these two is the fact that the signs of each are very well authenticated. An analysis of the symptoms attendant upon true or septic tetanus strongly supports the views here advanced. In tetanus the most prominent and very obvious signs are excitement of the striated muscles, but by careful attention other signs can be detected, which indicate inhibition of the non-striated muscles and viscera. The condition of the striated muscles in this disease is so plainly discernible and generally known that it need not be detailed here. It corresponds with the phenomenon termed defect of inhibition in the nerve-centres controlling the striated muscles. But if the condition of the non-striated muscles is carefully noticed, they appear to be inhibited, through probably their ganglionic nerve-centres. (a) Evidence of this is presented to us by the tendency to constriction of the pupil, so long as death is not imminent; this being brought about by the same physiological cause which induces diminution of the pupil during the action of some inhibitory drugs. Further, there is to be noticed signs showing that peristaltic action of the intestine is deteriorated, as shown by constipation and its evils, retention of solid and gaseous gut contents. Along with these there is retention of urine and diminished visceral excretory products. Thus, during the action of the poison of tetanus there can be noticed signs of inhibition of certain nerve-centres, and the signs of simulated stimulation of other nerve-centres, and during the action of this poison there may also be noticed one very distinctive difference between its effect and that of any inhibitory drugs, that the action of this virus never extends beyond the area of nerves distributed to the non-striated muscles.

This is the probable explanation of the persistent severity of the excitement of certain important striated muscles disturbing co-ordination, so that life is interrupted ere the vitality of the system has been exhausted. If the poison of tetanus had an affinity for, or could exercise any inhibitory power beyond, the sympathetic nerve-area, the excitement of the striated muscles would not be so persistent. In hydrophobia the signs of what has been misnamed defect of inhibition exist "all round," the septic matter being a true or direct stimulant. To explain all the phenomena characteristic of this disease so as to be consistent with the defect of inhibition theory, we must suppose every nerve in the body to possess inhibitory

fibres, and that no nerve is truly automatic, but requires each a "governor."

Most authors who have written upon the etiology and treatment of tetanus and hydrophobia have pointed out that these two distinct diseases have symptoms with similar features, and so close in character, that some authors have suspected them to arise from causes not far allied. But in my opinion there exists not the slightest evidence of relationship beyond the fact that they each have a septic cause of origination. Tetanus is a disease in which limited inhibition decides the cast of symptoms, while hydrophobia is a disease in which true stimulation, not co-ordinately acting, gives character to the present signs. The difference between simulated and true stimulation is that the first is brought on by the inhibition of one nerve centre resulting in the extra accumulation of nerve force in centres not so influenced. True stimulation results from the direct creation of nerve force, and if the whole nerve areas be not influenced then the uninfluenced nerve centres show no signs of diminished energy.

Clinical Records.

ST. MARY'S HOSPITAL.

Case of Cerebellar Tumour.

Under the care of Dr. W. H. BROADBENT.

(Reported by R. H. SCANES SPICER, B.Sc., House Physician.)

E. S., *æt.* 16, domestic servant, was admitted into St. Mary's Hospital on May 31st, 1882, suffering from severe headache, rapidly-developed failure of sight, persistent sickness and amenorrhœa.

History.—Never very strong. Had small-pox five years ago. About May, 1880, commenced to have frequent attacks of headache, more marked in back of head and in morning. In May, 1881, her first menstrual period came on, and her catamenia were regular three following months. Since July, 1881, she has seen nothing, and every ten mornings she has had violent vomiting, bringing up only fluid. In February, 1882—fourteen months ago—she was compelled to leave service on account of severe, constant headache, accompanied by frequent vomiting, and not relieved by it. Since that time she has been living with her parents, and has noticed rapid failure of her sight. Often feels giddy. Sometimes has what she calls "cramp" in limbs and spinal muscles, which makes her bend backwards. Has for about same time had pain in nape of neck, which was sometimes so bad as to wake her from sleep. Never had any fits or convulsions all this time. Sometimes had flushings and sweats. She attended Dr. Cheadle's out-patient department from March 17th, and for about six weeks took a mixture containing pot. brom. and ferri amm. cit. It was during this time that the occasional arching back of the neck was noticed by her mother, and the girl used to say she felt as if something in her head would burst.

On April 18th, 1882, she was sent by Dr. Cheadle to Mr. Anderson Critchett, Ophthalmic Department, for thorough examination of the eyes. Mr. Critchett reported: "R. E. and L. E. each = $\frac{1}{15}$ ft. Field limited in all directions, but can see isolated words of J. 4. Double optic neuritis, the margins of each disc blurred and ill-defined, and in the right eye the nerve fibres are proliferated across the vessels."

No personal or family history of syphilis could be obtained. At the end of May, as patient had not improved, Dr. Cheadle ordered her admission.

Condition on admission.—Is perfectly rational in all her answers to questions, though her memory about the earlier part of her illness is defective. As she lies in bed, the head is drawn back, the sterno-mastoid standing out prominently and rigid. Spine in state of opisthotonos, which is paroxysmal. Patient cannot stand or walk. Her pupils are extremely dilated. No perception of light. No headache now, or pain in neck, except in movement. No sickness. Retraction of abdominal walls. *Tache cérébrale* very distinct. Has difficulty in swallowing anything. Bowels constipated. Heart and lungs normal. On ophthalmoscopic examination by Dr. Broadbent, on June 1st, discs are found to be fairly well defined; pinker than natural; right pinker than left, slightly

(c) South's Chelms, vol. I., page 877. Wood's Practice of Medicine, vol. II., page 784. Copland's Dictionary, Tetanus, page 1,012.

swollen. Ordered calomel, gr. iij., statim. R Pot. iod., gr. xv.; decoc. cinch., ℥j. Ft. m. T.d.s.

June 3rd, 11 a.m.—Condition same as on admission. Patient has taken plenty of liquid diet, as she does not swallow solids very easily. Calomel did not cause action of bowels. Ophthalmoscopic examination repeated. Right disc somewhat swollen. Vessels hidden at points by exudation; well defined, large, and tortuous; no hæmorrhage visible. Left disc not so well seen, but apparently similar. Dr. B. remarked optic neuritis, probably not cause of blindness, which was due to cerebral mischief. Calomel, gr. iij., repeated, and haustus niger, ℥j., post horas tres.—5.30 p.m. Patient's mother was lifting her into a sitting posture in bed when she fell back as if in a fainting fit. Her face was patchy-crimson and white, and her cheek was uniformly flushed. Pulse throbbing. Sighing respiration. Was given spt. am. rom., ℥xx., and brandy ℥ss. In a quarter of an hour she had rallied, and could answer questions. Later she became extremely pallid in the face, pulse almost imperceptible, complaining faintly of intense pain in brows, and died rather suddenly at 7 p.m.

Full account of post-mortem.—Body of a well-nourished girl. Scalp and skull-cap normal. No trace of fracture. On removing dura mater, convolutions somewhat flattened on convexity. No pus or sign of inflammation either on convexity or base. On removing brain, no pus found at base. The pia mater over right half of cerebellum, especially on upper surface of right lateral lobe, is of a marked yellow colour. Whole cerebellum very soft. There is distinct atrophy, and softening of right half of pons and medulla. Forty-four c.c. of fluid escaped from the membranes and ventricles on removing brain. Weight of brain 47 oz. On slicing brain, puncta vasculosa are less conspicuous than normal. Both lateral ventricles greatly dilated, the posterior cornua admitting nearly half the fore-finger. They contain a clear, slightly pinkish serum. Besides pallor, there is no morbid change in rest of cerebrum. On dividing the cerebral peduncle, which appears normal, the cerebellum is seen to be greatly deformed by a tumour extending from the middle line on right side, outwards and forwards, so as to invade the upper $\frac{1}{3}$ of lateral lobe. The tumour is soft, pinkish, red in colour, and measures rather more than 1 inch from before backwards, and $\frac{1}{2}$ inch in width on surface. It was preserved whole for future examination, but was unfortunately destroyed in error. Slight hypostasis of veins of spinal cord. Dura mater distended with fluid, which is perfectly clear. In upper cervical region of cord there is some undue adhesion of arachnoid on upper surface. No tubercle could be seen. Surface of section of cord healthy; no traces of degeneration visible to naked eye in left lateral tract; preserved for microscopic examination. Sub-pleural ecchymoses and punctiform hæmorrhage seen in section of both lungs. Left heart contracted, empty. Right distended with liquid blood. No valvular lesions. Few spots of atheroma at base of aorta and sinuses. Slight staining of inner coat. Liver congested. Spleen normal. Kidneys considerably congested. Both cortex and pyramids of a dark claret colour. Capsule peels off readily. Bladder distended with clear urine. Slight erosions of mucous membrane about os uteri. Mucous membrane of cervix healthy. Cavity contains some blood, which has stained the mucous membrane black.

Remarks.—This case exhibited most of the characteristic symptoms resulting from tumour of the cerebellum, but none which pointed definitely to the part of the cerebellum in which it was situated. When the patient was admitted into the hospital she was unable to walk, so that any peculiarities of gait, or tendency to lurch or fall in any particular direction which may have existed, could not be noted, and no record of such observations was obtainable. The headache, vomiting, and double optic neuritis are common to cases of intra-cranial tumour wherever situate, and to various other lesions. The last-mentioned condition is due, in Dr. Broadbent's opinion, to intra-cranial pressure, operating through sub-arachnoid fluid forced along the sheath of the optic nerve, which strangulates the nerve at the back of the eye. If there is no fluid in the membranes at the base of the brain, as may happen when the ventricles are uniformly distended, or if there is any impediment to access of the fluid to the optic sheath, as by lymph, or by the presence of a tumour in the frontal lobe at its inferior part, there may be no choking of the discs, although the intra-cranial pressure is considerably increased. Again, the so-called neuritis may be present when the intra-cranial pressure is augmented from causes not likely

to give rise to inflammation which could be propagated to the optic nerves, as in a case recently in the hospital, in which there was thrombosis of the left lateral sinus. The symptoms pointing to the cerebellum as the seat of the disease were the loss of vision and the retraction of the head with occasional opisthotonic spasms. If it were not a common experience to see optic neuritis much more severe and much farther advanced, with little impairment of vision, the rapid failure of the sight would be attributed to the changes seen in the fundus of the eye; but here, as in many similar cases, the optic changes could not be accepted as adequate to account for the visual failure, which then became an indication of a central and probably cerebellar lesion. The retraction of the head, again, could scarcely have any other cause than either basic meningitis extending to the medulla and cord, or disease of the cerebellum, the latter of which was clearly pointed to by the history. The production of this symptom Dr. Broadbent considers to be analogous to the exciting of opisthotonic spasm in Ferrier's experiment of stimulating the superior peduncles of the cerebellum. He does not at present see his way to the acceptance of Dr. Hughlings Jackson's hypothesis of antagonistic cerebral and cerebellar influence. The sudden death is extremely characteristic of cerebellar disease; it is due in such cases to impaction, directly or indirectly, of the medullary centres of the great vital reflexes. The sub-pleural hæmorrhages observed are common after this mode of death. It would be an interesting speculation to endeavour to estimate the relation between the catamenial irregularity and the tumour in the cerebellum, but this cannot be entered upon.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

M. BROUARDEL read a paper, at the Paris Academy of Medicine, for MM. Charles Bouchard, Capitan, and Charrin, on "The Cultivation of the Glander Microbe, and the Transmission of this Disease by the aid of Cultivation Liquids." After MM. Christal and Hiener had first, in 1868, proved the presence of a microbe in glanders, they discovered that it existed not only in portions exposed to the air, such as nasal ulcerations, and pulmonary abscesses, &c., but also in those not exposed—for instance, spleen, and liver. The constant presence of these germs, and their always possessing the same characteristics, is sufficient reason for presuming that they have an important part to play in the production of disease; to show that this is really the case, it became necessary to reproduce the disease in animals by inoculating them with germs obtained otherwise than from the diseased subject. The authors of this paper succeeded in obtaining the multiplication of the microbe of glanders from man, horses, and guinea-pigs, by neutralised solutions of beef extract, kept at a temperature of 37°. By the aid of repeated cultivation, they obtained at the eighth culture the microbe pure and free from any mixture, but this increase did not appear in the vessels which were exposed to the air. Previous experiences show that during the first and second times of cultivation the microbe retained the virulent properties of the glander poison. The disease produced in the guinea-pig was, from both a clinical and anatomical point of view, exactly similar to that developed in the same animal by morbid products taken directly from the horse. Finally, the conclusions deduced from sixty-one experiments practised on other animals confirmed the foregoing testimony. Glanders is the second disease of man of which the parasitic nature has been proved, "charbon" having been the first.

TYPHOID FEVER.—The inexhaustible subject of typhoid fever is still occupying the attention of the Academy of Medicine, and absorbing all its time. Two members, M. Peter

and M. Rochard, entertained the meeting with their views on the treatment and prophylaxy of the disease. The former, who was frequently applauded, made a very spirited speech, in which he criticised what he called systematic treatment, and especially cold baths, so much used by Brand in Germany. He humorously compared certain medical men to the fire brigade, ready to throw water on the slightest rise in the temperature. He had two cases himself, in which the temperature rose to 106°, and both got well without any treatment. Yet he considered that in certain, but rare cases, the cold bath, at least, sponging with vinegar, might be used with benefit. He begged his colleagues to treat symptoms, and not to lend themselves to systematic medication.—M. Rochard followed up with some well considered remarks on the prophylactic treatment. To show the importance of the question, he gave the mortality of the late epidemic, 3,276 deaths were registered in the last year, of which 1,449 occurred in the hospitals and 1,827 outside; the same malady caused 2,120 deaths in the preceding year, or 1,556 less. The total number of cases treated in the hospitals in 1882 was 9,361, the sojourn of the patients in these establishments represented 240,083 days, at three shillings, which made a total of something over forty-six thousand pounds, which had to be defrayed by the town. If to this sum were added forty-six thousand pounds for the days lost during convalescence, it will be found that the total expense of the hospitals for the treatment of this disease alone represents a sum of seventy-six thousand pounds. As to the mortality, he calculated that death was a loss to the city of two hundred and forty pounds, but he knew that this valuation was very low. However, at that figure, the capital lost to Paris amounted to seven hundred and eighty-six thousand pounds, which sum added to the cost of treatment already mentioned, formed a grand total of a million sterling. His reason for bringing forward these statistics, was to show that if the authorities spent more money in sanitary measures, the economy to the city, not to speak of the state, if the value of men were to be reckoned in money, would be considerable. M. Rochard concluded by saying that France had need of her men, the French are not so prolific as the Chinese, already the number of the population cannot maintain itself except by immigration.

RELATION OF HEREDITARY SYPHILIS TO RICKETS.—At the Société de Chirurgie, M. Parrot gave, in a lengthy communication, his views and experience on the above subject. The causes of the last-named affection hitherto given, were very variable, scrofula held the foremost rank. Guérin put it down to nursing too long, others considered that it resulted from giving meat too soon, Bouchut accused enteritis, but he (M. Parrot) had often seen children affected with that malady who showed no symptoms of rickets. After developing his ideas on the question, M. Parrot concluded by affirming that where there was no germ of hereditary syphilis, rickets were never seen. This rather rash assertion was attacked by M. Magitot, and was followed by M. Després, who said he had often seen children affected with rickets whose parents were well known to him and could not have been suspected of having syphilis. The erosions of the teeth, on which M. Parrot based all his proofs, were to be met with in different other affections, and could not be relied on as evidence conclusive of syphilis; and on the other hand, he had seen children manifestly syphilitic who did not present this lesion of the teeth.

HYPOGASTRIC LITHOTOMY.—M. Combalat, of the Hotel Dieu, Marseilles, performed, last week, hypogastric lithotomy, and although the subject was far from being favourable to that or any other operation, it was attended with good success,

affording another proof of the superiority of that method to the ordinary perineal operation. The patient not only was of an advanced age, 73, but also had a cardiac affection with œdema of the extremities. Further, having been an old soldier, he led an irregular life, and had at various periods suffered from alcoholism. Brought to the operating table and chloroform being administered in spite of the pronounced mitral insufficiency, M. Combalat having previously placed a caoutchouc bag in the rectum to throw forward the bladder by distension, made an incision six inches in length, commencing about an inch and a-half below the umbilicus and extending in the median line to a little above the pubes. The adipose tissue was very thick in this region, being nearly an inch and a-half in depth, the other tissues cut through were drawn aside by retractors, and immediately the bladder, which had been distended by a 4 per cent. solution of boric acid, bulged forward, and an opening was made on the director large enough to admit two fingers. The stones, for there were two, were easily extracted. M. Combalat thought better not to suture the bladder, he abandoned it to itself after passing two long drainage tubes *in situ*. The external wound was closed by the interrupted suture except at the lowest part in order to give exit to the drains. The whole operation was performed in less than an hour, and Lister dressing was rigorously applied. This is the seventy-first lithotomy that the learned professor of the Hotel Dieu has performed, and he is of the opinion that when the patient is over sixty, hypogastric lithotomy should be exclusively performed.

TREATMENT OF CHRONIC DIARRHŒA.—M. Gubler recommends the exhibition of oxide of zinc. He has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the following form: oxide of zinc, thirty grains; bicarbonate of soda, ten grains; in four powders, two or three daily.

Transactions of Societies.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, MARCH 1ST.

B. WALKER, M.R.C.S.E., President, in the Chair.

CHARCOT'S DISEASE.

MR. ATKIN, House-Surgeon at the Sheffield General Infirmary, showed a very interesting example of this disease, occurring in a man advanced in middle age. There was a history of syphilis. Other symptoms, such as lightning pains, &c., &c., pointed to the co-existence of locomotor ataxy. The effusion into and around the right knee-joint, together with the power of dislocating the joint in the antero-posterior direction, were very marked. There was also considerable lateral movement. The pupils were contracted, and reacted very slowly to the stimulus of light. Another interesting feature in the case was the want of proper control over the bladder. The patient never knew when he wanted to make water, or when making it when to leave off; the water was jerked out with each respiratory movement. The condition of the patient was lamentable, but as a pathological specimen most interesting.

VEGETATIONS IN THE MITRAL AORTIC VALVES: OSSIFIED CYSTIC KIDNEY.

DR. LAW exhibited three specimens of the heart and kidney taken from one subject. The vegetations were beautifully marked examples of this nature. That in the mitral valve was about the size of half a haricot bean, and that in the semi-lunar valve was about the size of a small-sized pea. Loud valvular murmurs had been heard during life in connection with these growths. The kidney (the left) was a most interesting specimen. There was almost complete loss of the kidney structure; the organ was shrunken to one-

fourth the size of a healthy kidney, and was ossified throughout the remaining tissues. The existence of such a state of matters was not detected during life.

CANCER OF THE STOMACH.

Dr. LAW exhibited also a well-marked example of sarcomatous disease of the stomach.

INFANTILE PARALYSIS.

Dr. GWYNNE read a paper on this subject (which will be found at page 268), which gave rise to an animated discussion, in which Drs. LAW, BUNEAM, and DYSON took part.

In the course of his remarks, Dr. DYSON called attention to the following points:—1. The frequency with which sensation was said to be intact in infantile paralysis. In an adult case recently under his care there was decided diminution of sensation. He pointed out the great difficulty that existed in testing sensation in children. 2. The relationship of the more chronic varieties to progressive muscular atrophy, the differences in electrical reaction being explicable on the understanding that the lesion in the one case seems massive and general in the anterior cornua; in the other, more gradual and detailed, affecting separate cells. 3. He recommended in the treatment of paralysis and atrophy a more frequent and careful use of massage and warm water, and the covering of the affected members with warm clothing.

In connection with the paper, Mr. ATKIN exhibited for Mr. A. JACKSON, Surgeon to the General Infirmary, a specimen of a leg, amputated below the knee-joint, in the case of a young woman, *æt.* 21, who had been the subject of infantile paralysis, and who desired its removal, as it was a useless burden to her. The limb presented an example of arrested development, and of complete fatty degeneration of all the muscles. There was not a trace of muscular tissue present.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, MARCH 5TH.

JOSEPH WALKER, M.D., President, in the Chair.

EPULOID GROWTHS.

MR. BOYD WALLIS showed some models, illustrating the treatment of epuloid growths by means of electrolysis. In one case—that of a lady, *æt.* 58, who had obstinately refused to submit to any operation with the knife—an epulis of six years' growth, and of considerable size, springing from the back of the upper jaw, had been entirely removed by this means. The treatment, however, extended over six months. Another softer and more vascular growth had been destroyed by electrolysis in six sittings.

"THE ST. LUKE'S MYSTERY."

Mr. J. S. TURNER exhibited models of the mouth of the girl whose body was left, packed in a box, at a carrier's office in St. Luke's about two months ago; he showed also her lower jaw. Some doubt as to the girl's age was at first caused by the fact that on the right side of the upper jaw there were three molars, and the first of these was thought to be a permanent tooth. It was, however, a temporary molar, and the second bicuspid, which it was thought had been removed to relieve over-crowding, had been retarded in its eruption. In the lower jaw there were two temporary molars remaining; the canines, both upper and lower, were fully in position, and so were the upper anterior bicuspids. Taking everything into consideration, he thought the girl must have been about 14 or 15 years of age.

The case gave rise to some discussion, in which Mr. CHAS. TOMES, Mr. COLEMAN, and Mr. HUTCHINSON took part.

Dr. J. C. THOROWGOOD then read a paper on

THERAPEUTIC AGENTS FOR THE PROMOTION OF OSSEOUS DEVELOPMENT.

Dr. THOROWGOOD pointed out that the composition of the bones and teeth was practically identical, the chief difference being the larger proportion of inorganic matter in the teeth. The analysis showed that a considerable quantity of mineral food was required for the nutrition of these tissues. The mere administration of the necessary lime salts was, however, by no means the only thing to be considered in striving to improve osseous development. Thus,

in rickets, with an evident deficiency of lime salts in the bones, there was an elimination of from four to six times the normal amount of lime in the urine, showing that the defect was in the process of assimilation. For the dentist, the most serious condition in children was one of acid dyspepsia: the child's breath had a sour smell, tongue furred with red papillæ showing through, appetite often voracious, and bowels confined or irregular. To give a big-bellied, pale-faced child in this condition phosphate of lime and iron would only make him more uncomfortable; but give him alkaline aperients, regulate his diet, cutting off excess of starch and sugar, order exercise, salt-water baths, &c., and then administer the specific remedies indicated. Of these, the most useful were the soluble hypophosphite of lime and the chloride of calcium; either of these might be given in doses of two or three grains in glycerine and water. The lacto-phosphate of lime was also a valuable remedy. Diet was most important; the child must be taught to eat slowly; brown bread and Scotch oatmeal would suit some children, and "seconds" flour was preferable to "best whites." By this line of treatment the child would be brought into a condition in which the dental surgeon could work on the decayed molars with some prospect of his work remaining a lasting proof of his skill. Dr. THOROWGOOD, in conclusion, touched upon the subject of infant feeding.

An interesting discussion followed, several members pointing out that, owing to the early development of the teeth, and to the fact that, when once formed, they did not alter appreciably, any treatment intended to improve their condition must be effected through the mother, so as to influence the child during the periods of pregnancy and lactation.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

A MEETING of the Surgical Section was held on Friday evening, the 9th ult., in the Albert Hall, Royal College of Surgeons, Mr. J. K. BARTON, President, in the chair.

Mr. WM. STOKES, Sectional Secretary, and Mr. WM. THOMSON, General Secretary, were in attendance.

AXILLARY ANEURISM.

Dr. T. E. LITTLE read a paper on a case of axillary aneurism, for the cure of which he had deligated the subclavian artery in its third stage. The tumour had a traumatic origin. Great difficulties surrounded the diagnosis of the case, owing to the almost complete absence of pulsation or bruit in the tumour; nor could pulsation be felt at the wrist. There was a division of opinion among the surgeons who had been asked to examine the case, but ultimately the diagnosis of aneurism was arrived at. The operation selected and performed by Dr. Little was ligation of the third stage of the subclavian, the vessel being reached by an infra-clavicular incision. The result of the operation was most satisfactory.

Dr. BENNETT dwelt on the difficulties that attended the diagnosis in this case, being at one time of opinion that the tumour was of venous origin. He subsequently, however, modified this view. In deligating the first stage of the axillary artery he pointed out the advantages of keeping above, and not below, the cephalic vein.

Mr. STOKES asked the author what were his reasons for selecting the infra-clavicular operation; one which, in Mr. Stokes' experience, was much more difficult than the operation above the clavicle. He also mentioned that the probabilities of finding the artery healthy were greater when distant operation was performed.

Mr. PORTER considered the Academy indebted to Dr. Little for his excellent description of the operation. He believed the deligation of the first stage of the axillary artery was a more difficult operation than that of the third stage of the subclavian. He agreed with Dr. Bennett that the vein gave a great deal of trouble, as a rule, and that the surgeon must with great caution pass either the aneurismal needle or the probe between them.

Mr. CROLY dwelt on the difficulty of the operation, mainly from the great depth of the vessel. It had been suggested in order to facilitate reaching the vessel to saw across the clavicle. The collapse of the aneurism after the operation was not a favourable sign. The case appeared to have many features of resemblance to that of an aneurismal varix. The occurrence of pulsation in malignant tumours he also mentioned.

Dr. LITTLE, in reply, observed that, to give some colour to what Mr. Croly had said, it appeared to him that the pulsation in the vein at the time was intrinsic. He gave his reason for selecting the infra-clavicular operation, stating that the indications to keep away as far as possible from the aneurism were not specially great, as the aneurism had a traumatic origin. He agreed with Mr. Croly that the collapsing of the aneurism on the application of the ligatures was an unfavourable sign.

STRANGULATED HERNIA.

Dr. KILGARRIFF read the notes of three cases of strangulated hernia which had been operated on by him. The first was remarkable from the nature of the contents of the hernial tumour, consisting of the cæcum, and portion of the ascending colon in the cæcum having a free meso-cæcum, and the protrusion having a complete sac. The second case was one of congenital hernia, and presented many features of interest. The spermatic cord had a diameter of $\frac{3}{4}$ -inch, and was slung by a distinct and free mesentery. Again, the rigid, inelastic condition of the skin of the patient rendered the replacement of the testicle impossible, and necessitated castration. In the third case there was a double stricture, the external consisting of thickened inter-columnar bands, and the second at the deep abdominal ring. The results obtained in these three cases were satisfactory.

In the discussion which followed, Mr. Ormsby, Dr. T. E. Little, Dr. Henry D. Fitzgibbon, Mr. Croly, the President, and Mr. Stokes took part. They drew attention to the after-treatment in cases of strangulated hernia, to the frequent possibility of reducing hernia after opening the sac without division of the stricture, to the possible connection of serous effusion in the sac and extreme tightness of the stricture, and to the desirability of making a high incision in the congenital form.

Dr. KILGARRIFF briefly replied.

The Section then adjourned.

THE MEDICAL SECTION.

A MEETING of the Medical Section was held on Friday evening, March 16th, at the Hall of the King and Queen's College of Physicians, Dr. WILLIAM MOORE, President of the Section, in the chair.

Dr. A. N. MONTGOMERY, Sectional Secretary, was in attendance.

LIVING SPECIMENS.

Dr. McDONNELL exhibited a case of hammer-cramp; and Dr. STORY a case of hematrophia facialis.

SPECIMENS EXHIBITED BY CARD.

Dr. C. J. NIXON—Intussusception of the death struggle.

Dr. J. W. MOORE—Disease of the aortic valves, with compensatory mitral regurgitation.

Dr. HAWTREY BENSON—Abscess in wall of bladder, which pointed externally.

COMMUNICATIONS.

1. Dr. FRAZER on "Bleeders" and sudden death from cerebral hæmorrhage. 2. Dr. McDONNELL on hammer-cramp.

Dr. FRAZER read a paper, mentioning some instances of serious bleeding following trifling injuries, and then described two cases of sudden death from sanguineous apoplexy occurring in individuals who had previously suffered from bleeding of the nose, lungs, &c.

Dr. HENRY KENNEDY related a fatal case of purpura, in which the post-mortem examination revealed an extensive effusion of blood over the surface of the brain; and he referred to Latour's observations on hæmorrhage.

Dr. COX referred to a gentleman the subject of hæmorrhagic diathesis, in which a chill appeared to be invariably the exciting cause of the hæmorrhage. In this case there was a well-marked family history of the diathesis.

The PRESIDENT mentioned a case of an old lady who suffered from severe epistaxis, and shortly afterwards became completely demented.

Dr. FRAZER, in reply, said he introduced the first two cases merely to show that he was not overlooking the subject of hæmorrhagic diathesis. In such cases the blood was almost water, but in the case of the gentleman pointedly alluded to he never saw better clotting blood. The hæmorrhage in his case was not produced by chill, but he appeared

to form more blood than was required, and this was eliminated by nose, lungs, or kidneys.

Dr. R. McDONNELL showed to the Section a patient, a young man 22 years of age, whose right arm was subject to muscular spasms. The patient was a nailor by trade, and had been, since he was eleven years old, more or less hard at work at this occupation. The spasmodic jerkings of the muscles, which interfered with his occupation, began about seventeen months ago, and after the first three months became so violent that he had to give up work altogether. The case was one of functional spasm unaccompanied by pain, and is an affection very similar to writer's or scrivener's cramp, although all the muscles supplied by the brachial plexus seem to be affected, and those around the shoulder-joint, especially the great pectoral, seem to be most so. The treatment consists in regular, orderly rhythmical movements of the limb, as was so successful in a very similar case reported by Dr. G. V. POORE in the *Practitioner*, September, 1872.

Dr. FOOT said that this man had been under his care for a considerable period, during which time there was a marked improvement in his symptoms. He did not consider it at all a wonderful case. He thought it was analogous to other cases, such as telegraphists', milkers', violin and pianoforte-players'. He was not aware that it differed from several cases recorded by Dr. Frank Smith, of Birmingham, which was a centre of nail-making. He never thought there was any approach to chorea, as when in bed the muscles were perfectly quiet.

Dr. HENRY KENNEDY remarked that Dr. Harley had succeeded in curing similar cases by large doses of *s. conii*, $\frac{5j}$, at a single dose.

The PRESIDENT and Dr. F. C. MOORE having also taken part in the discussion,

Dr. McDONNELL replied. He said that there were two points raised by Dr. Foot in reference to the case. First, there was no difference of opinion as to the nature of the case, which belonged to the category of scrivener's palsy, but differed from the tremor in piano-players, &c. His case also differed from those of Dr. Frank Smith in not having general paralysis. Dr. Smith's cases bore no relation whatever to scrivener's cramp or hammer-cramp. The second point was that Dr. Foot did not seem to think that the case belonged to chorea, because the patient was quiet at night. But so far as his (Dr. McDonnell's) experience went, in any except the most exaggerated case of chorea, the movements were entirely stopped during sleep.

The Section adjourned.

Special.

THE REPORT OF THE MEDICAL DEPARTMENT OF THE ENGLISH LOCAL GOVERNMENT BOARD.

THE supplement to the eleventh annual report of the Medical Department of the Local Government Board just issued is a valuable contribution to hygienic medicine, and on that account demands a prominent notice. We shall not, however, attempt on the present occasion a digest of the varied contents of the volume; our remarks will be confined to a subject which has engaged, as our readers know, a good deal of our attention—that of the purity of potable waters. Investigations were undertaken more than a year ago by the Medical Department of the Board, with the view of showing what dependence may be placed on the chemical analysis of water. This question would, in all probability, not have assumed the importance it has but for the persistent way in which, in the columns of the *Medical Press and Circular*, we have maintained that analytical results alone were of little or no value as proving purity and wholesomeness of water, and this view is now placed beyond a doubt.

The investigations carried out under the superintend-

dence of Dr. Cory, whose report is printed *in extenso*, had for their object the testing the evidence derivable from chemical analyses after adding various polluting matters to a series of samples of waters, and submitting them, together with samples of the original waters, to selected experts for examination. Dr. Cory kept accurate note of each step of the proceedings of the chemists, and also of the microscopical appearances observed in his water samples, and he now lays the facts before the Board. Many of his observations had reference to the contamination of water with the stools of enteric fever patients, this disease having a manifest and special faculty of spreading by means of drinking water. Dr. Buchanan, in commenting upon the report, selects these as being more convenient for the purpose of showing some of the results obtained by the experiments. In the first place, it was found, as has been often stated, that by the customary methods of chemical examination there is nothing whatever to distinguish typhoid pollution from that of any other excremental pollution; indeed, there is no indication whatever that chemistry can tell whether a healthy or a diseased body has been the source of any foulness observed in water. This remark applies to all the various chemical processes put on their trial in the course of these experiments, that is, equally to the "permanganate test," the "albuminoid ammonia," and the "combustion process," all of which were used. Dr. Buchanan restricts his remarks to the results obtained by the process which is most trusted for the recognition of animal or organic "impurity, the amount of albuminoid ammonia yielded by the water." Without entering into the details of the experiments, we may state that a water purposely befouled by adding one grain of enteric fever stool per gallon yielded results, as expressed in albuminoid ammonia, as low as .014 parts per million parts of water. Dr. Buchanan is of opinion, therefore, that it is not permissible to accept the doctrines which have been formulated from the amount of albuminoid ammonia present in an otherwise unknown water. Polluting material potent for harm may be in a water yielding from 0.0 up to 0.05 parts of albuminoid ammonia per million without removing it from the rank of waters of "extraordinary organic purity," and he positively denies that an unknown water showing 0.05 to 0.10 parts of albuminoid ammonia per million can be assumed to be "safe organically." Water containing the most dangerous ingredients may then escape the observation of the chemist—not so the microscopist, for in almost every instance the microscope detected living organisms in the excremental polluted specimens under experimental examination. "The lesson taught afresh and significantly by these investigations is that, while we must be ever on the watch for the indications that chemistry affords of the contaminating matters to drinking waters, we must go beyond the laboratory for evidence of any drinking water being free from dangerous organic pollution. For unless the chemist is well acquainted with the origin and liabilities of the water he is examining, he is not justified in speaking of a water as "safe or wholesome" if it contains any trace whatever of organic matter; hardly, indeed, even if it contain absolutely none of such matter appreciable by his very delicate methods. The chemist can, in brief, tell us of impurity and hazard but not of purity and safety." There are many other interesting investigations which we must reserve for a future opportunity.

THE MEDICAL BILL.

Analysis of the Bill (all important phrases verbatim) introduced in the House of Lords by Lord Carlisle on behalf of the Government on Thursday, 8th of March.

(Continued from page 254.)

THE following is an analysis of the clauses of the Bill additional to those which we published last week:—

PART III.

Foreign Practitioners.

22. Where a person shows that he holds some recognised colonial diploma, and that he is of good character, he shall be entitled, without examination, to be registered as a colonial practitioner;

Provided—

- (1.) That he was practising medicine in the United Kingdom on Jan. 1, 1885, and that he has continuously practised the same either in the U. K. or elsewhere for the preceding ten years; or
- (2.) That his diploma was granted to him when he was not domiciled in the U. K.

23. Same enactment as regards foreign practitioner;

Provided—

- (1.) That he is not a British subject; or
- (2.) That being a British subject his diploma was granted when he was not domiciled in the U. K. or resident out of the U. K. not less than five years; or
- (3.) That being a British subject he was practising in the U. K. on Jan. 1, 1885, and that he has so practised for the preceding ten years.

24. The recognised medical diplomas shall be such medical diplomas as may be recognised by the Medical Council as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery, and midwifery, and as entitling the holder thereof to practise medicine, surgery, and midwifery in such British possession or foreign country.

PART IV.

Medical Titles.

26. Any registered medical practitioner who has passed a final examination under this Act may use after his name the title of Licentiate of the Medical Council in medicine, surgery, and midwifery, or any letters indicative of such title.

27. Medical titles shall be divided into two classes—

- (a.) medical qualifying titles, and
- (b.) medical higher titles,

and these alone shall be entered on the Register.

"Medical qualifying title" means—

- (a.) In the case of a home practitioner the title of "Licentiate of the Medical Council in medicine, surgery, and midwifery;" and
- (b.) In the case of a colonial or foreign practitioner any title implying that he has obtained a recognised diploma;

As respects a person registered before Jan. 1, 1885—

Any title implying that he has obtained a registrable diploma.

"Medical higher title" means any title implying the grant of a diploma after examination in respect of a substantially higher degree of knowledge than is required to obtain a qualifying diploma, or a diploma which has been granted as a testimonial of special distinction.

If any authority feels aggrieved by refusal of the Council to recognise its diploma as conferring a medical higher title, such body may appeal to the Privy Council.

Management of Register.

29. Arrangements for correction and publication of Medical Register as heretofore.

Where the Medical Council is of opinion that the

erasure of the name of a person from the Register will be too severe a punishment for the offence of such person, they may, instead of directing his name to be erased, declare that he is suspended, and thereupon directing the word "suspended" to be entered opposite his name in the Register.

A registered medical practitioner when suspended shall not be deemed during such suspension to be a registered medical practitioner.

The name of a person shall not be erased nor suspended under this section—

- (a) For adopting the practice of any particular theory of medicine or surgery, nor
- (b) For a conviction for a political offence abroad, nor
- (c) On account of a conviction for an offence which, does not, either from the trivial nature of the offence, or from the circumstances under which it was committed, or from the time which has elapsed since its commission, disqualify a person in the opinion of the Medical Council.

PART VI.

GENERAL PROVISIONS.

As to Medical Boards, Medical Council, and Privy Council.

40. Each medical board may, with the assent of the Medical Council, appoint and remove a secretary, treasurer, and such other officers and servants as the medical board may require.

41. The Medical Council may from time to time, with the sanction of the Privy Council, do likewise.

As to Approval and Confirmation of Schemes.

42. Where a scheme is required to be approved by the Medical Council—

- (1) The medical board shall send a copy to the Medical Council.
- (2) The Medical Council may either annul or approve the same with or without modification made by the Council, or may remit the same to the medical board for modification by them, until it is brought into conformity with the views of the Medical Council.
- (3) The Medical Council to forward as soon as practicable to the Privy Council for confirmation any scheme approved by the Medical Council.
- (4) The Privy Council shall take the same into their consideration, and may either annul the same altogether, or may remit the same to the Medical Council for modification by them.

The Medical Council before approving and the Privy Council before confirming any scheme shall hear any objections which may be made to the scheme by any person or body of persons.

44. If any medical board makes default in the performance of its duty, the Medical Council shall notify to the medical board that it has made such default, and may by order suspend or supersede such board, and direct a fresh election to be held.

45. If the Medical Council makes default in the performance of its duty, the Privy Council shall notify that it has made such default; and the Privy Council may do any act or thing in respect of which it considers the Medical Council to have been in default.

PART VIII.

Saving Clauses.

67. Nothing in this Act contained shall in any way prejudice or affect the lawful occupation or business of chemists, or druggists, or so far as relates to selling, compounding, or dispensing medicines, the rights, privileges, or employment of duly licensed apothecaries in Ireland.

68. Nothing in this Act contained shall prevent any person not a British subject who has obtained a foreign degree or diploma entitling him to practise medicine, surgery, and midwifery in his own country, from acting as the medical officer of any hospital for the relief of foreigners in sickness, although he is not registered as a foreign practi-

tioner, provided that such person is engaged in no other medical practice.

69. Nothing in this Act contained shall repeal or alter any of the provisions of the Passenger Act, 1855.

70. This Act shall not increase or diminish the privileges of any person who, on December 31, 1884, is a registered practitioner, and such person shall be entitled to practise in medicine, surgery, and midwifery, or in any one or more of them, according as he was entitled to practise in such callings or any one or more of them, before the said appointed day, but not further or otherwise.

Dentists.

72. There shall be repealed so much of the Dentists' Act, as provides that a prosecution shall not be instituted by a private person, and a prosecution for any such offences may be instituted by a private person accordingly.

It shall be lawful for Her Majesty at any time after the said appointed day to declare by Order in Council that section twenty-eight of the said Dentists' Act, 1878, shall be in force on and after a day to be named in such order, but in the meantime and until such Order has been made, and before such day as last aforesaid, such section shall not be deemed to be in force.

SCHEDULE.

PROCEEDINGS OF MEDICAL BOARD AND OF COMMITTEES OF MEDICAL BOARD AND MEDICAL COUNCIL.

1. The board or council shall from time to time make such regulations with respect to the transaction and management of business as they think fit, subject to the following conditions:—

- (a) An extraordinary meeting may be summoned at any time on the requisition of three members addressed to the chairman;
- (b) The quorum shall consist of not less than three members;
- (c) Every question shall be decided by a majority of votes of the members present and voting on that question;
- (d) The names of the members present at a meeting, and upon a requisition made by any member or members voting on a question the names of the members voting on that question, shall be recorded.

2. In case of an equality of votes at any meeting the chairman for the time being of such meeting shall have a second or casting vote.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 34, Madras 39, Paris 28, Geneva 19, Brussels 25, Amsterdam 27, Rotterdam 34, The Hague 15, Copenhagen 27, Stockholm 28, Christiania 9, St. Petersburg 41, Berlin 25, Hamburg (State) 27, Dresden 24, Breslau 29, Munich 28, Vienna 32, Prague 37, Buda-Pesth 32, Trieste 37, Rome 31, Turin 28, Venice 30, Lisbon 34, New York 25, Brooklyn 21, Philadelphia 20, Baltimore 21.

THE highest annual death-rates per 1,000 last week from diseases of the zymotic class, in the large towns, were—From whooping-cough, 2·3 in Cardiff and 3·8 in Hull; from scarlet fever, 1·2 in Sheffield and 1·3 in Leeds; and from "fever," 1·0 in Newcastle-upon-Tyne, 1·2 in Birkenhead, 1·5 in Liverpool, and 2·1 in Plymouth. The 37 deaths from diphtheria included 18 in London, 6 in Glasgow, 3 in Edinburgh, and 2 in Portsmouth. Small-pox caused one death in London, 3 in Newcastle-upon-Tyne, 2 in Birmingham, and one in Hull.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 6d. Post free, 5jd.

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

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 28, 1883.

THE MEDICAL BILL.

THE licensing bodies concerned with the Medical Bill have been engaged upon the measure during the past week, and are meditating upon the attitude which they will assume towards the second reading of the Bill, which is set down for April 5th. As regards the long and bitterly-contested reconstitution of the Medical Council, and the election thereto of direct representatives of the medical practitioner, there seems to be no longer any serious opposition. The Medical Council and its champions, Mr. Simon and Mr. Turner, against the profession have, we imagine, fired their last cartridge, and the licensing bodies are too busy entrenching their own positions to care about the dismemberment of the Medical Council, so that it may, we believe, be assumed that, if the Bill passes at all, it will pass with the reconstitution clauses very much as they stand. The quacks' clauses are open to much improvement, and no doubt a vigorous effort will be made to amend them when the Bill reaches the committee stage, but we believe that those who are most anxious about this part of the Bill will not offer any opposition to the second reading, but will reserve their efforts until the subsequent stage.

We publish to-day our analysis of the foreign and colonial diploma clauses of the Bill, but though we have much to say with reference to them, we think it better to withhold our criticism until the time comes for suggesting alterations.

The points upon which the battle of the Bill will be fought are the clause which is to secure equality of curriculum, examination standard, and examination fee at the final examinations of all divisional boards throughout the kingdom, and the clause which provides for the distribution of the surplus for the maintenance of the educational and examining bodies. We are not surprised that these clauses should have evoked the solid opposition of the Irish qualifying bodies, and we regret that the Government were not better advised as to the effect of them upon these bodies before they framed them in their present form. As they now stand they perpetuate the Scotch under-selling, and they leave the Irish licensing bodies wholly dependent on the good will of the Medical Council in London for a great part of their means of support. We do not conceive that this result of the clauses could have been intended, because such a settlement would be entirely at variance with the principle of former bills, and with the plain details of justice and public interest. We therefore look with confidence to an amendment of the Bill on these points with the consent of the Government, and we anticipate that, if the Irish bodies can be satisfied on these two subjects, they will permit the Bill to go through at least without active resistance.

Subject to this change in the Bill, we consider it to be in all essential respects deserving of the support of the profession, and we hope that support will be heartily and energetically given if the amendments to which we refer are conceded.

INTRA-CARDIAC DISEASES.

HOWEVER much Dr. Sansom may differ from other observers in his interpretation of the phenomena exhibited during the progress of cases in which the endothelial structures of the heart are the seat of lesion, there can still be no question of the importance and value of his recent contributions to our knowledge of certain cardiac diseases. In the Lettsomian Lectures recently published in our columns, Dr. Sansom has done something more than merely review the information at present accessible to practitioners in respect to cardiac valvular diseases; much of the time during which he occupied the position of instructor of the Medical Society of London was devoted to an exposition of results and opinions gathered in a long and fruitful experience of the affections treated of in the lectures. It was natural, however, if not unavoidable, that primary importance should throughout them be given to the relations existing between rheumatic fever and valvular mischief; and we may congratulate ourselves on the forcible manner in which Dr. Sansom has felt it to be imperative on him to insist that intra-cardiac mischief may be induced without the exhibition of any of those directly referable symptoms that are mentally conjured up by mention of acute rheumatism. We have again and again asserted, not, indeed, of this affection specially, but generally, that by far the worst of all existing evils in medical practice is that "leave it to others" system, in accordance with which the beginnings of diseases are regarded as a thing apart from the necessary studies of practitioners. Unpalatable as the truth may sound, it is yet undeniable

that medical men, as a rule, are disposed to look upon themselves as required to act only in the presence of illness, and to relegate to scientists and specialists and preventists all those questions involving the command "*principiis obsta*," and of which it is their duty to take full cognisance.

Dr. Sansom has shown that rheumatism does not stand alone as the disease with which endocarditis is to be associated. After both measles and scarlatina he has found it to be insidiously developed; and so convinced is he of the dangers possible in this connection that he urges vastly more careful treatment of cases of measles than these are in the habit of receiving; and in the belief he entertains of the frequency with which cardiac troubles are assignable to premature exposure after recovery from "simple measles" there may not improbably be many sharers among his more thoughtful listeners.

Much interest must naturally attach to the bearing of Dr. Sansom's teachings on the salicylic treatment of rheumatism initiated by Dr. MacLagan; nor does it seem improbable that one outcome of the lectures and the discussion they have given rise to, may be a better understanding of the rôle of salicin, and thereby a more specific application of its curative properties. Dr. MacLagan requires the drug to be pushed in what bears the semblance of heroic doses, basing his arguments to this end on strictly pathological grounds. The salicin, he urges, cuts short the stage of primary mischief if given early and in sufficient amount, such primary changes consisting in cellular changes of the fibrous tissue about the region of the valves. Once developed, this infiltration causes friction of, and deposits on, the valve itself; and hence his first rule is to prevent such friction by arresting the stage of infiltration which precedes it. There is little in Dr. Sansom's lectures to preclude us from accepting Dr. MacLagan's views, or from indulging the desire to see treatment designed more especially to vindicate his statements in the future—a consummation to be wished for in the best interests of medicine.

Mitral regurgitation and mitral stenosis formed the subjects of Dr. Sansom's second and third lectures, both diseases being carefully and exhaustively considered. Speaking of remedial agents in regurgitation, he refers favourably to *convallaria majalis*, which, though doubtfully superior to *digitalis*, has power, in Dr. Sansom's experience, to raise intra-vascular pressure and the force of contraction of the heart.

The difficulty often experienced in recognising stenosis of the mitral valve has induced Dr. Sansom to devote considerable space to explanation of the differential diagnosis of the disease, and the lecture containing it will be found of the utmost service to students and practitioners. Many even of the latter might be and have been guilty of excusable misjudgment in these cases; and we venture to say that, though remembering the golden rule that murmurs due to stenosis stop abruptly with the first sound, difficulty may, notwithstanding, be sometimes experienced, and that too by observers of considerable experience and knowledge. To all such, however, the perusal of Dr. Sansom's exposition of the signs and character of stenosis will prove an unmixed blessing.

The statistics by which Dr. Sansom shows the relations between rheumatism and the two forms of mitral malfor-

mation considered in the last lectures are most instructive. They prove that proneness to mitral regurgitation increases with the number of rheumatismal attacks, whereas such attacks have no tendency to cause stenosis; but when the disease as occurring in children is studied, the fact comes out, so emphatically suggestive in connection with the remarks made at the commencement of this article, that stenosis is most probably not independent of rheumatism, but is associated with its most insidious and unpronounced varieties. This lesson alone might be deemed a sufficient result of Dr. Sansom's valuable lectures.

THE PLEA OF INSANITY IN CRIMINAL CASES.

LORD DEAS is an octogenarian Scotch judge, with a vigorous intellect, which is not one whit impaired by the weight of eighty years. Of late this worthy judge has developed certain well-marked eccentricities, prominent among which are his constant "sitting upon" counsel, his depreciation of medical testimony, and his humorous "asides" in the course of trials. It must be said of these that they are racy, sagacious, and not unfrequently witty. Whether the Bench is the place where they are seemly and appropriate it is not for us to determine. At the recent Glasgow Circuit Court a case of murder was tried, to the medical aspects of which we desire to make a cursory allusion. To every well-constituted mind it must be a matter of sincere congratulation when extenuating circumstances exist in cases of murder to save the accused from the gallows; and in what we are about to remark, we must not for a moment be supposed to write with any feeling of regret that mercy tempered justice. The facts of the case are briefly these:—George Miller, a soldier belonging to the Highland Brigade, was charged with murder. It was alleged in the indictment that, on the 30th December last, in a cell at the Southern Police Office, Glasgow, he attacked a man named Robert Frew, bricklayer, dragged him from a wooden bed, kicked him several times on the head, chest, and sides, and other parts of his person, struck him several blows with his fists on the head, face, and chest, and otherwise maltreated and abused him, by which his upper jaw and several ribs were broken, and from the effects of which he immediately died. When the deceased was taken into the police office he was so drunk that he could not walk, and the prisoner was found lying in a close before being taken to the office, and according to the statement of the constable, "he was helplessly drunk when I found him." Both men were placed in the same cell; at half-past eight "they were both lying asleep on the bed," and at ten minutes past eleven the following was the condition of matters:—The body of Frew was lying on the floor dead; the floor of the cell was covered with blood. The prisoner's hands were covered with blood. Dr. Chalmers, police surgeon, saw him shortly after this at the bar of the police office, when he "was calm and collected. He did not appear as if a serious charge was brought against him. He did not appear as if he were in drink. He appeared to be rather a person affected in his mind." At the time Dr. Chalmers thought the

prisoner insane. At the commencement of the trial the following episode occurred: "Mr. Maclellan (prisoner's counsel)—I have to ask your Lordship to permit three medical experts to examine the prisoner; Dr. Yellowlees— Lord Deas—I don't know any such practice, and I never allow it. You will suffer no injustice by that. It is not usual, and I don't give you permission. Go on, please." Addressing the Jury, his Lordship said, "No persons are better judges of whether a man is or is not insane, in the eyes of the law, than an intelligent jury. Doctors are mere witnesses. You are the jurymen and the judges." The following day, in complimenting medical witnesses from Greenock, Lord Deas again expressed his opinion of medical men in the following terms—terms certainly the reverse of flattering to the gentlemen who usually give evidence in this court:—"The gentlemen (the medical witnesses) gave their evidence in a very cautious way, and the questions that were put by the jury were all very proper. . . . The doctors had no theories to support, and he was glad to have such respectable men in the box, for *that was not always to be had.*" It would appear that in the eyes of Lord Deas the indulgence of a theory and the support of it is a disreputable thing! Turning to the case of Miller, the law in a case of insanity from drink is thus laid down by his Lordship:—"There was no doubt that if the man was insane at the time that he committed the offence, it did not matter whether the insanity lasted for half-an-hour or ten minutes, or how long it lasted, they could not find him guilty of murder if at the time he committed the assault he was insane.

. . . Merely under drink would not do; but if drink produced insanity for however short a time, and the man did certain things while insane that there was no reason to think he would do while sane, that was quite enough." *Delirium tremens*, we presume, is insanity from drink; yet, if we mistake not, Lord Deas disallowed this very contention in the case of Grainger at the Inverness Circuit Court in 1878.

In the present case his Lordship puts the question with his usual conciseness, and certainly with a leaning to mercy, towards "which he had leaned, as he hoped he always did." The question, then, for the jury to resolve was, On what data is the contention of temporary insanity based? and are they of such a nature as to carry conviction to an intelligent mind? Dr. James Chalmers testifies to having seen the man repeatedly since he committed the crime. "He seems well enough. He can speak well and intelligently enough. Constitutionally, he appears to me a cool and collected man. I saw no trace of disease of the brain about him." This is surely testimony to a physical and mental condition the reverse of insane; but Dr. Chalmers adds: "I thought his insanity might pass away in a few hours. When I saw him on Sunday he appeared to be all right. His state on Saturday night appeared to be a temporary one. In the absence of any history of the man, I think he is a person who, if he never touched drink, would be able to lead a rational life." What insanity would soon pass away? The effects of drink and the consequent violence? Beyond this, Dr. Chalmers signally fails to indicate one single feature of insanity; and truly, if

this be insanity, there are a great many insane people in Scotland, as elsewhere. Dr. Samuel J. Moore, being questioned as to his opinion as to the state of the man's mind when he committed the act, replies: "He must have been very much infuriated." Doubtless, but being so infuriated as to kick a man to death does not constitute insanity. Dr. Yellowlees, who was asked by the Procurator-Fiscal to examine the accused in prison, deposed that "he could only form an opinion as to what his condition would be in drink from what he himself told me." "Suppose I tell you that the prisoner, being in a cell in the police office, attacked another man beside him, kicked several of his ribs into fragments, broke his upper jaw, killing the man with great violence in a minute, would it consist with your opinion that that was done while he was in a condition of temporary insanity? It is possible that that might have been done under temporary insanity, and that the man afterwards might not have been aware that he had done it." It is unquestionably possible; but bare possibility is not proof, nor is savagely kicking a man to death under drink and forgetting all about it afterwards insanity, if it be not insanity to be drunk at all.

"If the prisoner said immediately afterwards that he knew nothing about it, remembered nothing about it, do you think he was speaking truthfully?—The prisoner spoke to me quite frankly about this occurrence, and about previous occasions on which he had been similarly affected. He told me that upon this, and on previous occasions, he was utterly unconscious of what had happened while he was under the influence of liquor, that liquor produced upon him the effect of being utterly unaware of what had taken place." Hitherto the evidence of insanity, according to Dr. Yellowlees, consists in a state of violence during drink, and subsequent unconsciousness of the condition. If this be insanity the law must be radically changed at once, and no small body of men will come under its operation! "The Advocate-Depute: From your study of him do you find him a man below the average as regards education and intelligence? He is below the average in both." "Did you test him about the name of the General who commanded his brigade in the Egyptian war? I did, I asked him if he remembered the one-armed General who commanded his brigade in the Egyptian war. He replied that he had seen him, but he did not know his name. That showed defective intelligence!" Doubtless; but defective intelligence is not insanity; and it is more than likely that hundreds of soldiers in the same brigade were equally ignorant as to the name of their general. The game of war is not one congenial to high and refined intelligence, and being "below the average as regards education and intelligence" may possibly make the man the better soldier. There is a true observation of Stuart Mill's that a man of fine feelings, high culture, and generous impulse will never make a successful general. Dr. Alexander Robertson stated:—"I have had an interview with the prisoner, and have carefully considered his case. I am of opinion that when he committed the act with which he is charged he was labouring under a short paroxysm of insanity." We are very much dis-

posed to think that in a certain sense every man who commits murder is "labouring under a short paroxysm of insanity," yet this does not come within the legal acceptance of the term insanity. "Might the immediately exciting cause of that attack be drink? That may have helped to aggravate the condition, but from a study of the case I am of opinion that probably it was due to an attack of a form of epilepsy." A sufficiently vague and indefinite answer in all certainty. On this evidence the man was acquitted of the capital charge. We speak with the deference due to the position, the intelligence, and the experience of the experts in this case, while we submit that we fail to recognise in the foregoing evidence the most slender proof of insanity. It is entirely made up of contingency and supposition. We are far from denying that George Miller, when he committed the horrible deed with which he was charged, was not maddened by drink; but if every man who commits a crime in this state can claim on this account an immunity from punishment, jurisprudence must be modified accordingly. We think humanity demands that every allowance should be made for perverted reason and impulse, no matter how induced; but the anomalies and inequalities of punishment are certainly perplexing. Was not the case of Guiteau one on which infinitely less doubt could exist on the question of insanity than that of Miller? A poor young lad of nineteen going peaceably home from a humble party with a few females, and other friends, is goaded into anger by the rough jests of one or two whom they encountered on their way. He seizes the first weapon at hand, which turned out to be a hoe, and struck his tormentor on the head, death resulting. That unfortunate young man expiated his crime—if indeed an act so unpremeditated and thus provoked were a crime—on the scaffold. If ever there were extenuating circumstances in a case of murder they existed in the case of Docherty.

Notes on Current Topics.

Angina Pectoris.

It is not unworthy of note that within a brief space of time two eminent and valuable lives should have been cut short under circumstances so far similar that the same cause of death, angina pectoris, has been assigned in both cases. Gustave Doré and Sir George Jessel both succumbed to this insidious and terrible disease; and almost at the same time as the latter named was seized with the fatal attack, a very highly esteemed and well-known clergyman at Sydenham, the Rev. W. Taylor Jones, died from the same affection. In our present knowledge, or rather ignorance, of angina pectoris, of its causation and its pathology, there is so much to be learnt in connection with it ere we can at all trustfully treat it for cure, that the necessity for carefully studying every fragment of suggestion bearing on it needs no expressing. Beyond the fact that it is most certainly a nervous affection, or at any rate an affection of which the symptoms depend intimately on the pneumogastric and sympathetic nerves, there is really nothing positive to guide the physician

who essays to relieve it; and he is at the best compelled to devote himself to the amelioration of symptoms in all that he does to ease the sufferer. Bristling as it is with difficulties to impede the student, it may still be hoped that recent events will bring angina pectoris once more into the prominent rank of diseases requiring to be deliberately studied in the light of every recent advance in medicine and pathology, and with the assistance of the most perfected modern methods of research.

Guardians' English.

CURIOUS and oftentimes ludicrous as the proceedings of boards of guardians frequently are, probably no other guardians ever attained such sublime heights of absurdity as those of Gainsborough at their meeting on the 20th ult. It seems that one of these local luminaries having been puzzled to understand the reports presented by the medical officers of the union—a difficulty associated presumably with certain details of a painful nature, and not remotely connected with elementary deficiencies in the way of intellectual treasures—moved, and succeeded in carrying, a resolution to require these reports to be written in language "that might be better understood." One of the medical officers to whom this startling demand was addressed not unnaturally appended a glossarial supplement to his report, which reasonable precaution against misunderstanding the exacting guardians construed into an insult worthy of "explanation." It would seem, from the discussion evoked, that Gainsborough's guardians will be happy only when their medical officers consent to write official reports in Gainsboresse, this being apparently the only language which is intelligible to at least a section of the board; for, notwithstanding abundance of "explanation," a narrow majority alone prevented the unlucky doctors from being "reported to the Local Government Board for defying the wishes of the guardians." As the matter is to be brought up again, the authorities in Parliament Street may even yet be called on to decide whether medical reports should be couched in terms more grateful to certain Gainsborough guardians' ears than the grammatical and occasionally technical English customary to be employed by medical officers of health. It may be as well to add that one of the incriminated doctors has held his post for *thirty years*, and is now, for the first time, required to write in language "that may be understood!" The Gainsborough schoolmaster is surely a long way abroad.

The Combined Colleges Scheme.

WE have much satisfaction in learning that the views we expressed last week concerning the combination of the Royal Colleges of Physicians and Surgeons in London are very generally reflected throughout the profession, and that the "scheme" is without favour among the majority of the members and Fellows of the interested institutions. What action these bodies will take in the face of the very decided opposition their arrangement has excited we are, of course, unable to say; but it might be wisely done if they forthwith decided to rescind the resolutions by which they mutually agreed to enter into a compact which is little likely to redound to the credit of either. Moreover, as the consequences which will surely

ensue from adoption of the scheme are more carefully considered, it becomes increasingly apparent that the two Royal Colleges will be the last to obtain additional advantages by imposing prohibitive restrictions on candidates for their licences. The College of Surgeons, indeed, already, if report speaks truly, sees the folly of its action, and will so far depart from the terms of the agreement as to grant its special qualification to candidates possessed of proper medical diplomas; and thus the only tangible profit the compact can secure to the unfortunate College of Physicians will be taken away, while its "double" qualification will once again sink into competition with the L.S.A., as being merely a licence in medicine. Surely it must be plain by this that the whole proceedings which terminated in the production of a "conjoint scheme" have been ill-advised, ill-carried out, and had best be consigned to the limbo of ridiculous failures.

The Case of Dr. Abrath.

THIS case, which has been several times before the Courts, came on again for hearing last week as an appeal case in the Court of Queen's Bench. It will be remembered that Dr. Abrath, of Sunderland, was the medical attendant of a person named McMann, who, in travelling by the North-Eastern Railway Company's line between Newcastle and Sunderland met with an accident, which, according to his account, was of a most serious nature, causing a long illness and serious permanent injuries. He was professionally attended by Dr. Abrath, and subsequently brought an action against the Company for damages. This was settled out of Court by the Company agreeing to pay McMann £725 as damages for his injuries and £300 as costs. Subsequently, under the belief that Dr. Abrath had healed McMann in such a manner as to make two scars on the base of his spine in order to make the injuries inflicted greater than they were in reality, the Company indicted both doctor and patient for conspiracy; but at the trial at Derby they were acquitted, and Dr. Abrath then brought the present action for malicious prosecution. It resulted in a verdict for the Company on technical grounds, and the plaintiff obtained a rule for a new trial. After hearing counsel on both sides, their lordships, Justice Grove and Justice Lopes, reserved their judgment.

The Drainage of Sheffield.

DRAINAGE in Sheffield is at present in a most unsatisfactory condition. It is altogether disgraceful in connection with a town of such importance and great natural advantages for securing a most perfect system of drains. In every direction there could be no possible difficulty in securing a fall sufficient to ensure the flow and clearance of the drain contents. Large districts are at present absolutely destitute of any proper provision for drainage. Where the sewers run to, or where the sewage is discharged, are questions to which the sanitary authorities of the town could give no very satisfactory answers. In sanitary matters, "out of sight" is but too frequently "out of mind;" and unless compelled thereto by conditions that are openly and absolutely offensive, people are hard to be moved, and show the most marked want of

interest and apathy in such questions. The very people who would be horrified to see a house in flames, and a life endangered thereby, are callous, when it is only sewer-gas that is creeping through every part of their houses, bringing with it a lowered condition of health, and inability to resist the numerous forms of disease, and intensifying the virulence of such diseases when present. They pity, of course, the long days of illness, and anxiously await the developments of the disease; but the pain and suffering is not compressed into the few short moments of agony that are experienced by those in danger from fire, and which appeals so forcibly to the sympathy of the on-looker. Could people realise properly the conditions and sufferings of disease, and the *entourage* and expenses entailed thereby, their interests in everything pertaining to sanitation and the proper preservation of health would be greatly quickened, and we would hear no more of the too-often present existing apathetic indifference. As the result of a resolution passed in the Town Council on the 1st of December, 1882, an elaborate report has been drawn up by Messrs. Charles Gott, C.E., of Bradford, and Robert Davidson, C.E., borough surveyor, accompanied by detailed plans showing the position and direction of the proposed main drains, together with plans of the necessary works at the outfall. This report is now under consideration, and has been noticed at length in the *Sheffield Daily Telegraph*, March 9th, 1883. The cost of the proposed scheme is £147,218. It is to be hoped that the men in authority in the town will show an enlightened appreciation of their responsibilities, and that they will guard against half measures being taken. Let them go at once to the root of the matter, and dispose of it once and for ever.

Presentation to Dr. Flinn.

DR. EDGAR FLINN, on the occasion of his leaving Brownhills, Staffordshire (where he had been in practice for over seven years), was presented with an illuminated address and valuable timepiece, subscribed to by the miners of the Brownhills and Conduit Collieries, numbering 2,000. The inhabitants of the district also presented him with a superior case of surgical instruments, accompanied by a beautifully-illuminated album containing an address and the names of the subscribers. Dr. Flinn, previous to his departure, was entertained at dinner at the Station Hotel, when many expressions of regret were made at his removal to Kingstown, Dublin, on his appointment as Surgeon to St. Michael's Hospital.

Presentation to Dr. MacNaughton Jones.

THE students and graduates of the Queen's College assembled last week in the examination hall, and presented Dr. Jones with a beautifully-illuminated address and an accompanying gift on his severing his connection with the College consequent on his departure from Cork. The gift consisted of a magnificent clock set in bronze. The Chairman (Mr. J. Musgrave), in opening the proceedings, said that during Dr. Jones's connection with them the links that bound professor and student in college life had been strengthened by the repeated evidences which he had given of the intense interest which he took in the welfare of the students. His efforts towards the advancement

of medical science in Cork had been crowned with abundant success, as would be quite evident to any one who looked at the hospitals with which he had been connected, some of which had been founded by him and others, and owed their independent existence entirely to his exertions. Subsequently Dr. Jones delivered a farewell lecture to the students in the College.

The annual dinner of the staff and students of the South Charitable Infirmary and County Hospital was held on March 13th, in compliment to Dr. H. Macnaughton Jones, M.D., previous to his departure for London. The chair was occupied by W. C. Townsend, Esq., M.D., senior physician; the vice-chair by E. R. Townsend, Esq., M.D., physician.

The General Medical Council

WILL meet on the 19th of April. We assume that the Medical Bill will be discussed, but it will not be the exclusive or even the chief business of the meeting, which has abundant work to perform irrespective of medical reform. The English Branch Council and the Executive Committee will meet on the previous day.

Prescribing versus Compounding.

AN action has recently been fought out in America in which a physician sought to recover damages from a chemist for having dispensed a drachm of podophyllin instead of a grain, and thereby endangered the life of a patient. The defence was that "one drachm" was the quantity ordered in the prescription; but the doctor averred that he wrote "one grain," and that an alteration had been made by the chemist to cover his mistake. The prescription was submitted for examination to two experts, who reported that no alteration had been made, and the jury returned a verdict for the defendant. Incidentally, the question was raised whether a chemist is justified in putting up a prescription ordering a dangerous excess of any ingredient, concerning which the judge ruled that, if the prescription of a regular practising physician is dispensed as written, the dispenser is not responsible.

Carbolised Iodoform.

THE following formula is given by C. Sherk (*Berliner Klin. Wochenschrift*) as a great improvement over plain iodoform:—R. Iodoform., 10 gr.; acid. carbolic., '05 gr.; ol. menth. pip., 2 drops. The acid is to be rubbed up with the iodoform, and the peppermint oil added subsequently. The disagreeable odour of the drug is completely covered, and it is not again developed even at an elevated temperature.

DR. RUTHERFORD, of Woodilee Asylum, Lenzie, near Glasgow, has been appointed Medical Superintendent of the Crichton Royal Institution, Dumfries.

PROFESSOR J. BELL PETTIGREW, M.D., F.R.S., was on Thursday last unanimously elected to the additional Examinership in Anatomy, Glasgow University. At the same Court, Dr. Andrew Wilson was elected Examiner in Botany and Zoology, and Dr. David Newman, Examiner in Physiology and Pathology.

Irish Graduates' Association.

THE annual dinner of this Association was held at the Holborn Restaurant, at 7 o'clock, on the 17th inst., Dr. Waters, of Chester, in the chair. Among those present were Sir W. MacCormac, Drs. B. Foster, Glover, Daniels, J. Thompson, W. Donovan, Fagan, Wheeler, de Gorrequer Griffith, W. E. Hart, &c. Dr. Waters proposed "The Health of the Queen and the Royal Family;" Sir W. MacCormac, "Our Guests;" Dr. Donovan, "Our next Meeting." At a Council meeting held before dinner, a form of petition was laid before the Council, and it was ordered that the President and Secretary be authorised to sign and forward it for presentation to both Houses of Parliament. The petition prayed that the Medical Act Amendment Bill now before Parliament should become law. The Council also requested the President and Secretary to take steps that might be necessary to cause the M.K.Q.C.P.I. to become a registrable diploma.

Notification of Infectious Disease.

Two deputations recently waited upon Sir Charles Dilke, one from medical officers of health and others, under the auspices of the Social Science Association, and the other from the Vigilance Association, introduced by Mr. Hopwood, M.P. The object of the former of these was to urge that the Government should give its support to Mr. Hastings's compulsory Bill; whilst the latter had attended to protest against Government interference in the matter. The interview seems to have been peculiar. At the outset Sir C. Dilke informed the Social Science deputation that there was no necessity for them to go into the question as to the necessity of compulsory notification, since, on that point, there was no difference of opinion between him and them. Sir Rutherford Alcock, who, as chairman, had forced a vote in favour of notification by refusing to hear any proposition against it, alluded to the report of the Select Committee, which showed that in twenty-three urban centres the principle of the proposed Bill had been at work with marked advantage. This is the committee which gave its decision, having refused to hear any evidence *contra*. In reply, Sir Charles Dilke said that the Government were not quite ready to adopt the Bill in its present form, for fear that, in going in advance of public opinion, such a step might produce reaction. He was of opinion that the time had not yet come to give universally the compulsory powers proposed in this Bill by absolute legislation; at the same time he would advocate the plan of giving to local authorities, who might apply, the means of dealing with infectious diseases at once, without the necessity of applying for a local Act, and this the Government was disposed to do, either by means of a general Act which they could bring into force themselves, or else by giving them power to make by-laws for that purpose. In answer to a question as to whether the Local Government Board proposed to introduce any Bill on the question, the President said the prospects of legislation this session were not promising. In receiving the second deputation Sir Charles Dilke could only be brought to observe that at present the Local Government Board had done nothing more than promote measures whereby the local representatives of the people might take their own course in regard to these matters.

Wakes in Cases of Death from Infectious Diseases.

IN reply to a question put in the House of Commons last week by Mr. W. Corbet on this subject, Mr. Trevelyan said that section 149 of the Public Health (Ireland) Act, 1878, gives powers to the Local Government Board to make regulations for the prevention of the spread of infectious diseases, and for the speedy interment of the dead only in the case of the existence or apprehension of any formidable epidemic or outbreak of such a disease. Its provisions are not applicable to ordinary cases.

The North Dublin Union Workhouse.

THE Inspector of the Local Government Board for Ireland, Dr. MacCabe, has reported most unfavourably on the sanitary condition of this institution. In his half-yearly report, dated February 16th, 1883, he says that during the past six months nearly every department had been overcrowded. The nominal accommodation, according to his calculation, is about 2,079; according to the estimate of the *Guardians*, it amounts to 2,513. On January 25th the inmates numbered 2,668. During the six months embraced in the report (July 1st to December 31st, 1882) the average daily number was 2,484. He observes that in the present overcrowded state of the workhouse the introduction of a single case of typhus to any of the wards in the main buildings may be attended with disastrous consequences.

Royal Institution.

THE following are amongst the arrangements for the lectures after Easter:—Professor J. G. McKendrick, ten lectures on "Physiological Discovery;" Professor Tyndall, three lectures on "Count Rumford, Originator of the Royal Institution;" Mr. R. J. Poole, three lectures on "Recent Discoveries in (1) Egypt, (2) Chaldæa and Assyria, (3) Cyprus and Asia Minor;" Mr. A. Geikie, six lectures on "Geographical Evolution." The discourses on the Friday evenings will probably be given by Mr. A. Geikie, Dr. Waldstein, Professor B. Balfour, Mr. C. W. Siemens, Mr. R. A. Scott, and Professors Huxley, Turner, Flower, Pollock, and Dewar.

Victoria University—another Licensing Body.

THE *Manchester Times* says "that the signature of the Crown has been affixed to a supplementary charter empowering this institution to confer degrees in medicine."

PROFESSOR VON BRUNS has just died at Tubingen.

SIR WILLIAM JENNER, Bart., was on Monday, 19th inst., almost unanimously re-elected President of the Royal College of Physicians.

A REPRINT from the *American Journal of the Medical Sciences* reaches us which contains an article by Dr. Atlee on "Strangulated Hernia;" another by his son, Walter F. Atlee, on "A Case of Ovariectomy;" and another by his grandson, Louis W. Atlee, on "A Case of Congenital Cyst of the Back of the Head."

MR. HERBERT SPENCER, F.R.S., has declined to be put in nomination for the post of Lord Rector of St. Andrews University on account of ill-health.

PROFESSOR SAYRE, of New York, is better, and has returned to his professional duties. Dr. Van Buren, who is suffering from hemiplegia, continues in a very critical state.

DR. P. MACBRIDE, Lecturer on Diseases of the Ear in the Edinburgh School of Medicine, has been appointed to the post of Aurist and Laryngologist to the Edinburgh Royal Infirmary.

H.R.H. THE DUKE OF CONNAUGHT has signified his intention of taking the chair at the anniversary festival dinner of the Metropolitan Free Hospital, the funds of which are in a very low condition.

WE understand that the vacancy caused by the resignation of Dr. Braxton Hicks, Obstetric Physician to Guy's Hospital, has been filled by the appointment of Dr. Galabin, who is succeeded as Assistant Obstetric Physician by Dr. Horrocks.

AS evidence of the healthiness of London it may be mentioned that last week, of its four millions of inhabitants, there was not a single death from typhoid or from simple cholera, and but one from small-pox; the corrected mortality from all causes being sixty-five under the average of the past ten years.

A PRACTICAL demonstration of a means of purifying the Underground Railway by Dr. Neale's "Chemical Lung," without the aid of unsightly and unhealthy shafts, as also the best means of cooling and purifying sick and crowded rooms, law courts, &c., is announced to be given at No. 77 Church Street, Lisson Grove, Marylebone, on Thursday, the 29th inst., at 8.30 p.m.

WE understand that Dr. James Little has resigned the Professorship of Practice of Medicine in the School of the Royal College of Surgeons in Ireland. Dr. Little has met with equal success as a teacher and a practitioner, and his retirement from teaching will be a serious loss to the College School, where his prelections have been thronged by students. Dr. John William Moore, Lecturer on Medicine in the Carmichael School, has delivered the lectures of Dr. Little's course for the last two months, and he will probably be a candidate for the vacant chair. The College Council has not yet decided when the election of a new Professor will take place.

OWING to the prevalence of cold east and north-east winds during the past week, the death-rate has risen sensibly throughout the United Kingdom, notably in the northern districts. Last week the annual rates of mortality in the principal large towns, per 1,000 of their population, were:—Portsmouth, Salford, Derby 18, Brighton, Huddersfield 19, Bradford 21, Cardiff, Wolverhampton 22, Edinburgh 23, Bristol, Birkenhead, London, Leicester, Halifax 24, Leeds, Blackburn, Birmingham, Sunderland 25, Bolton, Sheffield 27, Newcastle-on-Tyne, Hull 28, Oldham, Norwich, Plymouth 30, Glasgow 33, Liverpool, Manchester 34, Dublin, Nottingham 35, Preston 37.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH HEALTH SOCIETY.—We have to congratulate the above society on its sound financial position, and on its increased activity in the cause of sanitary science and the improvement of the general health of the citizens of Edinburgh. In a late issue we felt called upon to make some remarks on the work done by the society, for although we had heard much of the "objects" of the society, we had failed to discover any effort made for the benefit of the people beyond the delivery of lectures. We have no wish to detract from the merit and importance of the lectures that have been delivered, but we wished to see precept and practice go hand-in-hand, and also to avert the tendency of such societies to become the mere instrument of a clique. We therefore learn with pleasure from the remarks of the chairman made at the annual meeting held last week that active measures are to be taken with regard to certain sanitary questions which are now exercising the mind of the citizens, and we hope that at the next annual meeting we may be able to congratulate the society on the practical work done.

THE EDINBURGH UNIVERSITY BUILDINGS COMPLETION FUND.—Strenuous efforts are being made to collect sufficient funds to complete the University Medical School buildings, so as to have them ready in time for the centenary commemoration of the University next April twelvemonth. The sum required is about £80,000, and to this several large sums have already been subscribed. It is to be hoped that the efforts of the committee will be liberally supported, and that the completion of the buildings will be accomplished before the end of the present year. Graduates in all parts of the world have now an opportunity of showing in a substantial manner their regard for their *alumni mater*. The Town Council, at the instance of the Lord Provost, have granted a sum of £1,000 towards the fund, which is actively supported by Lord Provost Harrison.

GLASGOW OPHTHALMIC INSTITUTION.—The fourteenth annual meeting of this institution was held on the 13th inst., when the report showed that there had been a decrease of 75 out-door, and an increase of 59 in-door, patients, as compared with the previous year. The average period of each patient's residence in the house was 21.1 days. 674 operations had been performed. During the past year 252 workshops had contributed towards the support of the institution, and the income had amounted to £1,140 5s. 2d. The report was adopted on the motion of the chairman, seconded by Provost Browne, and various other resolutions being passed, including one of thanks to the donors and subscribers to the institution, and the medical staff, the proceedings terminated.

GLASGOW.—HEALTH OF THE CITY.—From Dr. Russell's report for the past fortnight it would appear that there were 609 deaths registered, as compared with 590 in the fortnight preceding, an increase of 19, representing a death-rate of 31 per 1,000 living in place of 30. In the corresponding fortnight of last year the death-rate was $6\frac{1}{2}$ per 1,000 less. There were 119 more deaths in this fortnight, which are composed of an increase of 35 in miscellaneous unclassified diseases, of 33 in zymotic diseases, of 32 in diseases of the lungs, and 19 in diseases affecting the nervous and digestive organs in young children, so that the past fortnight has been one of general ill-health, as well as of special fatality from the prevalence of zymotic diseases—especially whooping-cough and scarlet fever. The number of deaths from infectious diseases of children was 77 in place of 67—viz. 46

from whooping-cough, 17 from scarlet fever, and 14 from measles. Although there is no substantial diminution in the mortality of whooping-cough for the fortnight, as already stated, there were only 14 deaths last week—the lowest for several months. The average age of the 46 fatal cases was 21½ months. The deaths for the week ending with Saturday, the 17th inst., were at the rate of 34 per 1,000 per annum, as compared with 31 for the preceding week, and 25, 30, and 28 for the corresponding weeks in 1882, 1881, and 1880.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 10th inst., the mortality in Edinburgh was 83, and the death-rate 19 per 1,000. There were 13 deaths under 1 year and 24 above 60, of which 3 were above 80 years. Diseases of the chest accounted for 40 deaths, and zymotic causes for 9, of which 3 were due to fever, 1 to diphtheria, and 2 to scarlatina. The intimations of these diseases for the week were 8, 4, and 11 respectively. For the week ending with Saturday, the 17th inst., the mortality was 101, and the death-rate 23 per 1,000. Diseases of the chest accounted for 55 cases, and zymotic causes for 10, of which 3 were due to fever, 1 to diphtheria, and 1 to measles, the intimations of these diseases for the week being 8, 7, and 7.

THE EXTRA-MURAL SCHOOL, EDINBURGH.—We learn that there is some prospect of this school being placed on a better footing than it has enjoyed for many years. A requisition is to be presented to the colleges signed by the lecturers, and rumour states that the demands of the school are likely to be favourably received by the College of Physicians. The College by requiring an examination for its membership, and by other acts has shown of late a considerable desire to meet the wishes of the profession, and it is to be hoped that wise counsels will prevail and that something will be done for the Extra-Mural Medical School.

THE UNIVERSITY EXAMINATIONS.—The Chancellor of the University has given his permission to the alteration of the law with regard to the admission of candidates for the first examination, and all that now remains is Her Majesty's approval of the proposed new regulation. Students will then be able to go up for the first examination at a much earlier date than formerly, and we may thus hope that, as there will be less time for idleness, there will be fewer rejections.

SUICIDE OF A MEDICAL GENTLEMAN.—Early on Friday last, Dr. Edward Touch was found dead in his lodgings in Main Street, Inverary. The deceased was found lying across the bed with his throat cut. He was observed to suffer from mental depression for some days, but nothing serious was apprehended. Dr. Touch served with distinction for many years in India, and began his medical career in the 92nd Regiment. He was well known and much respected by Indian officers. About nine years ago he came to Inverary, where he gained a good practice, and was a favourite in town and country, not only on account of his professional skill, but for his kind and gentlemanly disposition. He also held the appointment of Surgeon of Her Majesty's Prison of Inverary, and his melancholy end has caused a profound sensation throughout the district. The deceased has left a widow and large family, who reside in Dunoon, the majority of the children being young.

EDINBURGH UNIVERSITY COURT.—At a meeting of the Edinburgh University Court, held on Tuesday, the 20th inst., among other business there was laid before the Court a copy of the proposed alterations of the ordinance 22, section 9, applicable to the University of Glasgow only, which had been received from the Council Office for observation, and in connection therewith there was submitted a relative minute of the Edinburgh Senatus. It was resolved to intimate to

the Lord President of the Council that the Court saw no objection in point of form, as they did not seem to effect the object of their being applicable to the University of Glasgow only. There was laid before the Court a copy of the proposed alteration of ordinance No. 22, Glasgow No. 4, relating to the fees for graduation in medicine in the University of Glasgow, which had been received from the Council Office for observation, and in connection therewith there was submitted a relative minute of the Edinburgh Senatus. It was resolved to intimate to the Lord President of the Council that the Court saw no objection to the proposed alteration. On consideration of a minute of the Senatus, a vote of £2,000 from the General University Fund for the completion of the new University buildings was approved of.

GLASGOW UNIVERSITY. — LORD RECTOR. — The Right Honourable John Bright was, on Thursday, the 22nd inst., installed as Lord Rector of the University of Glasgow in St. Andrews Hall, the Very Rev. Principal Caird presiding. There was nothing very striking either in the address or in its mode of delivery. It was mainly an *apologia pro sua vita*. Much credit is due to the students for their exemplary conduct throughout the entire proceedings.

DUMFRIES. — MEDICAL SUPERINTENDENTSHIP OF THE CRICHTON ROYAL INSTITUTION. — Dr. James Rutherford, of the Woodilee Asylum, Lenzie, has been appointed Medical Superintendent of the Crichton Royal Institution and Southern Counties Asylum, Dumfries. Dr. Rutherford was formerly Superintendent of the Argyllshire Asylum, and was elected Superintendent of the Lenzie Institution in 1874. He occupies a high position in the department of Psychological Medicine, and in conjunction with Dr. Lockhart Robertson, is the translator from the German of Griesinger's well-known book on mental diseases, which was printed by the New Sydenham Society in 1867, and has since become a standard text-book.

Correspondence.

MERCANTILE MARINE MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR, — Feeling much interested in the mercantile marine medical service, I have for some time past read with great pleasure the different correspondences which have appeared in the various medical periodicals in England and Ireland, bearing on this all important subject. As you have, Sir, with your usual ability, entered *con amore*, into the matter, I trust you will permit me to make some observations. The first great step in the securing of competent and reliable medical men must be made by the payment of an adequate salary. At present, I regret to say, the salary the medical officer receives is, in most cases, on a footing with that given to the stewards, carpenters and other petty officers, therefore, the surgeon is obliged to resort to the most lowering and objectionable practice of accepting gratuities and presents from the passengers; again, by these acts, bringing himself on a par with such men as the steward, who, of course, receives his "tips." As it occurs that in some instances the ship's surgeon is a gentleman (which I regret to say is not always the case), he sees the acceptance of these "tips" in their true and derogatory light, degrading in the most obvious manner to their professional and authoritative (?) position on board. Hence, the man who does not push himself forward to receive these "gratuities," often finds himself, at the end of a voyage, a poorer man than when he sailed. Why is this? Because his salary, as I have said, is most shockingly low, generally £10 or £8 per month. Many of the passengers insist during the voyage on "standing" champagne and other expensive wines to the doctor, who generally, either at the saloon-table, or in the smoke-room, makes himself prominent. Of course, by the laws of etiquette, he has to return these hospitable recognitions! In former times the doctor, in

addition to good pay, received "wine money;" now he has to pay the full price. So, since 1856 the doctor's expenses on board have greatly increased, and his duties, as we all know, has increased tenfold. Hence we see that the ship owners have not only added to expenditure, heaped various hardships, indignities, and extra duties on his shoulders, but have to an equal extent, cut down his salary. Let the authorities demand of ships' surgeons some higher qualification than that of "physician, surgeon, or apothecary." Let them see, and demand, that he receives a proper and adequate remuneration, which will prevent the necessity of accepting "tips." Let them secure for the medical officers on board a position of authority on all sanitary matters. And last, but not least, let them see that his quarters are those suited to the habits and customs of a gentleman; not a cell lined round with physic bottles, and being scarce 5 feet 8 by 6! May I ask, Sir, where the difference lies as regards the lives of passengers and sailors on board vessels in the mercantile service, and those in the royal navy, where every provision is made for comfortable quarters, in accordance with the position of the medical officers; and also a proper surgery fitted up regardless of expense, and furnished with every medical comfort? When these things have been considered, and their enactment enforced, the offices of transatlantic and other shipping companies will no longer be infested by the chronic tipplers and idlers, who are too often secured, for small payment and temporary lodgings, to look after the many requirements of some hundreds of souls, confined, as is too often the case, in badly ventilated and unsanitary steamers.

This is a subject which I assure you requires the gravest consideration of Her Majesty's Government, and also the serious attention of the legislature of the country.

I am, &c.,

LOUIS FITZPATRICK, L.R.C.S. and Ph.R.,
Formerly Med. Officer on board one of the
Atlantic Mail Steamers.

Mitchelstown, March 9, 1883.

THE PROPOSED TESTIMONIAL TO DR. JACOB.

DR. JACOB has addressed the following letter to the Editor of the *British Medical Journal*.

SIR, — It has recently been suggested in your columns, as well as by direct communications with myself, that the profession—especially the Poor-law medical officers of Ireland—should offer to me some substantial expression of their appreciation of the services which, in years past, I have been able to render in defence of their interests. I have, hitherto, thought it best to abstain from public notice of this very kind suggestion; but, as it is again renewed, I feel that I ought to interpose before further action is taken.

I am greatly gratified with the assurances which I have received that my public work is considered worthy of recognition; and this appreciation of my humble efforts is an encouragement to perseverance, for which I warmly thank those who have spoken so kindly of me; but I must, nevertheless, deprecate (at least for the present) any further movement in the direction of a testimonial to me. I feel that I have not yet legitimately earned the esteem or gratitude of my profession, and that my work in their behalf is not yet nearly complete. If I should be able to continue, for some years to come, to do battle for their rights as public servants, and to labour with success toward raising the educational and social status of the profession in Ireland, I may, some day, hope to deserve thanks of my brethren; but, as yet, I am too young, both in years and in service, for any public recognition of my work.

The success of the movement for securing adequate pensions for Poor-law medical officers, to which I have gladly devoted myself, is, I am glad to think, not far distant; and I have every hope that other objects, almost as important, for which my co-agitators have worked with me in years past, are likely to follow. Until the campaign is over, it is too soon to think of rewards.

Yours, &c.,

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

23 Ely Place, Dublin, February 28th, 1883.

TAPPING THE BLADDER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Apropos of M. Picard's investigations with regard to hypogastric tapping of the bladder, I beg to submit the notes of a case which will bear out his conclusion concerning the danger of phlegmonous abscess, and will, I think, illustrate another defect in the operation, namely, the impossibility of draining the *bas fond*.

January 1st, 1882.—Called in by Dr. A., to a case of prostatic obstruction in which catheterism had been attempted without success; succeeded in passing a No. 9 gum-elastic. Sent for again same evening, and failed after trying three kinds of instrument. Called Dr. B. to my assistance, who also failed, suggesting the existence of a false passage.

2nd.—Catheterism again failed. Bladder tapped with aspirator three days in succession.

5th.—Tapped with long curved trocar and cannula. Tied in cannula. Hoped that by this means patient might, by withdrawing stopper of cannula, empty bladder himself. This hope failed, as cannula gradually worked out of bladder. Signs of abscess showing themselves, hard flag, redness, pain—patient was removed to Kilkenny Infirmary, where Dr. Johnson succeeded in passing a No. 12, a Condé. The residuary urine evacuated from the *bas fond* which could not be reached by the trocar or aspirator was found to be very fetid and decomposed. Catheter tied in, but had to be withdrawn soon.

Signs of suppuration subsided. Extreme difficulty of catheterism persisting, the patient (aged 73) was worn out, and died within a fortnight after admission to infirmary.

I am, &c.,

THOMAS E. CAHILL.

ARMY MEDICAL EXAMINATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the subject of the Army medical examination is at present attracting that attention which is the natural result of recent competitions, I trust you will insert the following remarks:—

In the first place, I would insist that each candidate be given a number, and that, during the entire course of the examination, he be known by *number* only to his examiners, and *not* by *name*, as has hitherto been the case. To the adoption of such a course there could possibly be but one objection, which is too obvious to require further elucidation!

Secondly, I would suggest that unsuccessful candidates be furnished with the marks they have obtained in each subject, so that they may be aware of their deficiency, as well as of the standard according to which the marks are adjudged. This course is generally adopted at Civil Service examinations, and is also followed with regard to candidates for the Indian Medical Department. What possible objection in extending it to candidates for the A.M.D.? Mr. Gibson, having asked recently in the House of Commons if any of the examiners possessed Irish qualifications, was very plausibly, but truthfully, answered in the affirmative. Allow me just a word of explanation on this point. The gentleman referred to examines in *materia medica*, and has only 100 marks at his disposal, whilst each of the other three examiners—not possessed of Irish qualifications—examine respectively in anatomy, surgery, and medicine, to each of which subjects 1,000 marks are awarded. *Verbum sap.*

I am, Sir, yours, &c.,

ONE QUALIFIED, BUT NOT APPOINTED.

March 15th, 1883.

Literature.

AN INVESTIGATION INTO THE MICROSCOPIC ANATOMY OF INTERSTITIAL NEPHRITIS. (a)

We confess to having too long denied ourselves the pleasure of a perusal of this valuable monograph. It consti-

(a) "An Investigation into the Microscopic Anatomy of Interstitial Nephritis." By Bryan Charles Waller, M.D., F.R.C.S.Ed. Edinburgh: E. and S. Livingstone. London: Baillière, Tindal, and Cox.

tutes one of the gold medal theses for the degree of M.D. in the University of Edinburgh, and if patient microscopic investigation, a profound knowledge of the subject, and acute reasoning count for anything, the work in question seems to us to have been well worthy of the distinction conferred on its author. After a short introductory chapter, Dr. Waller devotes Chapter II. to "The Methods of Preservation, Preparation, Staining and Mounting of Specimens." To any one engaged in microscopic mounting the chapter will well repay perusal. Some valuable formulæ are given for staining solutions. Chapter III. is devoted to "Certain Points relating to the Histology of the Normal Kidney," a knowledge of which is of course absolutely essential to the proper interpretation of abnormal conditions. A "Historical Résumé" of the subject comprises Chapter IV. With Chapter V., "On Granulation Tissue, with reference to the Nuclear Tissue of Interstitial Nephritis," the controversial part of the work may be said to begin. Dr. Waller, and in this we entirely agree with him, maintains that a pre-existing inflammatory state exists in all cases of interstitial nephritis. The following passage summarises the basis of his thesis:—

"When interstitial inflammation supervenes in the kidney, an emigration of leucocytes takes place from the vessels into the lacunar system of Ludwig. The inflammation being of a formative character, these leucocytes give rise (either alone, or probably in conjunction with the fixed corpuscles, which by their division may take some part in the process) to embryonic, indifferent, or granulation cells, which after a time assume the type of more or less fibrillated connective tissue. The nucleus becomes oval, the cell elongates, takes on a lanceolate or fusiform shape, and presently fibrillation occurs, leading to the development of a greater or less amount of wavy fibrous tissue. This fibrillation can be traced from stage to stage, and is identical with the transformation of the round cells of cicatricial tissue, so identical, indeed, that the nature of the round cell tissue in the kidney is a matter, not of conjecture, but almost of absolute inferential certainty." This view is entirely in accord with the unity of pathological processes, and is supported by analogy no less than by direct observation. Dr. Waller does not say whence these leucocytes are derived, or to what special portion of the blood they belong. Is it not possible that they are *fibro-plastic* cells, and that they *do not* emigrate from the blood as such? This would be in harmony with the analogy on which Dr. Waller so justly insists. The first stage, then, of interstitial nephritis is one of enlargement, and not wasting and disintegration. In Chapter V. the "Author's own Views" are given. They are very much in accord with those of Charcot and others. Dr. Grainger Stewart's opinions are, we think, very successfully combated, no less than those of Dr. Johnson, both in this and the following chapter. The celebrated "Capillary Fibrosis" doctrine of Sir William Gull and Dr. Sutton is cleverly demolished in chapter VIII; and the book concludes with a "Note on Glomerular Nephritis." It were difficult, without entailing more space than we can afford, to enter more fully on the merits of this work. We have derived great pleasure, and no little instruction, from its perusal. We believe the author's opinions to be mainly correct, and the accompanying drawings are clear, and of excellent execution. We have, therefore, unfeigned pleasure and confidence in recommending a perusal of the work. The author will allow us to add, in conclusion, that the value of the book would not be one whit diminished by the omission of his clever jokes and occasional digressions.

Notices to Correspondents.

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

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

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing

attention to these are requested kindly to mark the newspapers when sending them to the Editor.

THERAPEUTIST.—The revised edition of the American Pharmacopœia, just issued, directs that the strength of official opium shall be greatly increased, although by some strange oversight the changes in the formulae in which this drug is employed are relatively very small. The instructions also, as to the preparation of fluid and powdered opium are by no means reliable, and might, if rigorously followed, result in serious consequences in compounding.

EPIDERMIS.—We believe Prof. Marshall, F.R.S., of University College Hospital, was the first (in 1872) to recommend epidermic medication with an oleate of mercury.

DE ARTEBUS.—The "recommendations" of the Council possess no legal importance, nor is it incumbent on any corporation to act in accordance with them, unless they prove to be acceptable. In order to enforce the regulations laid down, the aid of the Privy Council has to be invoked. The Registrar, Mr. Miller, is always willing to afford whatever information he can to *bond fide* inquirers. You might, perhaps, apply to him.

BACILLUS MOUNTING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—In reply to your correspondent, the best method of preparing tubercular bacilli is as follows:—Take a button of phthialic expectorant in an advanced case—the first expectoration in the morning is the best; pour upon it a few drops of liquor potassæ, and work it with a glass-rod until it becomes a homogeneous fluid. Put a drop of this fluid upon a microscopic cover-glass, from 1/100 to 1/400 thick, and allow it to dry. Now pass it lightly through the flame of a spirit-lamp, filter upon it a few drops of magenta aniline solution, and let it lie for twenty minutes. Place it in a mixture of one-third nitric acid and two-thirds of distilled water until it bleaches, which will take about five minutes, and wash it with water. Next drop upon it a little methyl blue solution, and let it stand for five minutes; and finally get rid of all aqueous fluid by dipping it in absolute alcohol. To mount it, put a small drop of Canada balsam and benzine upon a glass microscopic slide, and put the cover-glass on it with the bacillus surface immersed in the balsam. This will soon harden, and will preserve the preparation indefinitely. The plan depends upon the fact that once the bacilli are stained red they cannot be decolourised by the nitric acid, which bleaches everything else; it is much facilitated and hastened by doing it at a warm temperature. By this method the bacilli are seen scarlet, and the other elements of the sputa blue. The bacillus is about one-third the size of a red blood corpuscle, and requires a power of at least 500 to exhibit it satisfactorily. The process is delicate and a little tedious; and from my own laboratory experience of it, I doubt if it will become a clinical test in general practice. The solutions can be obtained from F. Becker and Co., 84 Maiden Lane, Covent Garden, London, W.C.

Yours, &c.,
F. J. B. QUINLAN.

DR. OGILVIE WILL (Aberdeen) is thanked for his note.

ARTEMUS should write to the Rational Dress Reform Association; the matter is not in our line, although none more than medical men strongly condemn the absurdities and dangers of tight-lacing. Our columns are not supposed to reach those his letter is intended to benefit.

INQUIRER.—Our remarks were founded upon an article in the *New York Times*. The incubator attributed to Tarnier, of Paris, is not a new idea, and allowances must be made for American extravagances of diction; still, there is something in the principle, although we are not inclined to regard the supposed experiments seriously.

SHIP'S SURGEONS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Having recently held an appointment as "ship's surgeon" in a Transatlantic steam ship I read your article of March 7th with some interest.

Complaints have been made of the youth and inexperience of the medical officers to be found on board of our mercantile marine. But how can it be otherwise, when our medical education costs at least seven hundred or a thousand pounds after leaving school, and, not unnaturally, we look for some return on the outlay. Almost the highest pay in the mercantile service for a medical officer is eight pounds a month; many get less, and very many go for nothing at all. Is it likely that any man with a desire to rise in his profession, or to make even a comfortable competency for himself, will rest content with the meagre pay of ninety-six pounds a year?

Until, as you reasonably put it, the minimum pay of ship surgeons be fixed at £300 a year, youth, inexperience, and even unqualified practice will continue to be the result if men are of the way of thinking of

Yours obediently,
A DISGUSTED SHIP'S SURGEON.

DISSATISFIED.—The matter has already received sufficient notice.

DR. WHITE.—We have not any personal knowledge of its efficacy. The note was, as stated at the time, quoted from an American contemporary, and presumably it had been communicated by a writer who was conversant with the properties of the substance he recommended. Such a shop as you refer to may be found in London without any difficulty. Consult a trade directory.

A. J. R.—The following prescription may be found serviceable:—

℞ Ammoniac sesquicarb., gr. x;
Tinct. scillæ, ℥ss.;
Decoct. senegæ, ℥viij.

One ounce every six hours.

DR. COLLINS.—The cases are interesting, and shall appear in an early number. The promised continuation will be acceptable.

VACCINATION INQUIRY.—We are asked to state that the next committee meeting will be held in the Council Room, Exeter Hall, Strand, W.C., on Thursday, the 2nd inst., at 3 p.m.

DR. K. S.—The invitation was extended to any one who might be willing to lend assistance in the matter. Hitherto but a very few have responded to it; and your suggestion, therefore, comes most

opportune. Acting on it, we have requested the gentleman named to communicate the particulars, by and of which a complete account may be prepared.

H. CROSER.—The better plan is to avoid the use of stimulants entirely until such time as they may prove to be absolutely necessary to save life. As a rule they undoubtedly are not required during the treatment even of fevers; and oftentimes they are eminently hurtful to the patient. Enlightened experience would certainly oppose the wholesale prescription you seem to have been indulging in.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, MARCH 28TH.

EDINBURGH OBSTETRICAL SOCIETY.—8 p.m., Prof. Simpson, On Superinvolution of the Uterus.—Prof. Freund, Strasburg (communicated by Prof. Simpson), On Extra-uterine Pregnancy.—Dr. J. Milne Chapman, On a Case of Double Ovariotomy: Unusually Long and Twisted Pedicle.—Dr. Neil Macleod, Shanghai, On Antiseptic Midwifery.

HUTERIAN SOCIETY.—8 p.m., Mr. Rivington, On a Case of Removal of Loose Cartilage from the Knee-joint.—Mr. Charters J. Symonds, On the Use of Martin's Bandage in the Treatment of Synovitis, and a Case of peculiar Eruption on Sole of Foot, probably due to Congenital Syphilis.—Dr. Port, On a Case of Mediastinal Tumour.

FRIDAY, MARCH 30TH.

CLINICAL SOCIETY OF LONDON.—8.30 p.m., Mr. R. W. Parker, On a Case of Contused Wound of the Thigh and Leg; Gangrene of the Limb; Death.—Mr. Spencer Watson, On a Case of Tetanus.—Mr. Howard Marsh, On a Case of Tetanus following Laceration of the Toes, and persisting forty days; Recovery after Syme's Amputation.—Mr. Barwell, On the Removal of large portions of the Upper Lip, without Deformity of the Face.—Mr. H. Marsh will exhibit a Case of Ostitis Deformans.

ACADEMY OF MEDICINE IN IRELAND.—Obstetrical Section.—Specimen exhibited by Card: Dr. Macan, An Example of Fetal Rickets.—Papers: Dr. R. Henry, On the Importance of the Third Stage of Labour.—Rev. Dr. Houghton (for Surgeon William C. Ashe, B.A.), A remarkable case of Protrusion of the Uterus from Ovarian Disease in a Cingalese woman near Kandy.—Dr. T. More Madden, On some of the Nervous and Mental Diseases peculiar to Women.

TUESDAY, APRIL 3RD.

ROYAL INSTITUTION.—8 p.m., Professor McKendrick, On Physiological Discovery.

THURSDAY, APRIL 5TH.

HARVEIAN SOCIETY OF LONDON.—8.30 p.m., Patient to be exhibited with Double Congenital Dislocation of the Radius, by Dr. S. Phillips.—Pathological Specimens: Tubercular Ulceration of the Bladder, Prostate, &c., Dr. Silcock.—General Dilatation of the Ventricular Cavity in the Brain of a Lunatic, Mr. J. E. Lane.—Paper: Antiseptics in Midwifery in Lying-in Hospitals and Private Practice, Dr. John Williams.

Vacancies.

Birmingham and Midland Counties Orthopaedic and Spinal Hospital.—Assistant Physician. Applications to be addressed to the Medical Committee not later than April 8th.

Charing Cross Hospital.—Assistant Physician and Assistant Physician-Archdeacon. Applications to be addressed to the Medical Committee on or before March 31st.

Kingsbridge Union.—Medical Officer of Health. Salary, £100. Applications to be sent to the Clerk before April 6th.

Warwick County Lunatic Asylum.—Assistant Medical Officer. Salary, £120, with board and lodging. Applications to be sent to the Superintendent as soon as possible.

Appointments.

ANDERSON, E., M.D., L.R.C.S. Ed., Medical Officer to the Cramlington District of the Tyne-mouth Union.

HORROCKS, F., M.D. Lond., M.R.C.P., Assistant Obstetric Physician to Guy's Hospital.

MURRAY, H. M., M.B. Lond., Medical Registrar to the Charing Cross Hospital.

ORFORD, J., M.R.C.S., L.R.C.P. Lond., Senior House-Surgeon to the Metropolitan Free Hospital.

PETTERREW, B., F.R.S., Examiner in Anatomy in the University of Glasgow.

POWER, C. F., M.R.C.S., L.R.C.P. Lond., M.B. Camb., Assistant House-Surgeon to the Metropolitan Free Hospital.

RUTHERFORD, Dr., Medical Superintendent of the Crichton Royal Institution, Dumfries.

Births.

JALLAND.—March 18th, at St. Leonard's House, York, the wife of W. H. Jalland, F.R.C.S., of a son.

LITHGOW.—March 15th, at Stirling House, Farnborough, Hants, the wife of T. G. Lithgow, L.R.C.P. Lond., of a son.

Deaths.

ARNOTT.—March 14th, at St. Stephen's Crescent, Westbourne Park, W., James Arnott, M.D., formerly of St. Helena, aged 86.

BUNTING.—March 16th, suddenly, at Newport, Mon., Robert Bunting, L.F.F.S. Glas.

CABHILL.—March 20th, at 42B Great Brunswick Street, Dublin, David Cabhill, M.B. M.Ch., T.C.D., aged 55.

FALL.—March 15th, at Kneighton House, Winfrith, Dorset, Joseph Fall, M.R.C.S., formerly of Tollerton, Yorkshires, aged 42.

HENDERSON.—March 15th, at the residence of his son-in-law, Lewisham, Thos. Henderson, late of Edinburgh, aged 77.

HOLMAN.—March 14th, at Caverham Road, Kentish Town, Andrew Holman, L.S.A. Lond., late of John Street, E.C., aged 87.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 4, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
The Gulstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture II.—Its Theory or Causation	289		
The Causes, Symptoms, and Treatment of Phimosis and Paraphimosis. By Lambert H. Ormsby, F.R.C.S., Lecturer on Clinical and Operative Surgery	292		
An Essay upon Hip-joint Disease. By S. D. Clippingdale, M.D., F.R.C.S.	293		
CLINICAL RECORDS.			
Cases in Private Practice. Reported by John W. Martin, M.D.	294		
TRANSACTIONS OF SOCIETIES.			
CLINICAL SOCIETY OF LONDON—			
Contused Wound of the Thigh and Leg in a Child—Gangrene of Limb—Death	296		
Tetanus	296		
Tetanus following Laceration of the Toes			
Syme's Amputation—Recovery	296		
SPECIAL.			
The Vaccination Inquiry	297		
FRANCE.			
Typhoid Fever	298		
Gravity of Congenital Hernia	298		
Irreducible Luxation of the Hip-joint	293		
The Cost of Fashion	298		
DEPARTMENT OF LUNACY.			
The Crichton Institution, Dumfries].....	298		
The East Riding Lunatic Asylum	299		
The Plea of Insanity in Criminal Cases—Case of George Miller	299		
LEADING ARTICLES.			
THE MEDICAL BILL	300		
THE MICROCOCCUS OF MENINGITIS CEREBRO-SPINALIS	301		
QUACKERY RAMPANT	301		
NOTES ON CURRENT TOPICS.			
"Fort Mit Dem Spray"	302		
Astley Cooper Prize	303		
More Peculiarity	303		
Irish Medical Benevolent Fund	303		
The Poison of Ergot	303		
A Prescribing Druggist	303		
The Mode of Administration of Santonin	304		
Pasteur and Koch	304		
Presentation to Dr. McNaughton Jones ..	304		
SCOTLAND.			
Edinburgh University—Close of the Medical Classes	305		
Death of Dr. Reid, of Allon	305		
Glasgow Ear Hospital	305		
The Watson Prize at the Glasgow Faculty of Physicians and Surgeons	305		
Glasgow Dispensary for Skin Diseases ..	305		
Anderson's College, Glasgow	305		
The Sanitary Protection Association of Edinburgh	305		
Health of Edinburgh	306		
Medicine at Barnhill Poorhouse	306		
CORRESPONDENCE.			
The Action of Sedatives and Stimulants on Nerves;	306		
The Medical Bills and Medical Titles ..	306		
Salicin in Rheumatic Fever	308		
Tranfusion	306		
Abuses in Medical Practice	307		
NOTICES TO CORRESPONDENTS		307	
Vacancies	308		
Births	308		
Marriages	308		

The Gulstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London,
February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L.,
Physician-Accoucheur and Lecturer on Midwifery at
St. Bartholomew's Hospital, &c.

LECTURE II.—PART IV.

ITS THEORY OR CAUSATION.

EXCLUDING some remarks as to the influence of marriage in causing sterility in woman, we have shown chiefly the influence of age in its production. Marking out by statistical evidence certain ages as peculiarly affected with sterility, we find at these same ages, in a proportion above the average, excessive families, pluriparity, weakly or idiotic children, &c., and not only in exaggerated proportion, but combined one with another. It is therefore reasonable to describe the sterile ages as ages of imperfect reproduction, and to associate or identify with sterility the conditions of excessive production, pluriparity, &c., which are demonstrated to have alliance with it. In other words, sterility, excessive families, and pluriparity are alternatives one of another, and almost certainly own the same general causes.

I know no cause of sterility or of its allies, excessive production, pluriparity, abortion, &c., that can be compared with age in extent and power. In discussing the cure of sterility, I shall allude to various minor causes which may operate in individual cases, but have no extensive influence. But there are causes which probably have a great place in the production of this condition whose action is only believed, not demonstrated. Such are bad general health, cold, and heat. The influence of bad general health is well observed in plants, but I know no good evidence of it in woman other than the testimony of medical practitioners. The influence of cold and of heat on sterility has been much studied, and attempts have been made to get additional

light on the matter by collecting observations of their influence on the age of commencement and cessation of menstruation. The subject divides itself into two portions: first, the influence of cold and heat on women breeding in their native lands; second, the same influence as exerted on women born in cold climates and transported to hot, or born in hot climates and transported to cold. But the data obtained are, in my opinion, quite insufficient for any reasoning being securely based. The hearsay evidence also requires scrutiny. We often hear, for example, of a girl, say of eleven, bearing a child in India, and this is held as proof of early fecundity there. We rarely hear of the same occurrence in this country; and the reason of this alleged greater frequency in India may be not earlier fecundity there, but earlier exposure of a large number of girls to the risk of becoming pregnant.

There are several important subjects, more or less closely bearing on our inquiry, which I pass by with mention only. Among these is the influence of cold and of heat on the commencement and stoppage of menstruation, an influence regarding which it is scarcely, by the statistical evidence, made probable that cold retards the appearance and hastens the stoppage, though many considerations support this view. Another is the generally accredited influence of nursing in delaying the return of menstruation and the recurrence of pregnancy. Regarding these matters, Robertson has made valuable remarks, and collected many, though insufficient, observations. The great subject of interbreeding in its production of sterility I also pass over. The evidence regarding it is very bulky, and requires most careful sifting. In plants and animals the demonstration of this injurious influence of interbreeding in producing imperfection of offspring and sterility is copiously illustrated, and may be said to be well made out; but it is not so in the case of man. Yet, in the case of man, there is a most extensive, though not universal, consensus of intelligent opinion that interbreeding has the same general influence as in plants and animals, and to the entertainment of this view the strong analogy of plants and animals lends powerful encouragement. The injurious influence in man, indeed, probably acts after birth, for there is accumulating evidence that peculiar diseases, specially of the eyes, affect, by preference, the offspring of near relations.

"The evil consequences," says Darwin, "of long-con-

tinued close interbreeding are not so easily recognised as the good effects from crossing, for the deterioration is gradual. Nevertheless, it is the general opinion of those who have had most experience, especially with animals which propagate quickly, that evil does inevitably follow sooner or later, but at different rates with different animals. No doubt a false belief may unduly prevail, like a superstition; yet it is difficult to suppose that so many acute and original observers have all been deceived at the expense of much cost and trouble. . . . The loss of fertility, when it occurs, seems never to be absolute, but only relative, to animals of the same blood; so that this sterility is, to a certain extent, analogous with that of self-impotent plants which cannot be fertilised by their own pollen, but are perfectly fertile with pollen of any other plant of the same species. The fact of the infertility of this peculiar nature being one of the results of long-continued interbreeding, shows that interbreeding does not act merely by combining and augmenting various morbid tendencies common to both parents; for animals with such tendencies, if not at the time actually ill, can generally propagate their kind. Although offspring descended from the nearest blood relations are not necessarily deteriorated in structure, yet some authors believe that they are eminently liable to malformations; and this is not improbable, as everything which lessens the vital powers acts in this manner. Instances of this kind have been recorded in the case of pigs, bloodhounds, and some other animals." "In the case of man," he elsewhere remarks, "the question whether evil follows from close interbreeding will probably never be answered by direct evidence, as he propagates his kind so slowly, and cannot be subjected to experiment; but the almost universal practice of all races at all times of avoiding closely related marriages is an argument of considerable weight, and whatever conclusion we arrive at in regard to the higher animals may be safely extended to man."

Leaving several minor or little known causes of sterility to be mentioned in the next Lecture, I now turn to other matters in its history which throw light on its theory, and there are two worthy of great consideration. These are the well-known association of dysmenorrhœa with sterility, and the state of sexual appetite and sexual pleasure in sterile women.

Menstruation, when natural or healthy, is attended with no pain, and with little or no disturbance of general health. When there is pain or considerable disturbance of health, the condition is called dysmenorrhœa, and it is plain that the term covers a wide and ill-defined field of disorder and disease. It is with dysmenorrhœa, as thus vaguely defined, that sterility is prevalently believed to be very frequently associated; and there can, in my opinion, be no doubt of the truth of the general belief.

There is a kind of dysmenorrhœa, regarding which I would enter into more details. It is called spasmodic, being regarded as a neurosis characterised by painful uterine spasms, which may be described as having no known object in view. It is often called mechanical or obstructive, terms implying a theory of its cause, and implying also that the spasms are, so to speak, intended for the expulsion of the menstrual fluid accumulating in the uterine cavity and distending it. There is no good evidence of the mechanical obstruction, nor of the accumulation of menstrual fluid, nor of the dilatation of the uterine cavity, nor of the use of the painful uterine contractions; and as all admit the presence of these contractions or painful spasms, I shall call this kind of dysmenorrhœa spasmodic. It is a kind of dysmenorrhœa that is gradually, and I think justly, restricting to itself alone this term—the only real, positive, recognisable uterine dysmenorrhœa, or the dysmenorrhœa proper.

It is of this dysmenorrhœa proper that I am now to speak, and it is known by the following characters. It may occur at any time during the flow of menses, sometimes even before it begins; and, in cases of amenorrhœa, it may occur at the time of the menstrual molimen. In the very great majority of cases it occurs on the first or second day of the flow, and it is generally severer when the flow is scanty than when it is copious. The pain is constant or in pangs; and the pangs may be more or less distinct—in other words, the intermissions of the pain may be more or less complete. The frequency of the pangs varies, five to ten in an hour being common. The pain is rarely accompanied by bearing down, strangury, or tenesmus. It varies in severity, rising occasionally to the intensest agony, with cold sweats, vomiting,

and other symptoms of prostration or collapse. Suffering from it the patient rolls about and groans, and the restlessness is not that of fever, but of gripping pain. It may last only a few minutes, but generally it goes on for hours, the number of hours rarely exceeding four or five. It rarely returns during the current menstrual period. It is generally aggravated by marriage. In women who suffer from this disease there is a super-sensitive condition of the interior of the body of the uterus, and, I think, especially of the internal os uteri, this condition being tested by the contact of a uterine probe or sound.

In making inquiries as to the connection of this dysmenorrhœa proper with sterility, I have frequently, but not always, satisfied myself of the presence of all of these characters. Particularly, I have not classed with this dysmenorrhœa any case in which the severe pain lasted more than a day. In all inquiries as to pain, there is, owing to the indefiniteness of language and the tendency of patients to exaggerate or make light of their troubles, extreme insecurity of statistical statements. I have tried to avoid being misled in 332 cases which I have, during the last five years, taken down in my notes. These 332 cases were all absolutely sterile—that is, all women who had had an abortion or a child are excluded. Of these 332 married women 159 suffered from spasmodic dysmenorrhœa, or nearly half. It is a most grave fault in my argument that I unfortunately cannot give the frequency of dysmenorrhœa among the fertile. But I can meantime only declare the importance of the omission and express my belief, in accord with universal professional opinion, that among the fertile dysmenorrhœa is comparatively uncommon. The connection of a neurosis of this kind with sterility cannot be unimportant, and I cannot leave the subject without expressing my belief of the association of it with abortion and miscarriage also.

Other mutually allied neurotic conditions demand full consideration—namely, sexual appetite or desire and sexual pleasure or satisfaction of the appetite by coitus. In investigating the matter great difficulties are met with from the delicate nature of the inquiry, the difficulty of making sure that the patient understands clearly what is the question to be answered, and the impossibility of finding words of well-defined meaning, or of the same meaning in different mouths. But these difficulties are not insuperable, and error is lessened by relying on a large number of concurring observations.

Sexual desire and pleasure have to be considered separately, because, though they are naturally found combined in the same case, they are far from being invariably so. A woman, with healthy sexual organs, may have sexual desire and no pleasure, or even the reverse, and she may have no desire and yet have pleasure. Although pregnancy and childbearing are natural consequences of sexual desire and pleasure, there is little or no connection between the latter and the wish to bear children. The desire for offspring may be intense, while there is neither desire nor pleasure, and the desire to avoid pregnancy may be intense while there is desire and pleasure. Desire and pleasure may be excessive, furious, overpowering, without bringing the female into the class of maniacs. They may be temporary, healthy, and moderate; they may be absent or null. Instead of sexual desire there may be sexual aversion; and instead of sexual pleasure there may be only feelings of disturbance or pain. Instead of sexual desire there may be intense sexual antipathy, and instead of sexual pleasure there may be severe suffering, even agony in coitus.

The variations of desire are chiefly on the positive side, greater or less. Desire may be absent. From the zero or indifferent condition there is, however, not rarely observed a rise into aversion or antipathy, and this, in married women, without any feeling regarding the husband other than affectionate. It is well known that desire may be fostered at special times by various stimulants of passion; but, apart from such occasions, it may be increased or diminished or annihilated. This is a general belief, and I have frequently had spontaneous testimony of individuals to the same effect. The influence of society and its amusements, of diet, of special kinds of reading, of association with males, is well known and recognised in the increase of sexual desire; and the influence of the opposite conditions, of a truly ascetic life, is equally certain. Desire may, during the childbearing period of life, undergo great changes without any apparent cause; at one time, and it

may be for years, being positive, at another time absent or negative.

Sexual pleasure must not be regarded as in all respects like sexual desire, and requires separate description. Its variations are chiefly on the positive side. It may be absent. Its variations on the negative side are, however, most remarkable. There may be slight or very great suffering, or the intensest agony; and this is often accompanied by more or less active involuntary local sphincteric resistance to penetration, called vaginismus. But the words pain and agony are here used in a quite extraordinary and misleading way. There is no pain, such as that of the infliction of a wound or contusion, or that of toothache or neuralgia. There may, indeed, be in cases of diseased sexual organs, common pain of the kinds mentioned, caused by sexual congress, but of such pain we are not here speaking.

All kinds of pain or discomfort in coitus are often, nowadays, classed as dyspareunia, but I think the word may be well restricted to the condition I am describing: or the condition may be called simple dyspareunia, and there is no common pain in simple dyspareunia. It has an analogue in disgust, but dyspareunia rises to far higher degrees than disgust. As sexual pleasure rises in intensity above all other kinds of pleasure, dyspareunia reaches degrees exceeding those of the intensest disgust. The disgust of a child is often painfully intense, its resistance to tasting and swallowing involuntary and powerful, and often followed by vomiting the matter whether tasted or not; and as all this is not common pain in tasting or swallowing, so dyspareunia is not pain in sexual connection. Sexual pleasure and dyspareunia differ from gustatory pleasure and disgust in this, that while the former are one in kind, and in all degrees excited by the same cause, the latter are various in kind, and elicited by different substances in each case. Pleasure, then, may vary from the intensest to mere indifference; and simple dyspareunia may rise from mere indifference to the highest degree, with sphincteric resistance to penetration, opisthotonos, and a state almost of insensibility.

Pleasure is probably not directly increased by the causes of increase of desire, but the increase of desire is probably a cause of increase of pleasure, as hunger enhances the pleasures of taste. Pleasure is increased by continence and diminished, or annulled or converted into slight dyspareunia by over-indulgence. Sexual pleasure may vary without apparent cause, disappearing for short periods or for years, and reappearing with the same appearance of caprice. Pleasure is frequently absent at marriage and gradually developed during the continuance of that state. If it is slight at marriage, then coitus will be painful, the common and not simple dyspareunic pain overpowering the pleasure and preventing it.

Describing the lower animals in this respect, we guess by aid of analogy, but the analogy is so strong as to endow the guess with a high degree of assurance, reaching nearly to certainty. We may be sure that animals, generally, feel sexual desire, and that this sexual desire occurs normally or naturally only in connection with fecundity. In many domestic, or otherwise well-known animals, there is sexual desire only in the rutting season, and at other times not only an absence of sexual desire, but a positive sexual antipathy. A bitch not in heat will angrily resist any attempt at sexual approach by the male, while quite ready for any other kind of play. Of sexual pleasure in female lower animals we know very little, but we may be sure it exists. Of its existence in males we have abundant evidence, and we may thence argue that it exists in females. Nothing is commoner in dogs than what may be called masturbation. This kind of sexual pleasure is generally believed to be increased by confinement, and the evidence afforded by zoological collections is held to be good.

I know nothing regarding the connection of sexual pleasure in animals with fertility or sterility, but we have the testimony of Darwin of the presence, in animals that are confined, of sexual desire, sometimes in excessive degree; sexual indulgence being held as evidence of sexual desire; and the sexual excess is often connected with sterility.

" says he, in the Nine-Year Report from the Zoological Gardens, are stated to unite most freely, but through many individuals were kept, 'although many of the felines breed readily in the Zoological Gardens, yet copulation by no means always follows union. In the Nine-Year Report various species are specified which

were observed to couple seventy-three times, and no doubt this must have passed many times unnoticed; yet from the seventy-three unions only fifteen births ensued." In many animals under confinement there is no coupling, and this may be assumed to indicate absence of desire in female as well as male.

It is an almost universal opinion that in woman desire and pleasure are in every case present, or are in every case called forth by the proper stimulants. The opinion is founded on experience, and it is, no doubt, nearly true; but the exceptions to the rule are numerous and important. It is also a popular opinion that desire and pleasure are essential elements in fecundity, and in cases of rape followed by pregnancy, that consequence has been made ground of defence against the charge. Great authors, among whom is Ambrose Paré, recommend the excitement by dalliance of great desire, as a remedy of sterility.

I think it is very nearly certain that desire and pleasure in due or moderate degree are very important aids to, or predisposing causes of, fecundity, not on account of their own proper attractiveness, but on account of some connection between them and the perfection of other parts of the complicated proceedings which result in fecundation. But this is only a firmly held opinion, for I can give no conclusive evidence or proof of it; and this absence of proof diminishes greatly the value of my observations on the absence of desire and pleasure in the sterile. The want most acutely felt here is a knowledge of the state, in this respect, of the fertile. In producing evidence as to the sterile, I shall assume that sexual desire and pleasure are very rarely absent in the fertile. Excess of sexual desire is probably unfavourable to fertility. It is recognised chiefly by excessive indulgence in sexual pleasure, and is observed in the weak and ill-conditioned, in imbeciles and idiots, as it is also in animals under confinement. Excessive indulgence in sexual pleasure is also probably unfavourable to fertility, or a cause of sterility; and it probably is specially influential in the young, as it may also be in prostitutes. In these circumstances the births of females are, on good grounds, believed to be far above the ordinary average, in proportion to males.

Masturbation in females is an unnatural and generally excessive indulgence in artificial sexual pleasure. It has always appeared to me to affect especially children and young women of weak mind. I have often been struck by the smallness or imperfect development of the external parts in young women who masturbate, and I have not rarely observed what appeared excessively high development of sexual desire in women who had imperfection or absence of internal genital organs. In one, dissection revealed the presence of ovaries and Fallopian tubes only. Some confirmation of these views may be found in cases such as that of Campbell, (a) in which a woman addicted to masturbation had never menstruated, and had imperfectly developed genital organs; she had, however, also a dermoid cyst of the ovary. Aran (b) has a case, of what he describes as frightful excess of masturbation, in a young woman dying of phthisis, whose uterus and appendages were found to be very imperfectly developed. Kussmaul (c) mentions the concurrence of masturbation and nymphomania with imperfect development of the uterus and the genital organs; and Joulin (d) refers to a case of Vaddington's where absence of naerus and exaggerated sexual appetite were combined.

Entire absence of desire and pleasure, or of one of them, or the presence of intense sexual antipathy and dyspareunia are not necessarily causes of sterility. It is not at all rare for women to be pregnant and bear healthy children who aver in the distinctest manner not only absence of desire and pleasure, but presence of the opposite conditions. But the following statistics make it highly probable that absence of desire and pleasure and the presence of their opposites are powerful influences favourable to sterility. The statistics do not indicate what was occasionally found—namely, that desire was present while pleasure was absent; or, in other cases, that desire was absent while pleasure was present. The cases observed were all in women absolutely sterile, of whom the great majority consulted me regarding the sterility. Among 191 sterile wives desire was absent in 89, or in about 1 in 4. Among 196 of the same sterile wives pleasure was absent in 62, or about 1 in 3. The figures

(a) Memoir on Extra-uterine Gestation, p. 80.

(b) Leçons Cliniques sur les Maladies de l'Utérus, p. 89.

(c) Von dem Mangel, &c. der Gebärmutter, S. 74.

(d) Accouchements, p. 138.

show that many sterile wives had desire but no pleasure. They do not show, what nevertheless is true, that some had pleasure who had no desire.

TABLE XXIII.

Class-book Table of Desire and Pleasure in Sterile Women.

Age at marriage.	No.	Desire.			Pleasure.		
		Pre-sent.	Ab-sent.	No note.	Pre-sent.	Ab-sent.	No note.
15 to 19	59	18	4	37	15	8	36
20 to 24	220	78	18	124	69	27	124
25 to 29	134	85	12	87	31	18	85
30 to 34	69	16	3	40	14	5	40
35 to 39	23	3	1	19	3	3	17
40 to 45	9	2	1	6	2	1	6

I have a strong impression, derived from all I know and have observed, which I may express theoretically, that while in healthy normal women there is abundance of sexual or reproductive energy for fertility and all its accompaniments, in many sterile, or relatively sterile, women, there is deficiency which may be exhibited in one or another, or in all the ordinary evidences of reproductive energy, and that excess or deficiency in one department may be associated with deficiency or excess in another. It would seem that in women of deficient reproductive energy, excess in one department might be compensated by deficiency in another, and *vice versa*, there being only a limited store of the original energy. In illustration, a remarkable class of cases may be cited, which I shall sufficiently describe by stating generally the chief points in one:—A robust healthy woman is married at eighteen; she bears three children and has four miscarriages before she has passed twenty-three years of age. Up to the birth of her last child, and for five years subsequently, she experiences no sexual desire, and has no pleasure. Five years after her last pregnancy she almost suddenly comes to have intense desire and pleasure, but remains sterile for four additional years before she seeks a cure of her sterility. Fertility present, while desire and pleasure are absent; sterility present, while desire and pleasure are present.

THE CAUSES, SYMPTOMS, AND TREATMENT OF PHIMOSIS AND PARAPHIMOSIS. (a)

By LAMBERT H. ORMSBY, F.R.C.S.,
Lecturer on Clinical and Operative Surgery.

THE term phimosiis signifies an elongated condition of the prepuce or foreskin, whereby it is so tightly contracted in front that it cannot be drawn backwards so as to uncover the glans penis. It is of two kinds. 1. Congenital; 2. Acquired. The first variety is very frequently met with in young male infants, and in some it assumes a very aggravated form; so much so, that the prepuce is found so much contracted as to prevent the water being passed without great difficulty, and in certain instances, when the water is being passed, owing to the very contracted condition of the orifice of the prepuce, the urine escapes between the glans penis and contracted skin, and very soon the whole cavity of the prepuce becomes filled with urine or as it is termed "ballooning." This, in due course, gives rise to great pain and other complications.

Phimosiis is attended with many inconveniences, among which may be mentioned the retention of the secretion poured out naturally about the glans, and which, not finding a ready and easy exit, produces in a short time, irritation, pain, to be followed by excoriation, ulceration and its consequences. Also when this condition is present, ablutions, and careful washing of the part cannot be attended to, and from this cause a most unpleasant odour from the organ is very frequently observed.

A person suffering from phimosiis, when indulging in sexual intercourse, is far more liable to contract gonorrhoea or chancre (provided the sexual intercourse be impure) than those who do not suffer from this contracted condition of foreskin, or those who have their glans perfectly denuded and bare naturally.

In impure connection the subsidence of the penis after erection favours the easy transit of the contagious vaginal discharge to a resting place either in the orifice of the male urethra, or between the skin and glans penis, where it remains in contact with the mucous membrane pent up, producing, in due course, from its acid character, excoriation, ulceration, or chancre.

In my recollection I have seen far more cases of gonorrhoea and chancre in those with elongated prepuces than those who have naturally the glans penis denuded of foreskin. Nor is the cause difficult to understand for the reasons above mentioned.

The consequences of congenital phimosiis, whether local or remote are sometimes very serious, among which may be mentioned—1. Local irritation; 2. Balanitis; 3. Calculous concretions. 4. Dried indurated pent up secretion between glans and prepuce. 5. Ulceration followed by adherence of the prepuce to the glans. 6. Urinary obstruction and bladder irritation. 7. Masturbation. 8. Reflex convulsions, and infantile paralysis of the lower limbs (Sayre). 9. Incipient hip disease (Barwell), and finally, I have met with epithelioma of the prepuce in middle aged men, due to this contracted condition of parts, and the consequences thereon.

Phimosiis exists in a great many cases that never apply to a surgeon; and the few who do are compelled to do so from pain, swelling, and owing to the great delay and difficulty in passing water.

Causes.—In examining carefully a well-marked case of phimosiis it is found that the external skin is quite lax, and very dilatable; while the internal mucous membrane is the part that is so tight and contracted; and, after a time, the mucous membrane of the inner surface of the prepuce becomes permanently adherent to the glans, rendering the operation for its relief, when present, most difficult. It is also found in young male children that the aperture of the prepuce, although very small, gradually enlarges as the child grows older, and all the bad consequences which the phimosiis might have otherwise occasioned in disease are thus avoided. Young mothers are sometimes very anxious about this condition, being told by some old and trusty nurse "that she thinks the child is not right, and she ought to speak to the doctor about it." The anxiety in such parents may, however, be allayed by telling them if the prepuce can with ease be drawn so far back as to display the top of the glans penis they need then have no fear about the matter, and in due course the prepuce may, and will be drawn backwards to the fullest extent.

On two occasions I have been consulted by newly married men to relieve them of paraphimosiis, the result of having frequent connections when they were naturally affected with phimosiis. I also saw a gentleman not long ago, for paraphimosiis, which was produced from the same condition of parts, which was the result of an attempt at the first sexual connection he ever had in his life.

It is worthy of mention when considering the after consequences of phimosiis, that out of twelve cases of amputation of the penis for cancerous disease performed by the late Mr. Hey, nine of these cases were affected with natural phimosiis. Mr. Roux noticed the same thing in similar examples, and as this distinguished surgeon considered, it may conduce to carcinoma of the penis. This condition of contracted prepuce, when present, ought to be always remedied in time.

Treatment of Congenital or Natural Phimosiis.—Before having recourse to operative measures for this condition the surgeon will be anxious to know what are the positive indications for such treatment, for in some mild cases the patient, or his friends, are quite satisfied to

(a) Being a clinical lecture delivered in the Meath Hospital and Co. Dublin Infirmary.

allow him to remain as he is without having anything done. However, I would recommend steps to be taken if the orifice in the prepuce was smaller than the orifice of the urethra, for if this condition is present, the prepuce "balloons" during micturition, viz., the urine flows more rapidly into the preputial cavity than it can escape from its orifice. Such a condition, sooner or later, is followed by preputial inflammation, ulceration or adhesion, and retention of secretion.

Van Buren says: "When, therefore, the prepuce of an infant balloons during micturition, phimosis exists, and circumcision should be performed."

The various plans recommended from time to time for the permanent relief of congenital phimosis may be enumerated as follows:—1. Manipulation or gradual dilatation, and retraction; 2. Mechanical dilatation by means of forceps, glove-stretcher, and sponge tents; 3. Longitudinal incisions made in the mucous membrane; 4. Single incision of the prepuce on director; 5. Complete circumcision.

1. *Gradual Retraction by Manipulation.*—In some mild cases this plan succeeds very well. The patient should endeavour, frequently in the week (say night and morning) to make an attempt to draw back the skin over the glans. He may be facilitated by distending the prepuce with warm water or glycerine water, or warm oil introduced with some force by means of a medium-sized syringe, anointing the part with vaseline. In carrying out this treatment the patient ought to be warned that he may produce paraphimosis by too violent an attempt at retraction. When the prepuce can be drawn back so as to uncover the glans halfway, the treatment may be discontinued. If the contraction has been acquired by cicatrices at the orifice, this treatment, as a rule, is not very successful.

2. *Mechanical Dilatation by Forceps and other means.*—Dr. Cruise, of Dublin, recommended that the preputial orifice be stretched and distended by means of the forcible and gradual divarication of the blades of a forceps made for the purpose. In some cases the use of such a forceps has proved useful. Compressed sponge and sea-tangle bougies have also been used to distend a tight preputial orifice. A small, nicely-rounded glove-stretcher has also been pressed into service to carry out the same object. I cannot say much for this line of treatment. I have tried it in a few cases and have not, up to the present, been pleased with the results.

3. *Longitudinal Incisions made into the Mucous Membrane from the Inside.*—Parallel incisions made into the mucous membrane of the prepuce have been recommended and practised for the purpose of relieving the contraction of the structure. A very long, narrow-bladed knife must be used, and care must be taken so as to be sure that the mucous membrane is the only part that is scarified when the tightness has been thus relieved. The external skin becomes as lax as possible, and can with ease be drawn backwards over the glans. After the inside of the prepuce is well scored it bleeds at times freely, but is soon controlled by the application round the top of the penis of strips of lint steeped in some cold evaporating astringent lotion. When these parallel incisions are made the prepuce must be drawn forward and put on the stretch, a director must then be passed in through the preputial orifice until it is stopped by the reflected mucous membrane from the glans to the prepuce. The longitudinal incisions are then made into the prepuce. The use of the director is important, as it prevents the chance of the operator scoring the glans or entering the orifice of the urethra with the point of the knife.

(To be continued.)

DR. COLEMAN, of Woolwich, has been presented with a handsome carriage clock in recognition of his gratuitous instruction in the St. John's Association at Charlton.

AN ESSAY UPON HIP-JOINT DISEASE.

By S. D. CLIPPINGDALE, M.D., F.R.C.S.

(Concluded from page 201.)

VI.—THE TREATMENT—(Continued).

Summary of Treatment by Rest and Extension.—In the first stage or early part of the second, when the joint is either in a state of simple inflammation or contains fluid of a simple character, synovial or serous, the joint should be placed in a state of absolute rest. At this time extension will do no good, and may do harm, for when a joint contains fluid, extension increases the pressure and produces pain; and no moderate extension at this early stage is capable of drawing apart the inflamed surfaces. Nor is extension necessary to reduce a limb from a flexed to a straight position. This can easily be effected by the weight of the limb itself, provided that muscular opposition be overcome. The muscles contract in order to keep the joint at rest. When, therefore, rest is secured by artificial means, the muscles perceiving their occupation to have departed will allow the limb to be brought into proper position. It is in the third stage that extension is necessary, and the indications for its use are—1. A tendency to dislocation; and, 2. The occurrence of "grating," indicating opposition of carious surfaces. If, however, ankylosis of the carious surfaces be desired, then, of course, extension is inadmissible.

The plan of treatment by rest and extension is successful in nearly every case in which suppuration does not occur; and when suppuration does occur, this plan may vie with operative treatment in its results. For, if pus form and be evacuated, and, by means of rest, ankylosis be produced with the limb in a useful position, then it is doubtful whether this result is not as good as any that might follow the operation of excision.

The period required for treatment by rest and extension is an obstacle to its use among the poor unless the patient be in a hospital. The duration of the treatment varies. The maximum time in most cases is about three years, but every practical surgeon is aware that, unfortunately, a case may last nearly a lifetime, cut short perhaps by some secondary and consequent disease of a vital organ.

Operative Treatment.—In those cases, however, in which the treatment by rest and extension is inapplicable, or, having been applied, has failed, it becomes necessary to resort to operation, and two procedures are practicable—excision and amputation. It is proposed to discuss briefly each of these.

The Operation of Excision, as the reader will remember, was first suggested by Mr. Charles White, of Manchester, in the year 1769, and first performed by Mr. Anthony White in the Westminster Hospital in the year 1821.

As to the Indications for Excision.—It is scarcely necessary to reproduce here all the views held upon this subject. Mr. Anthony White performed his operation in order to remove the dislocated head of the femur from the dorsum of the ilium. Many eminent surgeons—notably, Mr. Croft, of London, and Mr. Barton, of Dublin—consider that the operation is called for; and if performed, is more generally successful when done earlier than is the custom with many surgeons. Mr. Croft's cases were investigated by a committee of the Clinical Society, and the report of this committee is as follows: that "in a total of 32 cases, 10 were operated on before the disease had lasted six months. Of these, 6 died and 4 recovered—that is, 60 and 40 per cent. respectively. Twenty-two were operated on after the disease had lasted more than six months, and of these 9 died and 13 recovered—that is, 41 and 59 per cent. respectively." Mr. Croft's statistics, therefore, do not seem to support his doctrines. But although this is the case with Mr. Croft's cases, it is different with those reported by others. Thus, in 90 cases of

excision performed by four surgeons—viz., R. W. Parker, of London, Alexander, of Liverpool, Annandale, of Edinburgh, and Sayre, of New York—it is found that at the time of operation the disease had lasted less than six months in 20 and more than six months in 70. Of the 20 patients, the subjects of early operation, 4, or 20 per cent., died; while of the 70 operated upon in a later stage 22, or about 31 per cent., died. The result in these cases, therefore, as far as mortality is concerned, is evidence in favour of early operation.

The committee appointed by the Clinical Society to investigate this subject of excision report that they consider the operation should be performed:—

"1. When suppuration occurs early—that is, in the course of a few weeks after the onset of the disease—and is accompanied by severe local and constitutional symptoms—pain, night screaming, wasting, and high temperature. These symptoms, though they are sometimes due to acute synovitis followed by ulceration of the articular surfaces, may yet generally be taken to indicate that acute inflammation has resulted in necrosis, either of the entire head or neck of the femur, or of the acetabulum. In these cases, however, it may not always be necessary to perform a systematic excision, for sequestra can sometimes be found and removed without sacrificing the articulation.

"2. When, in a case of suppuration, enlargement of the liver, or albuminuria, indicating the presence of degeneration of the viscera is detected.

"3. When suppuration continues to be free, and when fresh sinuses are formed; or when extensive burrowing is still in progress, and the patient is materially losing ground, in spite of careful treatment by rest and free drainage.

"4. Disease of the pelvis does not, in the opinion of the committee, preclude excision. On the contrary, the operation seems rather to be called for, since, in many cases, it is the only means by which, when suppuration occurs, efficient drainage can be provided. If swelling can be felt in the pelvis near the floor of the acetabulum by the finger passed into the bowel, in a case in which there is a sinus freely discharging, and in which the general health is declining, it is probably best to resort to excision. It must, however, be borne in mind that pelvic disease is always formidable, and that it renders the prospect of recovery, under whatever treatment is adopted, more than usually doubtful."

The evidence as to the results of operative and non-operative treatment obtained by the committee was as follows:—"The results obtained on the one hand by excision, and on the other by rest and extension, in the cases tabulated above, show a total mortality in cases treated by excision 40 per cent., as compared with 33·5 in cases of suppuration treated by rest and extension; or if deaths by causes unconnected with the disease be excluded, the mortality is 37·7 as against 31·6; or excluding cases of death in which the joint affection was cured, the mortality is 35·5 as against 30·4."

The report of the committee expresses so well the views held by surgeons of the present day that I would be unwilling, even if I were able, to add to or criticise it; yet, I would venture to refer to two points of some importance in the performance of the operation. Firstly, as to the use of antiseptic (Listerian) precautions; experience has convinced me that even although air may have entered the joint cavity through the sinuses long before the operation, nothing is lost and much may be gained, especially as far as the personal comfort of the patient is concerned, by the use of this method. Secondly, I think it is open to discussion whether the use of the gouge should not be abandoned. This instrument is used to remove necrosed bone from the floor of the acetabulum, with the result, I believe, of producing, not unfrequently, a perforation, with subsequent intra-pelvic mischief. The caries of the acetabulum being caused by the friction of the head of the femur will, in most cases, cease as soon as the head is

resected, rendering unnecessary the doubtful expedient of gouging the thinned and unseen floor of the acetabulum.

Amputation, the second of the operative procedures, sometimes required in hip disease, may be necessary either as a *primary* or *secondary* operation. *Primary*, if in a case of the disease, the shaft of the femur may be so diseased that removal of the joint alone would not ensure a useful limb. *Secondary*, when, after excision, the limb is useless from defective ankylosis or the patient's life endangered by prolonged suppuration at the seat of excision.

VII.—THE CAUSE OF DEATH.

Death may be produced in three ways. 1. By protracted suppuration; 2. By secondary complication of internal organs; or 3. By the operation.

The average total mortality from all causes varies between 30 and 40 per cent.

Much valuable information as to the cause of death is to be found in the report of the Clinical Society, and I will not draw further upon the wide store of statistics contained in that report than to borrow from it the following tables of 109 cases of death:—(a)

Analysis of 96 Deaths after Suppuration.

Meningitis	16·7
Albuminuria with dropsy	20·8
Phthisis	5·2
Phthisis and albuminuria	3·1
Exhaustion	9·4
Erysipelas and pyæmia	3·1
Causes unconnected with the disease	7·3
After operations	9·4
Unknown	25·0

Analysis of 13 Deaths in cases of Non-Suppuration.

Meningitis	7
Phthisis	1
Tubercular pneumonia	1
Croup	1
Intercurrent disease (nature unknown)	1
Cause unknown	2

If, from the above tables, we exclude the cases in which the cause of death was unknown, we find that tubercular disease, in some form, caused death in 65 per cent. of the cases, other diseases in about 25 per cent., and the effects of operation in about 10 per cent.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Reported by JOHN W. MARTIN, M.D., Sheffield;

Formerly Assistant Surgeon, Mayfield Factory Dispensary, Portlaving.

Arrested Menstruation—Pain and Tenderness in the Uterine and Right Ovarian Regions—Pains down the Right Thigh, and in the Right Knee joint—Sensation of Chills up the Spine—Headache—Insomnia—Nervous Excitement and Restlessness—Pyrexia—Treatment—Recovery.

On the 14th of February, 1883, I was asked to see Mrs. B., æt. 31, the mother of four children, her last child having been born about a year ago—an only son, of whom she was very fond and proud, and whom she had the misfortune to lose in November last. The nursing, anxiety, and grief connected with his illness, and death, seriously affected her general health. She has never been quite regular as regards her monthly health, the catamenia being at times profuse, at others scanty, and at all times accompanied by more or less excess of pain. In temperament she is nervous and excitable. Suffered lately a good deal from loss of sleep, and for a long time after her loss she felt languid, and unequal to exertion, and had no desire or relish for food.

On Saturday, Feb. 10th, the menstrual flow appeared slightly. On Tuesday, the 13th, she did a great deal of walking, and was a good deal fatigued. She felt, however, very

(a) Clinical Society's Transactions, vol. xiv.

well, ate a good dinner, and went to bed apparently in good health. About 1 a.m. she woke up with violent pain in the region of the uterus and right ovary. The pain was very violent whilst it lasted, and was paroxysmal in character. This continued for the rest of the night. In the morning her husband called, asking me to see her. He is accustomed to the use of the clinical thermometer, and reported the temperature as slightly below normal. This was at 8.30 a.m. I saw her at 9 a.m., and then found her in a nervous, excited condition, very restless, with the pain recurring at frequent intervals, the pain, as already described, being referred to the region of the uterus or right ovary. There was decided tenderness over the seat of pain. The menses had been checked. She complained of frequent chilly sensations running up the spine, and of headache, always increased after one of these attacks of chill. She is in no sense a hysterical woman, or inclined to make the most of symptoms. On the contrary, she was most anxious to be well, and to do anything and everything to get so. I found the temperature 101°, her pulse 100, and her tongue lightly furred. The bowels were quite regular. She passed a sufficiency of water, normal in colour, and free from deposit. She was most anxious to get some sleep and rest. There had been no nausea or vomiting, nor was she troubled with flatulence. I ordered a turpentine stupe to be applied to the seat of pain, to be followed up by frequent relays of hot poultices, the poultices to be covered with lanthanum poured over their surface, and prescribed the following mixture:—

R Potass. bromidi, ℥ij.;
Potass. bicarb., ℥j.;
Tr. aconiti, ℞ss.;
Vini ipecac, ℥j.;
Syrupi zingib., ℥i.;
Aque chloriformi; ad ℥viiij. M.

℥j. to be taken with one of the powders every third hour, effervescing.

R Pulv. acid. citric., gr. xij.
℞ pulv. Mitte viij.

Sig. "Powders."

At 2.30 p.m. her husband called again to see me, as he found the temperature steadily mounting, it being, at 2 o'clock, 103°. The chills up the spine were more frequent in their recurrence. She had got no rest, and seemed very restless and feverish. The pain was easier, but the headache was worse. The medicine had not been obtained until 11 a.m., and she had had but one dose. I ordered him to give another dose of the mixture at once, and told him I would call at 4 p.m. On getting there, I found her still very restless and excited, and longing for sleep. The pain was much easier, recurring at rarer intervals, and much diminished in intensity. The pulse was 104, and the temperature 103° 6, still rising. She felt pains down her right thigh and in the right knee-joint, and a dull, aching pain in the small of the back. The case now looked serious, more especially as they were about leaving Sheffield the following week, and a long illness would be the source of the greatest inconvenience. I was shut out from the use of opium or chloral, having learned that, on a former occasion, when tried, they failed entirely in obtaining the desired effect, and gave rise to a most distressing train of symptoms. I ordered a dose of the mixture to be given every hour and a-half, and the temperature to be taken every hour. The following is a table of the temperatures and pulse rate as taken:—

	Temp.	Pulse.
Feb. 14th.— 8 a.m. ...	98°	
9 " ...	101	100 Full and
2 p.m. ...	103	resting.
4 " ...	103·6	104 Full and
5.10 " ...	102·8	resting.
6.15 " ...	102·7	
7.30 " ...	102·5	
8.30 " ...	103	92 Softer.
9.10 " ...	102·8	
10.30 " ...	102·5	92 Softer.
Feb. 15th.—12.15 a.m. ...	102·7	
2.30 " ...	100·9	
7.30 " ...	98·9	
8.45 " ...	97·8	84 Compressible,
12.30 p.m. ...	98·6	but quite re-
2.30 " ...	98·2	gular.
5.20 " ...	98·8	after taking some hot
7.15 " ...	98·0	68 [tea.
9.30 " ...	97·8	

I directed that the mixture should be withheld, or given at longer intervals should a rapid fall in the temperature take place. By 9.10 p.m. the pains recurred at very long intervals, and were very slight. There had been a slight return of the menstrual discharge. The chills were no longer felt, and the headache was better. The pains down the thigh and in the knee-joint were much better. I ordered a warm bath to be taken, and she felt, after taking it, much refreshed and composed, being inclined to sleep. When I left the house at 12 midnight, there was every promise of a quiet night and steady improvement.

Next morning, at 8.45, I found my hopes realised. She was in every way better. She had rested fairly during the night. The temperature and pulse were down—the one to 97·8°, the other to 84, soft, compressible, and quite regular. The tongue was clean, the bowels had acted pretty freely, and she was passing a sufficiency of normal urine. She had lost all traces of nervous excitement, and was free from headache. There were still slight returns of the uterine and ovarian pains, but these were very slight indeed. I now ordered the mixture to be given only every fourth hour; the poultices to be replaced by cotton wool; the diet to be as before—milk, light pudding, and soups. In the evening I stopped the mixture, ordering for next day—

R Potass. bicarb., ℥j.;
Tr. nucis vom., ℥j.;
Sp. am. aromat., ℞ss.;
Infusi gent. co., ℥iv.;
Aque ad ℥viiij. M.

℥j. to be taken an hour and a-half after meals. The subsequent course of the case was one of steady convalescence.

I regard the case as interesting from a therapeutical point of view. I certainly feel convinced that there was cause and effect in the results of treatment in steadily pushing the bromide and aconite in such large and frequent doses. The counter-irritation and poulticing alone had failed to give relief to the general *malaise* and constitutional disturbance, nor was there very decided improvement until the medicine had time to take hold on the system. The physiological effect of the aconite was felt slightly at the tips of the fingers, but at no time was there any great nervous depression. The case is also, I think, of interest as a faithful record of symptoms observed, and of the manner in which they were dealt with.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 30TH.

The President, ANDREW CLARK, M.D., LL.D., in the Chair.

THE sub-committee appointed to inquire into Mr. Shuter's case of Sub-Periosteal Amputation presented their report, in which the following conclusions were expressed:—(1) That the firm resisting core existing in the stump and to which the muscles were clearly attached did not present indications to warrant the opinion that it was really osseous in structure; (2) That the muscles of the stump, notwithstanding, acted efficiently from their attachment to this core; (3) That the method of amputation followed by Mr. Shuter offered obvious advantages in that it diminished risk from hæmorrhage, and tended to preserve the attachment to the muscles as successfully as though the operation had been performed on the middle of the thigh by ordinary amputation. From examination of other cases also, the committee found nothing to justify the statement that reproduction of complete bony structures had taken place.

MR. ROBERT WILLIAM PARKER ON

A CASE OF CONTUSED WOUND OF THE THIGH AND LEG IN A CHILD—GANGRENE OF LIMB—DEATH.

A female child, aged 14 months, was admitted into the East London Hospital for Children, having sustained an extensive wound of the left leg 24 hours previously. The wheel of a heavy dray had caught the outer border of the limb and torn off a large *crescentic* flap of integument; the front of the knee-joint was exposed but not opened. An attempt was made to clear off the mud, with which it was plentifully covered, and so establish an *aseptic* condition,

after which antiseptic dressings were applied. The child appeared to be doing well for about 36 hours, after which she became drowsy and restless, and some livid patches and oedema appeared on the foot. Twenty-four hours later, these symptoms had become more pronounced, and on the following morning extreme gangrene of the limb had supervened. She died. The author sought the opinion of the members of the Society (1st) on the treatment he had adopted, and (2nd) as to the cause of the gangrene. He felt that amputation in the upper third of the thigh, the only alternative, was a severe operation for such an infant; while the suppuration and granulation of such a wound, unless they ran an aseptic course, would almost certainly have proved fatal. As regards the gangrene, no injury to the vessels could be discovered as a cause. Could the action of the carbolic acid have produced such a result?

Mr. PAGE observed that many important questions had been raised in Mr. Parker's paper. He himself had under his treatment a similar case five years ago. A child, eighteen months old, was injured on the arm by a swing gate. She was admitted by the house-surgeon and seen twenty-four hours after by Mr. Page, the arm being then dead and inflammation spreading up from it. Against the advice of his senior colleagues Mr. Page at once amputated at the shoulder, and the child made an excellent and rapid recovery. A fracture existed in the limb removed at the lower end of the humerus and involving the olecranon; the brachial artery was plugged by thrombi, but the outer coat of the vessel showed no signs of injury. He regarded it as of importance that a definite rule for guidance in such cases should be laid down, and that speedy amputation should be resorted to for removal of dead from living structures, and consequent avoidance of danger from sepsis. The measure of interference should be indicated by the constitutional disturbance set up, and there should be no waiting for the appearance of a line of demarcation between the dead and living tissues. There had been no injury to the nerves in the case mentioned by him.

Mr. CRIPPS, while admitting that there were numerous varieties of "traumatic gangrene," urged the importance of an accurate definition of the term. In illustration of the distinctions he wished to enforce, he quoted several cases. The first was that of a man, who, falling down a lift, sustained a severe shock and laceration of the thigh and wrist. There was dyspnoea. The arm was carefully placed in splints, but next day, the fingers being discoloured, the splints were removed; the darkness, however, spread upward, the pulse became small and rapid; temperature remaining about 99°; the arm was removed at the shoulder. No relief followed the operation, and next day gangrene supervened in the foot, spreading up to the thigh. Death. The post-mortem showed that the arteries were pervious, but that venous occlusion existed. There was fatty heart, and old adhesions of pleurae and pericardium, and several fractured ribs. Mr. Cripps argued that in this case gangrene had been accelerated by the lowered circulation of the patient, the blood, in consequence of it, clotting in the main vein of the affected limb and that in such a case amputation could avail nothing, inasmuch as the gangrene was nothing more than a local sign of commencing somatic death. In another case a man was injured by a piece of gauze near the thumb. Three or four days afterwards pain compelled him to seek hospital relief, at which time there existed swelling of the hand and forearm, and blackening of the fingers, but the back of the hand was very red. Pulse, over 100, temp. 104°. Twenty-four hours later amputation at the shoulder was performed, followed by marked relief of pain, reduction of temperature, and general improvement lasting two or three days. At the end of the fourth day, however, rigor came on, the stump swelled, gangrene spread from it to the face, and death occurred after fourteen hours of agony. Amputation at an early period might have saved this case, which was instanced as an example of acute spreading gangrene, a form of the disease to be met by resort to amputation high up at an early period. In the first case the man had not been actually ill previous to the accident; the second patient was a steady, sober workman.

Mr. HEATH was of opinion that, considering the age of his patient, Mr. Parker had acted rightly in pursuing the course he adopted. The gangrene was undoubtedly due in this case to the original injury, and was of a kind in which the appearance of a line of demarcation was to be expected. He was convinced that harm was done by lowering the temperature of

the patients by means of the carbolic spray. A month ago he amputated at the thigh in a case of a woman, who died twenty-four hours later, and whose death he attributed to the combined influence of the spray and the carbolic acid absorbed during the time the operation took to be performed. There was no carboluria, and probably death was due to the fact that the kidneys failed to throw off the acid taken into the system. He imagined Mr. Parker's patient had suffered in a similar way, from absorption of carbolic acid, and reduction of temperature due to the cooling influence of the spray. The suggestion made to maintain warmth in such cases by means of a hot poultice or equivalent dressing was a very valuable hint. The child, however, would probably have died in any case. The mud mentioned by Mr. Parker might not of itself have done much harm, but it should be remembered that were such things as mortal injuries; from the way in which surgeons were accustomed to talk it would almost seem as though every injury could be cured by operative means, and that no accident ought to prove fatal in the hands of modern operators.

Mr. PARKER said he had been surprised at the onset of gangrene, because the wound was comparatively so slight, affecting only the integument. He did not think the case quite similar to that related by Mr. Page. He had dreaded septic inflammation in the limb, and on that account had applied the dressings mentioned. He believed the use of the spray contributed to the fatality.

Mr. W. SPENCER WATSON on a case of

TETANUS.

A well-nourished boy, *æt.* 8, came under treatment eleven days after receiving a small lacerated wound on the dorsum of the foot. Four days before admission, symptoms of tetanus commenced, and on admission the convulsions occurred about once every half hour. At first the temperature was 101°0', but afterwards was very little above the normal standard, being 99°4', but the pulse and respiration were much accelerated. The temperature on the second day was 100°2', and continued at that height till the fourth day, when it went up to 103°2'. He died the same evening. He was treated by the administration of chloral, with occasional morphia injections and rather free purgation. A mustard plaster was applied to the spine. During the third day a severe spasm terminated by sudden cessation of breathing, but artificial respiration succeeded in restoring him. He died in a similar spasm ten hours afterwards. The post-mortem examination showed that the membranes of the brain and cord were intensely congested, but the substance of both appeared healthy. Microscopic sections of the cord gave chiefly negative results. The only appearances that seemed abnormal were the presence of slight vacuities in the grey matter surrounding the vessels and the multipolar cells. It was thought, however, that these spaces were due to the method of preparation of the sections. There was no exudation, either in the spaces or in any part of the cord examined, except in some sections of the dorsal region, which presented colloid bodies here and there, such as those described by Dr. Ross. Sections of the peroneal nerve exhibited changes, probably due to inflammation, chiefly affecting the sheath and neuroglia. The questions raised by the case were—1. Would the performance of neurotomy or amputation at an early stage of the case have given the patient a better chance of recovery? 2. Was the treatment by chloral and morphia the best adapted to the circumstances of the case? 3. Is the case an argument of any value as showing that the microscopic appearances of the cord are sufficient to demonstrate the essential tetanic condition? or are we justified in assuming that at present the microscope fails to give any reliable information, and that the essential changes in tetanus are too subtle to be discoverable by any of the means of post-mortem inspection that we at present possess?

Mr. HOWARD MARSH on

TETANUS FOLLOWING LACERATION OF THE TOES, AND LASTING FORTY-TWO DAYS—SYME'S AMPUTATION—RECOVERY.

Alfred M., *æt.* 8, was knocked down on September 9th by a tramcar, which passed over his left foot, severely crushing the three inner toes. On September 12th he came into St. Bartholomew's Hospital with the toes gangrenous. On September 23rd tetanus set in, and in the next twenty-four hours rapidly increased in severity, and was attended with frequent and urgent spasms. Syme's amputation was performed in

the afternoon of the 24th with the effect that the spasms were both less frequent and less violent. Tetanus, however, continued severe for the next thirty-five days, and then gradually subsided, to cease entirely on the forty-second day. The wound healed slowly, but without complication. It was all but closed at the end of a month after the amputation. Treatment consisted in the administration of an abundant fluid diet, the frequent use of nutritive enemata, and the employment of enemata of chloral and bromide of potassium, and of the hypodermic injection of morphia. The chloral and bromide injections did very little, if any, good. But morphia always relieved the spasms and procured rest, though only for short periods. On many days, upwards of two grains were injected, as much as five-twelfths being injected at a time. The author remarked that the case was rare not only as an instance of recovery from severe traumatic tetanus, but also on account of the prolonged period (forty-two days) over which the disease extended. Though many authorities were opposed to amputation, he resorted to it in this instance because the operation was not a large one, because the foot was already in part gangrenous, and because amputation afforded the surest means of removing peripheral irritation—a principal indication in the treatment of tetanus. He did not resort to nerve division, as this might fail to check irritation, and he did not know which of the several nerves ought to be divided. In the present instance morphia was the only drug that seemed useful, and, though employed in such large doses, it produced no unfavourable result.

Mr. PARKER exhibited a specimen bearing on the subject of tetanus. It was taken from a man who had sustained a gunshot wound in the lower part of the leg, which was deemed to be of only superficial extent, and tetanus was wholly unexpected as its result. Mr. Hutchinson stretched the sciatic nerve in vain, to give relief, and the man died. Post-mortem examination showed the wound to be a deep one, and the posterior tibial nerve and vessels were glued together by inflammatory exudation. Shot were found in the sheath of the nerve. In a second case in which death occurred from tetanus a superficial pistol wound of the thigh was supposed to exist; and in a third instance a labourer had been prodded in the leg with a pitchfork, as it was thought, superficially, but in reality so deeply as to strike the musculo-cutaneous nerve. Death occurred in this case also. In a fourth case a boy was wounded superficially over the tibial tubercle, and after death no local nerve lesion could be distinguished. Having lately examined two cases of tetanus neonatorum with cure, Mr. Parker had failed to discover any trace of septic influence to account for its occurrence, and he thought it would be highly interesting to examine the blood from subjects of tetanus with a view to the discovery of such organisms as might account for the phenomena observed.

Dr. DICKINSON said that Mr. Parker's remarks almost appeared to revive the old opinion of tetanus, which regarded it as a blood disease, and he could not but think there was a good deal to be urged in support of such a view. It always followed the existence of an open wound, and the irritation was conveyed by nerves, affecting the system through their agency. Congestion of the cord and exudations resulted from irritation set up by tetanus, and were not by any means essential parts of the disease. The pathological changes induced were, however, very important considerations. The affected side of the cord was always opposite to that of the wounded limb, and the lesions were sometimes of enormous extent, amounting even to rupture of the anterior horn. There were, also, morbid nervous conditions which the microscope was unequal to revealing at present. In his experience, the most hopeful results from treatment had been obtained from the employment of Calabar bean. In two cases he had seen marked improvements follow injection, the spasms having been immediately subdued. He had not perceived so much benefit from use of chloral. Probably, in that case, in which nerve-section had been resorted to, it was performed too late to be of service.

Mr. BARWELL said he had been sent for last November to see an old patient who had been seized with fits possessing the character of distinct trismus. His wife described a series of spasms which had been induced, and there was pain in the right leg, a small lump on the back of which could be felt, and by pressing which opisthotonos was set up. Four months previously the patient had trodden on a needle, and on cutting down upon the tumour in the leg, Mr. Barwell found and extracted a broken fragment of carpet needle, a severe fit occurring at the time. Two fits

followed subsequently within six hours, after which there were no more. Temperature and pulse both declined after the operation. In this case there was no open wound, but the needle, which had broken in the sole of the foot, had travelled up the leg, and probably pierced the nerve.

Mr. BUTLIN thought it useless to discuss one particular treatment for tetanus, which could only be regarded as a set of symptoms. In one class of cases section or stretching of nerves was useful. Some cases began with local symptoms, and ended in constitutional affection. Mr. Butlin instanced a case under the care of the late Mr. Callender, in which disorganisation of the popliteal nerve was induced by the tension set up in a limb stretched by a weight, the patient dying of spasm of the glottis, general clonic contractions having been previously set up. In such a case he said stretching or division of the nerve, or early amputation, would prove efficacious.

Mr. HOWARD MARSH urged that Calabar bean had been tried unsuccessfully in many cases, and that chloral was the remedy most generally favoured. Cases had recovered after amputation. Until Mr. Butlin could tell them the cause of tetanus, endeavours to relieve it in every possible way should be indulged. Mr. de Morgan had said he never saw a case of traumatic tetanus recover.

Special.

THE VACCINATION INQUIRY.

A COMMITTEE meeting was held on Thursday last, March 29th, in the Council Room, Exeter Hall, Strand, Dr. C. R. Drysdale in the chair. A portion of the large correspondence was read. Dr. Cresswell Rich, Secretary of the Reception Committee of the annual meeting of the British Medical Association, Liverpool, had desired to bring the vaccination inquiry to the knowledge of the profession and the public through discussion on the subject at the annual gathering. Dr. C. R. Drysdale stated he would read papers on the subject at the above annual gathering, and that of the Social Science Association. Mr. M. D. Makuna had also promised a paper for the former. The information received up to this time was ordered to be published. The Transactions of the Vaccination Inquiry, Part I., will be before the public during the first week in May, and will contain a sketch of Parliamentary history of vaccination, and the Acts; the collection of replies to the questions in the circular from nearly 390 medical men, of whom more than a hundred are public vaccinators and medical officers of health; notes and abstracts from various authors and contributors. The inquiry has been brought to the knowledge of the public and Parliament by advertisements and reports of the meeting in daily newspapers and various journals. The various Ambassadors, Consuls, Secretaries to Legations, have been made acquainted with its existence, and it is intended to request them to furnish information on the subject from different parts of the world. In the discussion, Dr. C. R. Drysdale, Dr. C. Renner, Dr. Bernard O'Connor, Dr. W. J. Collins, Dr. W. Easby, and Mr. M. D. Makuna took part. The meeting was adjourned for three months, during which time further information, principally statistics, would be collected. Contributions and papers on the subject are invited from the members of the profession.

Mr. JAMES TREVAN, F.R.C.S., has been presented with a massive silver punchbowl by the directors of the Alexandra Hotel, Hyde Park, in recognition of his medical attendance on their visitors for upwards of twenty years.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TYPHOID FEVER.—M. Vulpian occupied the whole *séance* of the Académie de Médecine with the treatment of typhoid fever, which never seems to weary the learned professors. M. Vulpian preferred salicylic acid to sulphate of quinine. The former was not only an anti-thermic but also an anti-pyretic. He never found it to produce a deleterious action on the heart, nor arrest the albuminuria which was almost constant in a more or less degree in typhoid fever. He had particularly remarked the absence of bed sores and the absences of convalescence when salicylic acid was administered.

THE GRAVITY OF CONGENITAL HERNIA.—At the Société de Chirurgie, M. Trélat spoke on the gravity of congenital hernia, grave because they became suddenly strangulated, and that the seat of the obstruction was situated more generally in the internal and superior part of the inguinal canal; so that often the diagnosis was rendered very difficult, and serious delay was the result. It goes, without saying then, that the necessity of proving the existence of a congenital hernia is paramount. The history, the presence of a concomitant hydrocele, and, above all, the fact that the hernia draws habitually with it the testicle in its reduction, ought to remove all doubt.

THE COST OF FASHION.—The young ladies who pride themselves on the possession of little birds of every colour fixed artistically in their hats or their dresses, little think of the price at which these objects of adornment are obtained. They cost often the health, and sometimes the life of those occupied in their preparation. M. Potain has had recently in his service two patients who presented all the symptoms of consumption at the second stage. These two patients, of an otherwise good constitution, present none of those diathetic signs which precede, so frequently, phthisis, and nothing in their antecedents appeared to indicate a predisposition to a tubercular affection. One of them was a mattress maker, while the other prepared birds for the toilet. M. Potain considered that the emanations consequent upon the work of each, was the cause of the disease. Dr. Proust has written a work in which he refers to the different pulmonary affections produced by the inhalation of organic or inorganic atoms. As to the microbe of phthisis, which a few months ago caused such a stir in the medical world owing to the alleged discovery of a bacteria by Prof. Koch, of Berlin, M. Feltzy, of Nancy, is inclined to deny its existence. He made experiments similar to those of the German physiologist but obtained, in every instance, negative results.

IRREDUCIBLE LUXATION OF THE HIP-JOINT.—At the Société de Chirurgie, M. Pallaillon communicated a case of irreducible luxation of the hip-joint which had been reduced by operation, or *methode sanglante*. The patient, who was alcoholic, succumbed shortly afterwards. This operation was not practised before him more than twice—once by Volkmann in Germany, and once in England by McCormack. The first case was that of a man of fifty who had a luxation of the hip from being crushed by earth falling on him. The head of the bone was in the obturator foramen. The operation consisted in resection of the head and the upper extremity of the femur. The other case, which was much similar, as far as the abnormal position of the head of the bone was concerned, only that the subject was much younger, was submitted to the same operation by McCormack, and with an equal success. Both patients

recovered. If the case of M. Pallaillon was not so fortunate in its results, it should be taken into account that the subject was not in a favourable condition for any operation, as he was an old tippler. Before using the knife, every means were employed to reduce the dislocation, and, in spite of chloroform, all attempts failed. Bromide of potassium was given in large doses for eight days with a like result. With the concurrence of his colleagues, M. Pallaillon had recourse to the knife. An oblique incision, commencing near the anterior inferior iliac spine, and extending four inches, laid bare the fibrous envelope immediately covering the head of the femur, which was lying on the ilium, close to the edge of the cotyloid cavity. After section of the resisting tissue, the femur, by a rotatory movement, was easily restored to its primitive position. Drainage, with Lister's dressing, and immobility, constituted the rest of the operation. However, gangrene set in in the wound, and on the fourth day the patient succumbed. M. Tillaux doubted the irreducibility of the coxæ femoral articulation, for he himself has always succeeded, and thought that, if his *confrère* had practised his method, which consisted in using traction during the rotatory movement, he would not have had to open the joint. M. Anger and M. Marc Sésé coincided with M. Tillaux.

Department of Lunacy.

THE CRICHTON INSTITUTION, DUMFRIES.

THE announcement that Dr. Rutherford has been appointed Medical Superintendent of the Crichton Royal Institution at Dumfries will occasion some surprise and speculation; and will also, it is to be hoped, lead to some official inquiry into the management of the important public charity at the head of which he has been placed. Dr. Rutherford is favourably known by the manner in which he has conducted the Woodilee Asylum at Lenzie, near Glasgow, and by his antipathy to locks and keys; and no doubt need be entertained that he will prove an able and efficient chief officer of the Crichton Royal Institution at Dumfries. But still it may be argued that it would have been much more satisfactory had the appointment to which he has succeeded been advertised as vacant, and had he been elected to it after an open competition. The appointment at the Crichton Institution is a very valuable and desirable one; it is, indeed, one of the few prizes open to our brethren who are engaged in lunacy practice in Scotland. And not only is it a valuable appointment, but a highly responsible one, involving a double charge—the care of the Southern Counties Asylum, the pauper lunatic asylum of the district, and of the Crichton Institution proper, in which upwards of two hundred lunatics of the upper and middle classes are under treatment. It is, then, surely but just and reasonable that any vacancy in such an appointment should only be filled up after all the best men engaged in lunacy practice in the country have had an opportunity of applying for it, and after the claims and credentials of as many of them as offer themselves have been carefully considered. It cannot be for the interests of the institution or of the public that so important an appointment should be quietly given away by half-a-dozen small Scotch lairds met in secret conclave. The governors of the Crichton

Institution are no doubt very deserving gentlemen, but they are not, from what we have been able to learn of their antecedents and pursuits, in any way specially qualified to exercise medical patronage, by the mere light of instinct and without any extraneous advice or assistance.

The medical profession, the relations and friends of the inmates of the Crichton Institution, and the public have good ground of complaint against the governors of the Crichton Royal Institution for the manner in which they have filled up the recent vacancy; and it will perhaps appear after the inquiry which seems inevitable that they have still more grave ground of complaint against them for the manner in which that vacancy was created. Dr. Adam, who has resigned the position to which Dr. Rutherford has succeeded, was appointed to it only three years ago; and in order to accept it, he gave up the medical superintendship of the Imbecile Asylum at Caterham, which he was filling with acceptance and success. It is not understood that Dr. Adam has obtained any other appointment in lunacy; and in fact, it is broadly stated that his resignation is not really voluntary, but has been in a measure forced on him by the governors. The official announcement is that Dr. Adam, one of the assistant medical officers, and the matron have simultaneously resigned; and it is reported that the resignations of the six principal officers of the establishment were recently in the hands of the governors, who have, however, induced three of these officers to continue in their service. All this seems to demand explanation, and we should be neglecting our duty to the medical profession if we failed to call attention to it. The Crichton Institution is a great medical charity, capable of affording immense benefits to the community in the midst of which it is placed; and it would be sad indeed that its usefulness should be compromised and the welfare of its inmates jeopardised without any notice being taken of proceedings which tend towards such unhappy results. It has evidently thriven greatly under the management of Dr. Adam, as the reports of the Commissioners in Lunacy abundantly testify; and the reasons should be made public which have induced that gentleman suddenly to resign his trust, thus taking a step which he certainly did not contemplate when his last report was written. It may be that a thoroughly satisfactory explanation of the suspicious circumstances to which we have alluded can be at once supplied; but even in that case the governors will have no cause to feel aggrieved by our remarks, which are rendered necessary by what we do not hesitate to call the unwholesome secrecy in which their functions as governors are performed.

THE EAST RIDING LUNATIC ASYLUM.

THE East Riding Lunatic Asylum at Beverley, which is now under the medical care of Mr. M. D. Macleod, contained, as we gather from the official report, 283 patients on the 1st of January last, 64 having been admitted, 30 having died, and 28 having been discharged during the previous twelve months. The general character of the cases admitted was, it appears, most un-

favourable. In twelve cases there was general paralysis, epilepsy, or organic disease of the brain; in three cases there was congenital epilepsy; and in ten cases the age of the patient was above 60 years. It is not to be wondered at that, under such circumstances, the rate of recovery was low. In none of the recovered cases had the disease been of longer duration than three months at the date of admission, and in ten out of the total number insanity had existed for less than one month prior to asylum treatment being resorted to. Industrial occupation has been encouraged, exercise in the open air for those unfitted for work, and the usual means of recreation have been used. Extended liberty has been given to individuals when possible, and permission to visit their friends at home for a few days has been granted where it was thought safe and desirable to do so. Certain much-needed sanitary reforms have been introduced into the system of drainage by Dr. Macleod, who has evidently entered on his new duties with zeal and energy.

THE PLEA OF INSANITY IN CRIMINAL CASES.—CASE OF GEORGE MILLER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am not surprised at your comments on the case of George Miller, recently tried for murder at Glasgow. Notwithstanding Lord Deas's declaration at the commencement of the trial that doctors are no better judges of insanity than other people, the verdict was determined entirely by medical opinion, and yet but few of the facts on which that opinion was founded came out in the evidence. A witness-box is proverbially the worst possible place for eliciting a full medical opinion, for a witness is required to answer the questions put to him, and not to deliver a medical exposition of the case.

Your comments give me an opportunity which I willingly embrace—pending a fuller report elsewhere—of stating some of the facts on which the medical opinion was based.

Miller had apparently been during all his life subject at uncertain intervals to brief attacks of giddiness and unconsciousness, in which he would fall to the ground if he did not clutch at some support. These attacks were always worst after drinking, although they occurred independently of it.

Temporary insanity had repeatedly been induced by drinking during the seven years of his military service.

On one occasion, when under arrest in the barracks, he became so wildly violent that he had to be tied to prevent self-injury. On another, in like circumstances, he tried to cut his throat. On another, he flung himself over a bridge into the river Kelvin, at Glasgow, narrowly escaping fatal injury. On another, he suddenly assaulted a woman on the street without a shadow of provocation; and on the last occasion he committed the murder for which he was tried.

On every one of these occasions he was utterly unaware of what he had done, and only learned it afterwards from the testimony of others.

This history was known both to the prosecution and the defence; why it was not elicited in court I know not. It seems to leave no reasonable doubt that Miller was properly acquitted of murder on the ground of insanity.

His real crime was in taking drink at all when he knew the condition it had formerly produced.

I am, Sir, yours, &c.,
D. YELLOWLEES.

Glasgow Royal Asylum,
March 31, 1888.

REGISTERED FOR TRANSMISSION ABROAD.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 4, 1883.

THE MEDICAL BILL.

THE second reading of this measure is set down for Thursday next, in the House of Lords; and as it is the only public business on the paper, it is certain to be discussed. On this occasion, as on the second reading of every Bill, questions only involving the principle of the measure will be debated, the amendment of its details being deferred until the Committee stage. We regret to be obliged to anticipate a considerable opposition on the part of the licensing bodies. That the Scotch Universities and corporations should oppose, by any or every means, a measure which will prevent their continuing to bid downwards for the patronage of English and Irish students, has always been anticipated, and we assume that on Thursday the Duke of Buccleuch will appear as he did in 1879, as the opponent of the measure on behalf of Scotland. The London College of Surgeons, we regret to hear, is also contemplating open hostility to the measure, in the interest, probably, of the new-born conjoint examination scheme, in which the London College of Physicians is to co-operate. The Irish licensing bodies are divided in opinion as to the course they shall take. The University of Dublin and the King and Queen's College of Physicians, both of which institutions are largely influenced by the Rev. Dr. Haughton, have pinned their faith to the proposition embodied in Professor Huxley's postscript to the Report of the Royal Commission. The Irish College of Surgeons—though urged in the same direction—has refused to adopt

that course, and has agreed to refrain from opposing the Bill if it is promised two essential amendments, which, in equity and expediency, we think the Government need have no hesitation in granting. The Royal Irish University Senate has not yet decided upon its attitude, but it is whispered that a sub-committee was summoned to consider the question, that only two senators attended, one of them the *alter ego* of Professor Haughton, and that these two gentlemen agreed to advise the adoption of the Huxley dogma.

That two, if not three, of the Irish licensing bodies should be led to accept this proposition, and that the Irish College of Physicians should be one of these, is a notable compliment to Professor Haughton's influence in Dublin, for any proposal more destructive of the corporations and more likely to serve the Universities at their expense, and at the expense of good education, could hardly be conceived. Professor Huxley proposes—

a. That the diploma of every licensing body which examines in all the subjects—medicine, surgery, and midwifery—shall be admitted to the Register.

b. That the efficiency of these examinations should be secured by associating coadjutor examiners, appointed and paid by the Medical Council, with the examiners appointed by the licensing bodies.

Now we may look at this proposition from two points of view, that of the medical reformer, and that of the licensing corporation. We would point out, in the first place, that it would not remedy any single one of the abuses of which reformers complain. It would leave to the nineteen licensing bodies all the diploma-granting powers they now possess, subject only to such keeping up of the examination standard as might result from the presence of the coadjutor examiners. We know of how little worth the periodical visitation of examinations by Medical Council assessors has proved, and we can easily calculate the enormous cost of providing a sufficient number of paid coadjutors to sit out all the final examinations of every licensing body in the Kingdom, and we may well doubt that the game would pay for the candle. But suppose the scheme practicable and successful, what purpose would it serve? It would, in effect, substitute examination for education as a test of competency.

Each licensing body would continue to accept whatever curriculum it pleased, and would give its diploma on any terms it pleased; and thus the existing abuses of educational and monetary competition would be in nowise remedied. But regarding the subject from the point of view of the Corporation, the proposal is still more objectionable. Professor Huxley would register every diploma granted after a complete examination in medicine, surgery, and midwifery: now it happens that the Universities only are competent to hold such examinations or grant such diplomas. The Colleges of Surgeons could not obtain admission of their Licentiates to the Register without adding to their examinations such a test in medicine and therapeutics and midwifery as would satisfy the coadjutor examiners. The Colleges of Physicians could not, on the other hand, grant a single registrable diploma until they had added surgery and surgical anatomy to their examinations; and the Apothecaries' Companies would cease to exist as licensing bodies unless they constructed a

complete and exhaustive examination in all subjects. Thus each licensing body would grant a new diploma to cover the whole educational ground, and the last stage of confusion would be worse than the first.

We believe we may anticipate that Professor Huxley's views, which suit so nicely the constituents of Professors Haughton and Turner, will not be the law of the future; but it will serve their purpose as a means to defeat the present or any other Medical Reform Bill.

We hope we have said enough to show the profession that their whole strength will be needed to defeat the opposition of the licensing bodies. We most strenuously urge our readers to spare not the exercise of their best influence to strengthen the hands of Government. The Bill can be and will be improved in detail, but its principle is thoroughly sound and deserving of active support.

THE MICROCOCCUS OF MENINGITIS CEREBRO-SPINALIS.

HERE LEYDEN demonstrated this micrococcus before the Berlin Society for "Medicine" on Feb. 19. He commenced by saying that there could no longer be any doubt as to the parasitic nature of cerebro-spinal meningitis. He referred to some observations by Klebs and Ebert on meningitis following pneumonia, and stated that he himself had found in the exudation liquid of meningitis the same cocci as had been met with in pneumonia. He could likewise prove the existence of the cocci in a case of pyocephalus. Klebs had repeatedly examined the cerebro-spinal fluid in cases of pneumonia, and had drawn attention to the frequent presence of micrococci therein, and had described a case of purulent meningitis in which rapidly-moving monads were present.

The case from which he demonstrated the preparation was that of a woman, 56 years of age, who arrived in Berlin by railway on the 22nd of December last. On the journey she suffered much from emesis. On alighting she was attacked with giddiness, and fell, cutting her face. Perforation of the ear and discharge were noticed subsequently. Some days afterwards she presented herself at the Charité, suffering from inflammation of the ear, violent cephalalgia, and vomiting. The patient improved greatly under treatment. About the end of January, however, she became much worse. The headache and vomiting returned, great restlessness came on, after a few days, coma, and all the symptoms of well marked cerebro-spinal meningitis. Death occurred soon after. The section showed a diffused cerebro-spinal meningitis, with tolerably copious effusion, the otitis had completely disappeared and the perforation was closed. The case was therefore to be understood as one in which the patient before her last illness had within her the germs of the meningitis, which first attacked the ears. It was well known that acute otitis often attacked children which at first was very difficult to distinguish from meningitis. So it was here.

A great number of micrococci were found in the fresh exudative liquid, all of a perfect oval form, rather larger in the speaker's opinion than the micrococci of pneumonia, they moved with a tremulous movement, but were otherwise analogous to the cocci of pneumonia. The cocci lay

singly, two together, or in thick chains. It was noteworthy that in the present case the cocci were met with in a case of idiopathic cerebro-spinal meningitis, that they were distinct from the micrococci of pus, but that they resembled those of pneumonia, also those of erysipelas. Whilst he compared them with those of pneumonia he did not think them identical, first, because they were somewhat larger; second, their oval form was much more sharply defined; and, third, groups of two cocci were met with, one of which was small and the other large. He did not think it difficult to distinguish these micrococci from those of pus. Those of meningitis showed a peculiar tremulous movement, nothing like so lively as that exhibited by decomposition cocci.

In a contribution to the *Centralblatt f. d. Medizin-Wissenschaften* Herr Leyden draws further attention to the coincidence of the similarity in parasitic origin of the three diseases mentioned above. He says bearing in mind the similarity of the cocci of cerebro-spinal meningitis to those of pneumonia and erysipelas, it is interesting to learn that these diseases which in their anatomical form and in their course show many points of agreement are also dependent on analogous micro-parasites. Pathological anatomy has already marked the similarity between pneumonia and meningitis and erysipelas, and this before any mention had been made of their parasites. This agreement seems to me to be worthy of note, and to cause it to be borne in mind that erysipelas and pneumonia are not unfrequently associated with meningitis, whilst cerebro-spinal meningitis, even the epidemic form is not unfrequently accompanied by pneumonia.

Herr Grohé, of Mannheim, in a paper in the *Deutsche Med. Wochensch.* on "Komplikation der Pneumonia Crouposa mit Meningitis Cerebro-Spinalis" also draws attention to the subject of this association. He quotes Immermann and Heller and Maurer as reporting thirty cases of croupous pneumonia in which the association with epidemic cerebro-spinal meningitis was met with fifteen times, whilst other observers, amongst whom he mentioned Juergensen, Klebs, Rudnew, Jaffe, Rotsonopoulos, have but rarely met with the complication, and others, Fränzel, Hanuske, and others, not at all. Simple meningitis he speaks of as more rarely associated with pneumonia. He reports a case of this form of complication.

QUACKERY RAMPANT.

THOSE who are most anxious for the removal of the worst abuses of quackery in this country have naturally submitted the penal clauses of the new Medical Bill to very close inspection, and with a result not wholly encouraging to hopes of future reform. It might almost be considered possible that the extent to which the trade of quackery is carried on in this country was unknown to the framers of section 28 of the Bill, wherein the penalties to be enforced for illegal practice are defined. In this clause, indeed, there is nothing to prevent any would-be claimant to medical skill—such, for instance, as a certain "reverend" impostor, who advertises his willingness to advise, and receive money for advising, persons afflicted with aural diseases—from continuing his unholy

traffic. Provided no pretence is made to the designation of physician, surgeon, doctor, or apothecary, or to any description denoting a qualification by law to practise medicine, surgery, or midwifery, he may deceive any number of miserable victims without let or hindrance as far as any provision of the reforming Bill is concerned. It is quite easy, therefore, to see even now that no amelioration of existing evils will follow in the wake of a new Act, presuming that by some incalculable chance Parliament ever sees its way to discuss in the Lower House such an unimportant detail as the system by which the health of the people is cared for.

There are, however, at this present time, in all large cities, such hordes of quacks of the most rampant type, and the most flourishing description, that it would be well indeed could legislation be entirely devoted to their utter suppression, though a whole month were exhausted by the effort. Nor is it our own countrymen alone that find the trade so profitable and easy that they prefer its golden paths to honest labour, and gleefully pocket the scraped-up savings of their needy victims, who ultimately are compelled to have recourse to eleemosynary hospital assistance when the ravages of disease unchecked have made them pitiable objects of compassion. America contributes largely of her "citizens" to the ranks of quacks who infest this *free country*; even celestial China has sent one at least of her sons to live luxuriously in the principal medical quarter of London, whose exorbitant fees are ungrudgingly paid by persons of presumed education and of certain means. And all this tends, not only to the immeasurable disgrace of legitimate medicine, but it does more than this, for it beggars the practitioners who are robbed of patients they would willingly and skilfully treat to cure, in order that unprincipled charlatans may convert them into hopeless invalids for the sole sake of increasing their ill-gotten gains.

The plan adopted is as old as the hills, and has but one object in view—viz., money, and a constant supply of it. Any unfortunate patient who applies to one of these leeches is not long permitted to doubt the urgency of his case, but is forthwith worried and frightened into a condition of nervous prostration which more than ever conduces to his successful spoliation. At a house in Oxford Street, purporting to be a branch establishment of an American hotel whose proprietor combines medical treatment with boarding and lodging, we have reason to believe that large sums are annually obtained from confiding invalids in the expectation of some miraculous cure. At the delectable institution in question the sacred calling of medicine is degraded to the very lowest depths; and not content with selling nostrums and secret preparations, the "Association" even proceeds to such doubtful extremities as trading on the ignorant fears of its dupes, in a way that is at once loathsome and disgusting. We have in our possession a number of the documents issued by the Association, and from them it is clear that a regular system is carried on, different forms being employed in different cases, but all tending to one end—money. As a sample of the honourable nature of this trader's dealings, the following letter, received by a patient who was fortu-

nately wise enough to show it to a medical man before attending to it further, will suffice:—

Dear Sir,—Yours to hand, and contents noted. In view of the importance of your having continuous treatment *now*, we have decided to offer you our treatment hereafter, at 15s. per month. We believe that you can *now* be restored; but if you neglect yourself, or go without proper attention at this particular time, we will not vouch for the consequences. Your case was examined and prescribed for by an English M.R.C.S. We do not publish the names of physicians connected with our establishment. Hoping to hear from you by an early post, and be the means of restoring you to health, we remain

Yours very truly.

The precious epistle was signed, in place of the name naturally to be expected from a medical man, with a stamped impression of the "Association" title, and the monogram "B." What can be the worth of "an English M.R.C.S." whose name cannot be published, we need hardly stop to inquire; probably as great as the snivelling hypocrisy of the hope to "be the means of restoring you to health," for fifteen shillings per month, with which the letter concludes. In England it is usual for medical men to have the courage of any opinion they may give, and to be fearlessly prepared to maintain it. If the "Association's" secret mode of proceeding is a reflection of American custom in this particular, then we should be sorry indeed to see any very general imitation of it here. But we do not believe anything of the kind. We believe that American physicians would be as quick as we are to repudiate and reprobate the action of a man or of men who can so deliberately insult the profession of medicine as is done by this so-called "Association." And, further, we feel assured that unless the "English M.R.C.S." is a very unworthy holder of that title he is entirely ignorant of the questionable proceedings to which he is made to appear a consenting party; as he must be if the honour of his profession is of any interest to him.

We had intended to say much more on this subject, but for the present what we have said must suffice; it may serve, however, to show what urgent need there is for stringent legislation if the new Bill is to have any effect in repressing quackery.

Notes on Current Topics.

"Fort Mit Dem Spray."

TIME does not in any way tend to reduce the feeling of disfavour with which employment of the spray is regarded on many hands, and on Friday evening Mr. Christopher Heath dealt another and by no means insignificant blow at the same adjunct to antiseptic surgery. To the cooling effects produced by the spray during performance of an ordinary operation Mr. Heath unhesitatingly ascribed a very considerable part of the fatal consequences which frequently follow in such cases; nor can we feel any great surprise that such a conclusion should be entertained. It is reasonable to assume that exposure of a wounded surface for the space of half-an-hour or more to conditions such

as are set up by a vaporous surrounding of the part, and constant liquefaction of steam, must be provocative of most injurious consequences by reducing local temperature. But there is a still graver charge preferable in the same connection against the spray—that, namely, it leads to absorption of carbolic acid in poisonous quantities, and so brings about one of the principal evils associated with antiseptic surgery, according to strict Listerism. The failure to detect carboloria after such operations may, as Mr. Heath pointed out, possess the utmost significance; for when the kidney does not excrete the poison, it remains to do its deadly work in the system. It may be pointed out here that it is taken for granted that carbolic poisoning ensues as a necessary consequence of using the spray—a conclusion that would seem to receive very general adoption, since quite a large proportion of strictly antiseptic operators are avoiding the dangers incurred by its employment. Dr. Andrew Clark, President of the Clinical Society, probably expressed the opinion of the profession when, after Mr. Heath's remarks on Friday, he uttered the hope that the speaker would take an early opportunity of expounding the views he had briefly drawn attention to. The subject is of such importance that we hope Mr. Heath may speedily accept the friendly challenge thrown down to him.

Astley Cooper Prize.

THE Astley Cooper prize, which consists of three hundred pounds, and is awarded but once in three years, will be next competed for in 1886. The subject of the essays is "Diseases and Injuries of the Nerves and their Surgical Treatment, together with the operations performed upon nerve trunks in the treatment of various diseases, and the descriptions of the changes which ensue in other structures, as well as the nerves themselves from these operations." It is essential that preparations and drawings (original) illustrating the text of the treatise shall accompany it, and the whole must be delivered at Guy's Hospital, addressed to the physicians and surgeons of that institution, on or before Jan. 1st, 1886. Each essay or treatise must be accompanied by a sealed envelope containing the name of the writer, and endorsed with a motto corresponding with one by which the essay itself must be alone distinguished. Unsuccessful essays may be claimed by the writers or their agents, and will be known only by the mottoes attached to them, as the envelope corresponding to the successful motto is the only one that will be opened. The prize is open to the whole world, with the exception of physicians, surgeons, and other officers for the time being of Guy's or St. Thomas's Hospitals, and of blood relations of these officials. Essays, save such as are written in English, must be accompanied by a translation in that language.

More Peculiarity.

LESS than two months ago we had to refer to a case of child death in connection with which a coroner's jury returned a verdict of manslaughter against the father, Robert Cousins, a "peculiar" person. The charge, it will be remembered, was dismissed by the magistrate, and now that which we declared had to be feared has come about. Another child of Mr. Cousins' has paid the debt of

nature at the age of eleven months, and without the assistance of any medical man having been invoked in its behalf. This time also, Mr. J. F. Payne, coroner for Southwark has held an inquest on the unfortunate descendant of a "peculiar" father, with a repetition of the former result, viz., a verdict of manslaughter. If the same lenient treatment is experienced by Mr. Cousins in the police court as he met with before, then he may be expected to congratulate himself more than ever on the remarkable immunity "peculiarity" confers on those who are expressly declared by a jury of their peers to have been guilty of negligence resulting in death of the neglected victim. This is no place to enter on the revolting disclosures of stolid indifference shown to a dying child by those who should have been warned to make every effort in its behalf by the painful consequences of their former heartlessness. The plea of religion is a mockery in such cases, and it remains only to wait for a magistrate's opinion of the matter.

The Irish Medical Benevolent Fund.

WE learn with much satisfaction that the late Dr. John Wilkinson, of Limerick, has bequeathed the sum of £1,000 to the Royal Medical Benevolent Fund Society of Ireland.

The Poison of Ergot.

IN a recent communication read before the Chemical Society of Russia, the author, A. W. Pehl, attributes the toxic properties of ergot to putrefactive changes set up during decomposition of the vegetable fibrin of the wheat. The poisonous products of putrefaction, denominated ptomaines, are due to the peptic action of the ergot, which is exerted to a very considerable extent, and so contributes to the splitting up of the elements of flour and their subsequent putrescence.

A Prescribing Druggist.

AN inquest was recently held at Blackley, Lancashire, by the County Coroner, on the body of Esther Alice Sparke, æt. 19, wife of a clerk, who had died in the course of a puerperal fever. The medical officer of the sanitary authority drew attention to the fact that out of seven similar cases attended by a certain midwife four had terminated fatally. In the course of the inquest, one Jackson, chemist and druggist, said he was sent for to attend the deceased on the previous Thursday. He left a bottle of medicine, and visited her again, and repeated the medicine as before. He did not make any examination, and did not take the temperature. He had asked "another medical man" to go with him to see the case, but he refused, saying that his patients might object. The Coroner: I cannot conceive that a gentleman would go with another man who is unregistered. Witness: I will find you half a dozen if you wish it. The jury returned a verdict of death from puerperal fever, accelerated by want of skilled medical attendance. Addressing Mr. Jackson, the Coroner said: The jury have hesitated to pass a vote of censure upon you, but they have expressed the opinion that you did not attend the woman as frequently as the case required. You have

shown great ignorance of the profession in not taking the temperature of the body or making local application. I am going to caution you myself—I do not care what the jury do—but if another case comes before me as coroner in which you are implicated, I shall certainly advise the jury to send you to the assizes for manslaughter. I do not think you are at all capable of taking care of such cases.

The Mode of Administration of Santonin.

HERR L. LEWIN, in a recent paper on the above subject, read before the Medical Society of Berlin, finds fault with all the usual methods of administering santonin. According to his views, it should be given in its least soluble form, *i.e.*, in that form in which it will be the least readily absorbed, as the effect desired is not a general, but a local one. An oily solution of santonin undergoes, according to his experiments performed on animals, not the slightest absorption in the stomach, so that under no circumstances is any trace found in the urine. Almost any kind of oil may be employed, cocoa-nut oil, olive oil, cod liver oil, or castor oil. He recommends that 0.2 grm. (3 grs.) of santonin be mixed with 60 grm. (2 oz. *cir.*) of oil and given in four doses. He thinks that a useful addition to the above would be that of an oil contained in santonica, the *oleum cinæ æther.*, for the reason that all æthereal oils have been shown to act as poisons on the lower forms of animal life.

Pasteur and Koch.

A SHORT time ago (January 17th) we gave our readers a *résumé* of Koch's reply to the attack made upon him by Pasteur at the Hygienic Congress held at Geneva during the autumn of last year. In answer to the charge of the former, that he (Pasteur) presented nothing scientifically new at the Congress, he points to the common method of diminishing the power of virus by the simple action of atmospheric oxygen, the publication of new microbia, investigations into the conditions under which their virulence is lessened, &c. He denies having spoken of a new form of rabies, and asserts that he only spoke of having discovered a new disease which for the first time had been produced by inoculation with saliva from a child dead of rabies; that a microbe had been discovered and described; that it had, however, no relation to the etiology of the disease, but was to be met with in the mouths of children dead of other diseases, and also in the saliva of perfectly healthy adults. He acknowledges having in the year 1877 made known to the Academy of Sciences the results of Koch's labours on the *bacillus anthracis*, but charges Koch with employing knowledge gained from his (Pasteur's) labours on the silkworm (1869-70) without acknowledgment, in order that he should not be obliged to confess that his studies on the *bacillus anthracis* were but a development of principles firmly laid down by himself. "It is not you, Sir, who have discovered the mode of generation of bacilli and vibriones by spores; it is not you who have demonstrated their special mode of formation; it is not you who have recognised their existence in the form of dust, and the long duration of their faculty of living. The accuracy with which I have described and figured these cysts, germ corpuscles, and

spores is such that you might have limited yourself to an extract from the plate on page 223 of my work, embodying it in your communication of 1876, and using it as an illustration of what you there say of the *bacillus anthracis*." He claims that it was himself who first practised "pure" cultivation of microbia; that all inquirers have acknowledged his initiative in regard to etiology; and that even Koch himself must confess himself a debtor to French science. He predicts a much more successful future to animal inoculation than Koch does, and points to statics from the Department Eure-et-Loire as a justification of his prediction.

Dr. Macnaughton Jones.

THE quarterly dinner of the South of Ireland Branch of the British Medical Association was specially held on St. Patrick's night, to bid farewell to Dr. Macnaughton Jones, on the occasion of his leaving Cork, Dr. N. J. Hobart in the chair (in the unavoidable absence of the President, Dr. Ringrose Atkins); Dr. J. G. Curtis in the vice-chair. Dr. Jones was the guest of the evening. After the usual loyal toasts, the Chairman proposed, in happy and complimentary terms, the health of Dr. Jones, which was drunk with great enthusiasm, after which the Secretary read the address presented by the Branch. The members of this Branch, together with the members of the City and County of Cork Medical and Surgical Society, presented Dr. Jones with a full-length oil portrait of himself, by Bannan.

A special meeting of the County and City of Cork Medical and Surgical Society was held on Wednesday, March 21st, to present Dr. H. M. Jones with an address. Dr. C. A. Harvey, President, occupied the chair. A large number of members was present. Dr. C. Y. Pearson, Hon. Sec., read the address, as follows:—

"DEAR DR. JONES,—We, the members of the County and City of Cork Medical and Surgical Association, having learned that you are about to leave the city where you have so long and so earnestly laboured in the practice of your profession, both in private and in many public institutions, cannot allow our connection with you to terminate without expressing our regret at your departure from amongst us, and from the scene of your former labours, to a more extended sphere of duty, where we hope your zeal and ability will meet with their due reward.—We remain, on behalf of the members of the Association, yours faithfully, Chas. A. Harvey, B.A., M.D., President; J. P. Golding, M.D., Vice-President; T. Gelston Atkins, B.A., M.D., Treasurer; C. Yelverton Pearson, M.D., Hon. Sec."

Dr. Jones having suitably replied, the proceedings terminated.

THE annual rates of mortality in the principal large towns, per 1,000 of their population, were:—Edinburgh 17, Derby 18, Bradford 19, Salford, Bristol 20, Huddersfield 21, Cardiff, Birmingham, Oldham 23, Leicester, Brighton, London 24, Preston 26, Portsmouth, Leeds, Wolverhampton, Halifax, Newcastle-on-Tyne 27, Nottingham, Bolton, Sheffield, Sunderland 28, Blackburn, Plymouth, Manchester 30, Birkenhead 31, Norwich, Liverpool, Hull 32, Glasgow 36, Dublin 40.

The St. John Ambulance Association in Egypt.

At a meeting of the Central Executive Committee, held on Friday last, at St. John's Gate, Clerkenwell, Colonel Sir Henry Loch, K.C.B., Commissioner of Woods and Forests, in the chair, it was reported that at a recent inspection of the Egyptian artillery at Cairo by General Sir Evelyn Wood, the men went through a demonstration of the stretcher drill of the St. John Ambulance Association, which had been introduced by the Commanding Officer, Colonel F. Duncan, R.A. Deputy Chairman of the Association. The demonstration was subsequently repeated in the presence of the Khedive, who expressed himself as greatly pleased with the men's progress.

The students at the Bristol School of Medicine have presented Dr. Evans, their medical tutor, with an address and several volumes of works, on his appointment of House-Physician to the Royal Infirmary.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 33, Bombay 35, Madras 34, Paris 30, Geneva 19, Brussels 27, Amsterdam 26, Rotterdam 28, The Hague 30, Copenhagen 27, Stockholm 27, Christiania 18, St. Petersburg 42, Berlin 22, Hamburg (State) 24, Dresden 23, Breslau 28, Munich 34, Vienna 33, Prague 41, Buda-Pesth 31, Trieste 33, Rome 32, Turin 31, Venice 36, Lisbon 34, New York 29, Brooklyn 23, Philadelphia 23, Baltimore 21.

The mortality from diseases of the zymotic class was low last week in all the large towns. The highest death-rates from whooping-cough were 1.5 in Bolton and 4.4 in Hull; from scarlet fever, 1.6 in Sheffield and 2.1 in Leeds; from measles, 1.2 in Norwich; and from "fever," 1.2 both in Birkenhead and in Cardiff, and 1.3 in Sunderland. The 34 deaths from diphtheria included 14 in London, 10 in Glasgow, 3 in Edinburgh, and 2 both in Portsmouth and in Oldham. Small-pox caused 3 deaths in London, 4 in Newcastle-upon-Tyne, and one in Leeds.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

EDINBURGH UNIVERSITY — CLOSE OF THE MEDICAL CLASSES.—The medical classes in the University met on Friday last for the last time in the winter session, and the usual class prizes, honours, and certificates were distributed. In the class of Surgery, Professor Chiene thanked the students for the manner in which they had received him in his first session, and announced that the Building Committee had promised, before next winter session, to rearrange his class-room. In order to accommodate the large numbers who had joined the class in the session just closed, Professor Turner had kindly placed the anatomy theatre at his disposal, as the surgery theatre had proved much too small for the class. The Committee, also, were having a theatre put up in the Practical Room in order to the better carrying out of the work of the Operative Surgery Class, which would be opened in the ensuing summer session.

DEATH OF DR. REID, OF ELLON.—Dr. Reid, of Ellon, one of the best known and most respected medical practitioners in the north of Scotland, died suddenly from apoplexy on the 26th ult. He had been in practice for nearly 40 years. One of his sons occupies the position of household physician to the Queen.

GLASGOW EAR HOSPITAL.—The annual general meeting of the supporters of the Glasgow Hospital and Dispensary for the Diseases of the Ear (which owed its existence to the efforts of Dr. Cassells) was held in the hospital premises on the 26th ult., Mr. Charles M. King presiding. The Secretary read the annual report, which showed that since the opening of the hospital in 1880, 8,608 cases had been treated. The number of patients had steadily increased, last year there having been 835 new patients, as compared with 789 in the previous year, or an increase of nearly 6 per cent. Thirty-nine patients were operated upon under chloroform, and received subsequent treatment in the wards of the hospital, and 12 operations were performed without the aid of chloroform on outdoor patients. The results of the treatment had been as follows:—667 cured, 82 improved, 17 incurable (including 10 deaf-mute children), 39 not treated, and 30 under treatment. Of the total number (835), 530 were males and 305 females.

THE WATSON PRIZE AT THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At a meeting of the trustees of the Dr. James Watson Prize Fund, held on the 24th ult., the prize of £50 was adjudicated to Dr. William McEwen, Surgeon to the Glasgow Royal Infirmary, for the best essay on a surgical subject. The prize is open for competition to Fellows and Licentiates of the Faculty.

GLASGOW DISPENSARY FOR SKIN DISEASES.—The twenty-second annual meeting of the subscribers to the Glasgow Dispensary for Skin Diseases was held on the 30th ult., Mr. A. Orr Ewing, M.P., in the chair. Professor McCall Anderson read the medical report for the year, which stated that there had been a progressive increase in the number of new cases during the last three years—viz., 1,192 in 1880, 1,297 in 1881, and 1,517 in 1882; while the total number treated since the foundation of the institution has been 25,865. The majority of these were serious cases, which could not have been satisfactorily treated by means of outdoor relief. The total number treated in these wards since they were opened has been 664.

ANDERSON'S COLLEGE, GLASGOW.—The winter session of Anderson's College, Glasgow, was concluded on the 30th ult. by the presentation of prizes and certificates to the students. Mr. Alexander Whitelaw occupied the chair, in the absence of the President, Mr. J. L. K. Jamieson. There was a large attendance of students, whose behaviour on the occasion was not commendable. The Professors in the various classes distributed the prizes, and spoke approvingly of the progress made by the students under their charge. According to Dr. Morton, the attendance of students is as great as ever.

THE SANITARY PROTECTION ASSOCIATION OF EDINBURGH.—This Association—the name of which reminds us of a 'Society for the Protection of Policemen'—held its sixth annual meeting on the 25th ult., in the Royal Hotel, Princes Street, Edinburgh. Professor Douglas MacLagan, M.D., occupied the chair. The secretary read the report of the Council for the past year, of which the following is a brief *résumé*:—The ordinary subscribers number 483, the extraordinary 100. The total receipts for the year have been £808 1s., as against £622 13s. for the previous year. 612 inspections have been made in the course of the year.

About one hundred country houses have been inspected and reported upon, and among them 90 per cent. were found to have direct communication existing between their drains and the interior of the house; 80 per cent. had their water storage arrangements more or less faulty; and no less than 15 per cent. had the main cisterns in direct connection with large built cesspools filled with putrefying filth.

HEALTH OF EDINBURGH.—The mortality in Edinburgh during the week ending with Saturday, the 24th ult., was 71, and the death-rate 16 per 1,000. This, considering the extremely cold weather, must be regarded as a low death-rate. Diseases of the chest accounted for 40 deaths, and zymotic causes for 5, of which 1 was due to diphtheria and 1 to scarlatina—the intimations of these diseases for the week being 1 and 24.

MEDICINE AT BARNHILL POORHOUSE.—At a meeting of the Barney Parochial Board, held on the 26th ult., considerable discussion arose as to the amount of medicine supplied to the patients in Barnhill, Mr. Currie (a druggist) contending that there was far too much medicine given, and in this he was supported by Dr. T. D. Buchanan. Several members deprecated this attack on the conduct of the medical officer and his mode of treatment. If it be correct as stated by Mr. Currie, that the amount thus administered exceeds that given at the Royal Infirmary, Glasgow, surely there must be excessive drugging at Barnhill.

Correspondence.

THE ACTION OF SEDATIVES AND STIMULANTS ON NERVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I had supposed that the function of the vagus nerve was to inhibit the action of the heart; that a current of electricity was a stimulus to a nerve; and that atropia prevented the inhibitive action of the vagus from taking place. I was therefore "thrown all of a heap" when I read the following sentence in Dr. Owen Thomas's very interesting paper "On the Action of Sedatives and Stimulants" (*Medical Press*, March 21st, 28th):—"The heart's action is always accelerated by belladonna from its primary affinity for, and stimulating effect on, the vagus nerve, which nerve this drug can protect from the collapse arising from mechanical irritation." Evidently the writer regards the vagus as the source of power to the heart, and that the action of electricity or mechanical irritation is not of the nature of a stimulus, but the reverse. I suppose he does not believe in the inhibitory action of nerves at all! Would he discuss the subject more fully as he goes on?

As to its requiring toxic doses of atropia to cause retention of urine, I have again and again found in experimenting with it personally that about a milligramme taken by the mouth will produce great slowness and difficulty in micturition, the only other physiological effect being dryness of the mouth.

Yours, &c.,
A. W. W.

THE MEDICAL BILLS AND MEDICAL TITLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I see that after the passing of the Bill to amend the Medical Acts, it will be penal for anyone to use any medical title which he is not credited with on the Register. This will act harshly on those who, like myself, were induced to take the L.R.C.P. Ed. some fifteen or twenty years ago, believing it to be the title of doctor. When I was admitted a licentiate I was styled "Doctor" by the College, and addressed as "Doctor" in all written communications by the College, and have always called myself Doctor, since some five years ago I received the College List addressed L.R.C.P. Ed. Esq., this was the first intimation I received that the College had

obtained my money under false pretences. There are some thousand men in the same boat with myself, and I do not see what we are to do, as we were admitted to a *pseudo* doctorate as it now appears. The Royal College having grabbed our money quietly turns round after ten years and says you are no doctors. I should never have gone for the L.R.C.P. Ed. did I not believe it was a doctorate, and in that belief I was kept by the College authorities for ten years. Now, Sir, not to put too fine a point on it, have not I been done out of my time and money? Does not a Royal College who are guilty of such conduct richly deserve to be removed from schedule A? Unless the College take some steps to indemnify those who they called and admitted doctors from 1860 to 1878 (or thereabouts), I shall for one do all I can to cause the said Royal College to be disestablished as a corporation, and I now through your columns invite all those who are in the same category as I am to write to their parliamentary representatives, and urge on them to do all in their power to punish the Royal College for thus inducing men to seek its diplomas under false pretences, and then turn round and unblushingly say "you're sold, and we have got the money," for such is, in reality, what they have done. The only amends the College can make is to confer their membership on all those whom they called and induced to call themselves doctors, and then in after years said you are no doctors.

I am, &c.,
L.R.C.P. Ed.

SALICIN IN RHEUMATIC FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Since the publication of my letter of the 22nd ult., in which I advocated up to forty grain doses of salicin every hour (in severe cases) until the articular pain was removed, the question has been frequently put to me whether such quantities were not perilous. I have accordingly made a therapeutic investigation in the patient whose case was described in that letter (Catherine O., No. 8, St. Bridget's ward) as to what quantity of salicin could be borne without toxic or even unpleasant effects. The experiments were commenced on the 14th day of March, when this patient (a strong healthy woman of 42), was quite convalescent, up every afternoon, and taking 30 grains of salicin once a day to prevent relapse. I directed the dose to be increased by five grains every day, commencing with 35 grains on the 15th, and so on. Thus, upon the Saturday before Easter she took *eighty grains* at one dose, and that without a shadow of inconvenience. She took the same on Easter Sunday, Monday, and Tuesday, and, as this dose was entirely beyond anything that I have ever seen required in the severest cases of rheumatic fever, I did not consider it necessary to pursue the research further. The only precaution which I have found necessary in administering salicin is to give it about an hour before meals; if taken on a full stomach it sometimes occasions nausea and tinnitus. This observation need only be made in regard to convalescents; as the meals in acute cases represent a vanishing quantity.

I am, Sir, yours, &c.,

F. J. B. QUINLAN,
Physician to St. Vincent's Hospital.

29 Lower Fitzwilliam Street, Dublin,
29th March, 1883.

TRANSFUSION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—After the report (a) of two fatal cases of hæmorrhage where the intravenous injection of fluid had been employed, in the London Hospital Maternity Charity, Dr. Herman remarks that "the attention of the profession has recently been called (by some correspondence in the *Lancet*, and also by a communication to the Obstetrical Society of London) to the intravenous injection of saline fluids as a means of saving life endangered by hæmorrhage."

As this statement clearly refers to papers (b) written by myself, I must point out a misapprehension of my views—which, in case No. 2, has evidently led to a fatal result—for, whilst advocating the method in question as a means of com-

(a) *Medical Times and Gazette*, March 17th, p. 293.

(b) Cf. *Medical Press and Circular*, January 1882, p. 4; and *Lancet*, 1882, vol. ii., pp. 486, 485.

bating acute anæmia, I have never made the unqualified assertion that it would save life endangered by hæmorrhage—unless the active cause of such hæmorrhage be simultaneously removed. Nor can Dr. Herman show that either myself or other correspondent on transfusion has said one word which would warrant a woman being permitted to pass into her grave without some more recognised and more determined means being employed to effect delivery than were here adopted.

Surely it has occurred to the minds of all practitioners who have read Dr. Herman's paper that in this case the mother was allowed to perish from concealed hæmorrhage (as proved by the autopsy), augmented by abundant transfusions and heroic stimulation! The chief value of this case lies in its unique character—unique in two respects:—First, that with hæmorrhage so profound the os uteri should have remained rigid to the last; and secondly, that in the year 1882, chloroform, as a means for its relaxation, should have been withheld! Granting that delivery *per vias naturales* was impracticable (of which proof is lacking), why was the patient abandoned for those two hours, and both mother and child deprived of that chance which the Cæsarian operation would have afforded them?

Had chloroform been employed at the outset, dilatation of the cervix, either with Barnes's hydrostatic bags, or with the operator's fingers, would have been easy. The membranes ruptured, a fetal leg could have been readily drawn down into the vagina, and the liquor amnii, with the blood poured out from the placental site, would have entirely escaped from the uterine cavity. The body of the child would now have formed a most efficient tampon, against which the uterus might have been stimulated to contraction, the hæmorrhage thereby being arrested. If, at this juncture, in the opinion of the accoucheur, the loss of blood had been such that the patient's life was in peril, then the intravenous injection of fluid would, as experience proves, be attended with the happiest results.

The only parallel to the case reported would be that of an amputation where transfusion had been performed for hæmorrhage, all the arteries of the stump being left untied!

With regard to the first case—that of the placental pyæus—whilst I strongly endorse the aphorism that in post-partum, as in other hæmorrhages, the flow of blood must always be arrested before resorting to transfusion, I have pointed out (a) that the local employment of iron solutions for that purpose is most dangerous. Here there was no autopsy; and whilst the casual reader of the record might infer, from the description given, that the transfusions were useless, it is possible and very probable that embolism (produced by the perchloride of iron) was the true cause of death.

I am, &c.,

C. EGERTON JENNINGS,
Late House-Physician and Resident
Accoucheur, London Hospital.

ABUSES IN MEDICAL PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I addressed a letter on the above subject to the Editor of the *British Medical Journal*, about a fortnight ago, informing him that, when the Medical Amendment Bill was receiving consideration from Parliament and the authorities, it was a fit case illustrating the evils of unqualified practice. Strange to say, probably owing to pressure from other quarters, the letter was not inserted, and to your well-known fearlessness and impartiality I now appeal. An M.R.C.P. Edin., M.R.C.S. Eng., holding several club and local appointments at the East-end of London, conducts a practice which not only calls forth censure, but active legal proceedings. He keeps a chemist's and druggist's shop, managed by an unqualified dispenser. This man also prescribes and signs club and other certificates in the name of the principal. He also keeps a permanent unqualified assistant, who has been a dispenser and assistant for nearly sixteen years. They both pass as "doctors" among patients, who are poor and ignorant. The unqualified man does the practice of a fully-qualified one—prescribing, visiting, midwifery (including forceps), turning, &c., and signs certificates in the name of the principal. The principal does not reside on the premises, but does the business of a medical man and druggist during the day, signs now

and then death certificates without seeing cases, and vaccination certificates without doing the operation or inspecting the children. As it is *not in his interest* to keep a qualified man permanently, he keeps one for a few months, contrives to bring about a dispute among the qualified and the unqualified, making it so intolerable for the qualified that no medical man of the slightest self-respect can make a lengthened stay.

Under these circumstances I request to know through your columns—Is a M.R.C.P. Edin. allowed to keep a druggist's shop, selling penny nostrums and patent medicines? Is there any kind of supervision exercised by the authorities to analyse from time to time questionable drugs sold by such men? As for the question of illegal and disreputable practice, I should like to elicit the opinion of the profession, and see the party dealt with by law.

I remain, yours faithfully,

MONTAGUE D. MAKUNA,
L.R.C.P. Lond., M.R.C.S. Eng.

26 Charing Cross, S.W., 31st March, 1883.

[In reply to our correspondent's queries, we may say that there is at present no law to prevent a medical man keeping an open drug shop, and selling what he chooses; neither do the authorities trouble themselves to analyse the contents of such an establishment. We deplore the facts mentioned, but unfortunately such examples are legion in poor neighbourhoods.—ED. M. P. & C.]

DR. LIONEL A. WEATHERLY, Portishead, Somerset, has received a third grant from the Local Government Board for efficient vaccination.

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.

THE TREATMENT OF ASCITES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Kindly inform me through the *Medical Press and Circular* the following:—

In a case of ascites requiring repeated tapping is it advisable to introduce the trocar at the same point each time, or at a different point? If 20 grs. of chloral hyd. will not produce sleep, what is the largest dose you would advise?

I am, Sir, yours, &c.,

B. C. T.

[Should your case of ascites require frequent tapping begin on the linea alba, about two inches below the umbilicus. Upon the next occasion try an inch lower, and so on, until you approach the vesical region. Of course, you will always take care that the bladder is empty previous to tapping; and do not imagine this to be a superfluous warning, for the accident once happened in the hands of no less a personage than the illustrious John Hunter. When you have gone as far downwards as may be prudent begin again at the top, avoiding, however, the exact same spot. Abdominal tapping is seldom required so often as this; but an instance is recorded of a patient who was tapped no fewer than sixty-two times. With regard to hydrate of chloral, 20 grains is a fair dose, and will generally succeed if backed with 30 grains of potassium bromide. This latter salt can hardly, *per se*, be called an hypnotic, but is a powerful sedative and adjuvant to chloral. The injurious property of the latter is its lowering cardiac action; and the combination which we have suggested will produce the effect of 30 grains of chloral without cardiac depression. The best formula is: ℞ Chloral hydratis, gr. xx.; potassii bromidi, gr. xxx.; aquæ ad, ℥j.; syrupi aurantii, ʒi. M. Fiat haustus. H. s. s. The dose of chloral may be increased, if absolutely necessary, by 5 or 10 grains over this formula, with a corresponding increase of the bromide, and a slight expansion of the vehicle. If chloral does not suit, our correspondent might try Paraldehyde—a new remedy, which is stated by its advocates to have all the virtues of chloral without any of its drawbacks. We have as yet no practical experience of its action. Finally, we may observe that, while with some individuals chloral scarcely ever loses its effects, too often tolerance occurs; and the drug has first to be increased and then given up.—ED.]

A CASE FOR THE BENEVOLENT.

WE desire to direct the attention of our benevolent brethren to a very deserving case. We refer to that of Mr. E. Poyntz, son of the late Dr. Poyntz, Ballinasloe, whose connection with the Apothecaries' Hall as head for many years of the compounding departments, where his obliging and gentlemanly demeanour made him widely respected by the profession and public at large. Owing to a series of domestic reverses, his exertions to qualify himself have proved abortive whilst occupying the above post, and which he had recently to relinquish from bad health. Some months ago Mr. Poyntz contracted a severe and prolonged fever, which has unfortunately left behind considerable pulmonary mischief. His medical adviser has consequently strongly urged him to seek a more congenial climate, and has ordered him to Colorado. As, however, often unfortunately happens, the *res angusta domi* stands in the way, his long sickness having left him absolutely destitute. From £30 to £40 would be amply sufficient to take him to Colorado; and we appeal with confidence to a profession that never turns a deaf ear to the voice of distress to make up this small sum. We cheerfully open our columns for this purpose; and we venture respectfully to suggest to the committee of that admirable charity to which every medical man ought to subscribe—the Medical Benevolent Fund—that this is a case eminently deserving of their consideration. The following gentlemen have also kindly consented to receive subscriptions:—

Dr. MACSWINEY, 38 York Street.
Dr. KILGARIFF, 30 Harcourt Street.
Dr. KENNY, 15 Rutland Square.
And Dr. JACOB, *Medical Press*.

And reference can be made to Dr. HERRICK.—No. The Bill will have to pass through the House of Commons also; and the state of domestic legislation just now does not afford the most encouraging prospect of speedy success.

A. T. E.—The number of appointments to the Services is not proportioned to the number of qualified candidates, but to the vacancies which exist.

F.R.C.S. (Liverpool).—An account of deviation of the nasal septum requiring surgical interference may be seen in the *Bartholomew's Hospital Reports* for 1882. The nasal septum is very rarely central, as may be recognised by closing first one nostril and then the other, at the same time breathing forcibly; but, as a rule, no treatment can be adopted with any great advantage. In the five cases treated by Mr. Walsham, the symptoms were—inability to breathe through the affected nostril, nasal intonation; dull pain in frontal sinuses. Forcible straightening succeeded completely in two cases, partially in one, in restoring respiration through the obstructed nostril. A subcutaneous stellar division of the septal cartilage in addition to forcible straightening was resorted to in the two remaining cases, in both of which it was successful, but was followed in one case by a permanent perforation, which, however, was not attended by any special inconvenience.

A SEARCHER AFTER TRUTH.—From personal knowledge we cannot answer your queries; but according to a recent paper of Mr. Brindley James, homeopathic practitioners now number 260 in the United Kingdom: of these 244 are located in England and Wales; 12 in Scotland; and only 4 in Ireland. Comparing these with the number of qualified practitioners in the 1883 "Medical Directory," at 19,447, we find the proportion of homeopaths among them to be: in England and Wales, 1 in 64; in Scotland, 1 in 170; in Ireland, 1 in 609. Of course, the majority of homeopaths are found in the large towns. Thus, London boasts of 85: Liverpool, 11; Birmingham, Brighton, and Manchester, 8 each; Bournemouth, Bristol (with Clifton), Edinburgh, and Glasgow, 6 each; Torquay, 4; Tunbridge Wells, Hastings (with St. Leonards), Leeds, and Dublin, each 3; and Sheffield, 2.

M. F.—The anatomical reason why dislocation of the hip-joint forwards is so much rarer than dislocation backwards is found in the greater strength of the ligamentous structures in front of the articulation. Behind, the posterior portion of the capsular ligament, which is thin, alone prevents the head of the bone, when violently displaced, from passing backwards, while anteriorly the assistance of the ilio-femoral band materially tends to reduce the chances of dislocation in this direction.

DB. MATTHEWS DUNCAN'S LECTURES ON STERILITY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In his interesting lectures now appearing in the *Medical Press*, Dr. Matthews Duncan quotes the astounding statement (March 28th, p. 267) that "the domestic hen, in its first year, according to Geyelin, produces only from fifteen to twenty eggs." The "statement" is utterly untrustworthy, or relating to a very different kind of poultry from what we are accustomed to see in this country. I have four pullets, hatched 7th last May, and are consequently now nearly eleven months old, which began to lay on the 29th of December last, and up to the present time have produced 168 eggs, or exactly forty-two each. They are still laying, and I expect will produce a good many more eggs by the time they have completed their first year of life. My birds are kept in a small enclosed run, fed on corn and house scraps; three of them are white-crested black Polish, and the fourth is a half-bred game. I may add that the numbers given above have been entered in a book carefully day by day, and have been much exceeded by fowls in the possession of others.

I am, &c.

W. T. GREENE, M.D., F.Z.S.

Moirs House, Peckham.

HENRY FISHER.—Such a proceeding would be the reverse of wise. Before taking any action whatever consult a competent solicitor, and be guided entirely by his decision.

A PERPLEXED STUDENT.—We cannot advise you unless you state the case much more clearly than your letter explains it. You are very possibly labouring under a misconception, which a little timely interference on your own part would effectually remove. Write again,

MEETINGS OF THE SOCIETIES.

WEDNESDAY, APRIL 4TH.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Mr. G. B. Longstaff, On Phthisis, Bronchitis, Pneumonia: are they Epidemic Diseases?

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown.—Dr. Fancourt Barnes, On a Case of Labour with Atresia Vaginis.—Dr. Herman, On Gangrene of the Vulva.

THURSDAY, APRIL 5TH.

HARVEIAN SOCIETY OF LONDON.—At 8 30 p.m., Patient to be exhibited with Double Congenital Dislocation of the Radius, by Dr. S. Phillips.—Pathological Specimens: Tubercular Ulceration of the Bladder, Prostate, &c.—Dr. Silcock.—General Dilatation of the Ventricular Cavity in the Brain of a Lunatic, Mr. J. E. Lane.—Paper: Antiseptics in Midwifery in Lying-in Hospitals and Private Practice, Dr. John Williams.

FRIDAY, APRIL 6TH.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At 8 p.m.

ACADEMY OF MEDICINE IN IRELAND. (Pathological Section).—At 8.30 o'clock.—Living Specimen: Mr. J. B. Story, Hemiatrophia Facialis.—Specimens exhibited by Card: Dr. Purser, Aneurism of Aorta.—Mr. Abraham, Sections of the Medulla and the Cerebellum from a case of Diabetes.—Mr. Thomson, Fractures of the Lower Jaw.—Dr. J. M. Redmond, Spontaneous Aneurism of the Brachial Artery; Deposit on Aortic Valves.—Papers: Dr. W. Smith, Aneurism of the Aorta.—Dr. Purser, Extensive Atheroma of the Pulmonary Arteries.—Dr. Bennett, Congenital Malformation of the Thorax.—Dr. Corley, The Pathology of Dysidrosis.—Surgeon Major Hamilton, Three specimens of Enteric Fever Lesions, with remarks.—Mr. J. Davidson, The Influence of Fractures on the Growth of Bone.

TUESDAY, APRIL 10TH.

ROYAL INSTITUTION.—At 3 p.m., Professor McKendrick, On Physiological Discovery.

Vacancies.

Chichester Infirmary.—House Surgeon and Secretary. Salary, £100, with board and lodging. Applications to be addressed to the Secretary on or before April 7th.

Lincoln County Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications to be sent to the Secretary on or before April 23rd.

Oxford Medical Dispensary and Lying-in Charity.—Surgeon and Apothecary. Applications to be sent to the Secretary on or before April 9th.

Appointments.

BROWN, W., L.R.C.P. Ed., M.R.C.S., Medical Officer of Health for the Carlisle Urban Sanitary District.

HAMILL, E. J., M.D., Q.U.I., L.R.C.P. Ed., Medical Officer for the E and F Districts of St. George's Union, London.

HORSFALL, H., M.B., M.R.C.S., Medical Officer of Health to the Bedale Rural Sanitary Board.

MACBRYAN, H. C., L.R.C.P. Ed., Assistant Medical Officer to the Middlesex County Asylum, Hanwell.

ROGERS, E. C., M.R.C.S., Medical Superintendent of the Cambridge-shire Asylum at Fulbourn.

SANDERS, C., M.B. Lond., M.R.C.S. (late House Surgeon), House Physician to the Queen's Hospital, Birmingham.

SANDERS, R. C., L.R.C.S.I., Medical Officer for the Marton District of the Rugby Union.

STEVENS, L. W., M.R.C.S., L.R.C.P. Ed., District Surgeon of Rebertson.

Births.

INKSTER.—March 30th, at Fulwood Road, Sheffield, the wife of Dr. S. Macaulay Inkster, of a daughter.

POWELL.—March 29th, at Elm Cottage, Beckenham, the wife of H. A. Powell, M.A. Oxon, M.R.C.S., &c., of a daughter.

WEIR.—March 31st, at Connaught House, Norwood, S.E., the wife of Walter Weir, M.D., of a son.

Marriages.

BOTT—WOLSTENHOLME.—March 29th, at St. Andrew's Church, London, W., Wm. Gibson Bott, L.R.C.P., M.R.C.S., of 61 Kennington Park Road, to Camilla Anne Kirkman, widow of Thomas Wolstenholme, of Kennington.

Deaths.

CHALDECOTT.—March 26th, at Harcourts, Chertsey, Surrey, Thos. A. Chaldecott, M.D., M.R.C.S., late of Hongkong.

CLENDINNEN.—March 21, at Dublin, Dr. Clendinnen, late of Minvrad House, Carlow, aged 79.

ETON.—March 26th, at his residence, Stoke Poges, Edward William Eton, M.B., late of Windsor, aged 72.

GRUGEN.—March 22nd, at his residence, Pilgrim Street, London, Wm. John Grugen, M.D., late E.N., aged 64.

IRWIN.—March 26th, at his residence, Belvoir Street, Leicester, Wm. Crossley Irwin, M.D., aged 74.

MOLLINCK.—March 26th, at the Grove House, Church Stretton, Salop, J. R. Mollinck, M.D.

MONTEFIORE.—March 26th, at Portman Square, London, Nathaniel Montefiore, J.P., F.R.C.S., aged 63.

MORRIS.—March 19th, at Burns Street, Nottingham, B. R. Morris, M.D., of Burnham, Somerset, aged 66.

OWEN.—March 28th, at his residence, Tue Brook Villa, Liverpool, Harold Owen, L.R.C.P. & M.R.C.S., aged 60.

QUARTLEY.—March 28th, at 54 Lancaster Road, Finsbury Park, London, Francis Cecil Quartley, M.R.C.S. Eng., aged 85.

ROBATHAN.—March 27th, at the Grove, Eisco, Mon., Edward Robathan, L.R.C.P. Ed., M.R.C.S., aged 73.

RUSSELL.—March 30, at 89 The Terrace, Gravesend, George Ireland Russell, M.D., F.R.C.S., aged 55.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 11, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
On Abdominal Pulsation. By Alfred Wiltshire, M.D., F.R.C.P. Lond., Joint-Lecturer on Obstetric Medicine and Physician Accoucheur to Out-Patients at St. Mary's Hospital, &c., &c.	309	TRANSACTIONS OF SOCIETIES.	
On Catarrhal Ulcers. By Rudolph Virchow, M.D., Professor of Pathological Anatomy in University of Berlin	312	ACADEMY OF MEDICINE IN IRELAND—	
The Causes, Symptoms, and Treatment of Phimosia and Paraphimosia. By Lambert H. Ormsby, F.R.C.S., Lecturer on Clinical and Operative Surgery	313	Surgical Section.	
		Spontaneous Dislocation of the Hip	316
		Injury of the Spine	317
CLINICAL RECORDS.		SPECIAL.	
St. Bartholomew's Hospital—Ophthalmic Cases. Under the care of Mr. Bowater Vernon, F.R.C.S.	315	The Medical Acts Amendment Bill in the House of Lords	319
FRANCE.		LEADING ARTICLES.	
The Brand Treatment of Typhoid Fever ..	316	THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND MEDICAL REFORM	319
Coussou	316	THE TUBERCLE BACILLI WAR	341
Fleury of the Diaphragm	316	THE MEDICAL ASPECT OF THE TELEPHONE	322
Existence of Metrorrhagia simultaneously with Lumbo-abdominal Neuralgia	316		
		NOTES ON CURRENT TOPICS.	
		The Vivisection Bill	323
		A Twentieth Qualifying Body	323
		Historical Physiology	323
		The Baths of Bath	324
		Leeds General Infirmary	324
		The London Hospital	324
		Meeting of the British Association at Montreal ..	324
		Arbitrary Proceeding against a Workhouse Medical Officer ..	324
		The Hart Testimonial	325
		Climatic Influences on Mortality	325
		A Volunteer Medical Corps	325
		Blp Van Winkle	325
		Pharmacopœia Revision	325
		SCOTLAND.	
		Dundee English	326
		Infectious Diseases in Edinburgh	326
		Bequests to Edinburgh Charities	326
		Severe Epidemic of Measles at Kirkwall ..	326
		University of Edinburgh	326
		Mortality in Glasgow	326
		Health of Edinburgh	326
		Sir Erasmus Wilson and John Brown	326
		The Medical Act and Scotch Universities ..	327
		The Contagious Diseases Act and the House of Commons	327
		CORRESPONDENCE.	
		The late Dr. G. M. Beard, of New York....	327
		LITERATURE	
		Croom on Minor Gynæcological Operations ..	327
		NOTICES TO CORRESPONDENTS	328
		Vacancies	328
		Births	328
		Marriages ..	328

Original Communications.

ON ABDOMINAL PULSATION.

By ALFRED WILTSHIRE, M.D., F.R.C.P. Lond.,

Joint-Lecturer on Obstetric Medicine, and Physician-Accoucheur for Out-patients at St. Mary's Hospital; Physician for the Diseases of Women to the West London Hospital; Treasurer of the Medical Society of London; late Member of the Council of the Clinical Society of London; Corresponding Fellow of the Obstetrical Society of Edinburgh; formerly Medical Inspector to Her Majesty's Privy Council, &c.

ABDOMINAL pulsation is a symptom not unfrequently complained of by adult, middle-aged, or elderly women, particularly about the climacteric, or shortly after (who say they have a "beating in the inside"), and comparatively rarely by men.

The symptom may become distressing, because of its unremitting persistence, or because it alarms, worries, and prevents sleep, but seldom, in simple cases, on account of pain. Some of these patients are supposed to have aneurisms, mostly of the abdominal aorta, but, while allowing the possibility of this, it is, in my experience, a rare occurrence in women. I have known the diagnosis of aneurism arrived at where none existed; and I propose showing a specimen recently taken from the body of a woman in whom this diagnosis was made and maintained for several years by more than one physician, when at the post-mortem examination no trace of an aneurism, or even of dilatation, fusiform or other, was found.

In this case, as in others, I was unable to concur in the diagnosis of aneurism; and the post-mortem examination, for which we had to wait several years, satisfactorily confirmed this view, the artery presenting no signs of disease.

The patient was a married woman, aged 50 years, and during several years she had from time to time been under the observation of two physicians and myself. She presented a marked example of distressing pulsation in the abdominal aorta, and although the beating and jarring sensations were troublesome, I could never satisfy myself

of the existence of aneurismal, or even fusiform, dilatation of the vessel. Accordingly, I could not subscribe to the view that an aneurism existed; I looked upon the case rather as neurotic, and aggravated by constipation; and, as the specimen which, by the kindness of my friend and colleague, Dr. Goddard Rogers, I am enabled to show, will demonstrate, there is no sign of any lesion of the aorta. She died with cerebral symptoms: fatuous dementia, but no coarse signs of cerebral lesion were found post mortem by our senior house-surgeon, Mr. Schacht.

One of the chief objects I have in bringing forward this communication on abdominal pulsation is to elicit the views of others perhaps better informed upon the subject, which is one still involved in considerable obscurity as regards the etiology of certain forms of it.

The symptom, though by no means always of grave significance, is yet met with sufficiently often to require that attention should be paid to its causation; its etiology, as regards certain cases, still remaining obscure. Laycock ("Nervous Diseases of Women," p. 272) remarks that the subject has been discussed from Morgagni downwards without educing much exact information as to its pathology. He says that according to Elliotson epigastric and abdominal pulsations were attributed by Sauvages to morbid sensibility of the arterial system, particularly of the gastric arteries and aorta; while Pomme referred them to the celiac and superior mesenteric arteries and aorta.

Symptoms.—As a rule the chief complaint is of an incessant beating in the abdomen, which becomes troublesome because of its persistence. Some patients complain that the beating shakes them so that they cannot sleep; others become alarmed and restless at the unwonted commotion in their bellies.

When asked to indicate the seat of their trouble they usually point to a spot in the centre of the abdomen a little above the umbilicus, sometimes higher, rarely lower. The beating may be felt anywhere between the epigastrium and the lower end of the aorta. As a rule the physician can feel—he can even sometimes in thin patients see—a quick-throbbing, sharp pulsation, which, on being defined, is commonly found to be in the abdominal

aorta. If the tips of the examiner-fingers be gently but firmly thrust backwards, the calibre of the aorta can generally be easily made out. When this is done its physical condition should be accurately observed. Is it unduly hard, large, broad, bulging, displaced, or obscured? It is usually desirable, for exact definition, to use the fingers of both hands simultaneously, so that the index and middle fingers of the observer's right hand may be placed on the left of the patient's aorta, while those of the left hand lie parallel on the patient's right. The aortic or other impulse can then be accurately observed and measured, and if it present an expansile character, so suggestive of aneurism, it cannot fail to be detected. One finger lightly placed over the pulsating vessel will show the rate and character of the impulse, which is often quick, sudden, and kicking, like a hammer-pulse. In certain cases there is a vibratile thrill, which may own at least three if no more causes, as will presently be explained.

In many cases the abdominal walls are very thin, permitting easy recognition of the pulsation. There may also be wasting of the omental, peri-renal, and mesenteric fat, as well as of that of the parietes, and in these cases the abdominal contents, aorta, and spine can be felt with preternatural distinctness.

Complaint of severe pain, whether abdominal, dorsal, or more distant, should lead to careful examination, for it may signify aneurism, embolism, or malignant disease. It is seldom prominent in simple cases. Auscultation in the back as well as in front should never be omitted in such cases, for aneurismal bruits may sometimes be heard only posteriorly. Besides, spinal deformities may be detected, and care should be taken not to overlook exostoses or other growths deflecting the vessel.

Should any large masses or fluid collections be met with, they should be carefully explored and scrutinized, and their nature and relations accurately ascertained, especially with reference to the aorta. The presence of tumours elsewhere should also be noted, e.g., of lymphadenomata, lympho-sarcomata, &c. Spinal lesions from aneurismal pressure should never be forgotten.

Accompanying the local signs, symptoms of general import may present themselves. For example, some patients have prominent, perhaps tortuous, red capillaries upon the cheeks, the vessels remaining permanently more or less distended. They are said to always "have a colour," whatever the state of their health. The more aged may display other symptoms of vascular degeneration, as rigidity and tortuousness of the arteries, visible at the bend of the elbows and elsewhere. In others an unnatural pallor of the face is seen, with an opaque hue of skin. These conditions are suggestive of general vascular degenerative change (atheroma), accompanied or not by cardiac defect. The hair is seldom silky, and the palms are harsh. In young patients no notable alteration in the aspect or dermal state may be present, unless in Addison's disease, which is often accompanied by undue abdominal pulsation, or in anæmic or chlorotic cases. I have rarely seen jaundice associated with abdominal pulsation, unless with organic hepatic disease. Some are the subjects of chronic renal disease, and others are martyrs to dyspepsia.

Causes.—These are numerous, and, as a brief review will show, often require careful discrimination, some of them involving serious consequences. But the majority of cases are not dangerous, if troublesome: the significance of the symptom varies so considerably, however, that caution is required before a positive opinion is enunciated. The survey should be wide enough to embrace all the possible causes, foremost among which stands affections of the vascular system. Disorders of the vascular system first demand attention, alike from their frequency and importance. The aorta (or its branches) may be implicated either by structural or functional disease at its origin or in its course, or by obstruction of its calibre between its proximal and distal ends; the blood it carries may be disordered; the cardio-aortic valves may be

incompetent, and permit regurgitation; or the peripheric arterioles may be at fault.

Aneurisms may occur in the aorta or its branches, and, besides a pulsating tumour, may cause severe pain from pressure. Fusiform dilatation is also believed to be present in certain cases.

The aortic walls may have undergone so much degeneration that the vessel feels like a rigid tube, rolling under the finger like a large pipe of macaroni. Under such circumstances it is obvious that the blood circulates with less ease, the friction being greater, while the help towards forward propulsion of the stream derived from the elastic recoil of healthy arteries is wanting. Again, sudden jars or succussions, such as may be produced in leaden water-pipes when a rapidly-flowing current is abruptly arrested by a smart turn of a tap, excite vibration in rigid tubes; more readily than in extensible ones; and thus, probably, some examples of abdominal pulsation may be produced or favoured, when, for instance, incompetent semilunar valves permit of a sudden reflux, which the inelastic vessels are not competent to compensate by closing down promptly upon the diminished current. Other factors, then, have to be considered here—the quality of the circulating fluid, as well as the mechanism of the pump or driving apparatus.

It is clear that oil, glycerine, or fluids of similar consistence, vibrate much less readily in solid tubes than thinner fluids, such as water. Therefore the amount of vibration in some instances of abdominal pulsation may depend to a certain extent upon the quality of the blood, which, if hydræmic, thin, poor, and wanting in albumen and fibrin, will produce greater commotion than rich, viscid blood. The hæmic murmurs and rushing noises felt in the head by anæmic and chlorotic girls prove this: they vanish with improved hæmatosis.

Anæmic, chlorotic, hysterical and hypochondriacal young women, and occasionally men, may experience epigastric pulsation, but they mostly get well with a purge and improvement of their blood.

Then, incompetence of the aortic valves permits regurgitation of blood backwards into the heart; the arterial system gets an impulse, often of exaggerated character, from ventricular hypertrophy, which fails so quickly as to produce a sense of back-thrust from the collapsing of the unsustained current, the vessels being inadequately filled. This condition may unaided excite the worst form of abdominal pulsation, but it is intensified by atheroma and poor blood. A kind of hammer-pulse is produced, and in thin people, whose abdomens are shallow, the violent beating causes distress.

A combination of aortic valvular incompetence, with the secondary cardiac mischief sooner or later ensuing (hypertrophy and dilatation), rigidity of the walls of the vessels, and impoverishment of blood, may produce the gravest form of morbid abdominal pulsation. Inquiry should therefore be made into the integrity of these parts. True aneurisms are rare in women; and even the "fusiform dilatation" so often assumed to exist is rarely found *post mortem*. Degenerative changes, however, may be observed.

Pressure upon the lower portions of the aorta may provoke a sense of undue pulsation in the upper reaches of the vessel; and I believe I have seen this arise from fecal accumulations pressing upon the left iliac artery near its origin. It is unnecessary to remark that tumours of any kind encroaching upon the aorta may impede the blood-current and throw back a wave, e.g., pancreatic growths, or cysts of the mesentery, as in one of my cases.

There is another, and probably the most common form of vascular disorder, that which appears to be functional, and has been called "idiopathic," but which is probably a vaso-motor neurosis, possibly dependent upon implication of the sympathetic. This is the common form, seen in middle-aged women, wherein no structural lesion of vessels can ever be discovered either *ante* or *post mortem*. It may occur after severe mental trouble or shocks; or

in association with the vascular turgescence or erethism of the change of life; or after severe hæmorrhages, as after delivery or abortion, or without apparent cause.

Another variety of the affection appears to be due to renal degeneration, where spasm of the systemic arterioles provokes general high tension; but this is less clear.

Tumours lying over the aorta, notably if soft, may have an impulse conveyed to them by the subjacent vessel, and produce abdominal pulsation. This may happen in soft cancers (encephaloid or colloid), or in other forms of morbid growth, as sarcomata, hydatids, &c.; or by horse-shoe or movable kidneys. Dr. W. Roberts ("Reynolds' System of Medicine," vol. v., p. 643) says:—"Epigastric pulsation is a frequent concomitant of mobility of the kidneys." An abscess overlying the aorta may provoke painful pulsation. The cardiac impulse may in rare cases be conveyed downwards, as in pleuritic effusions and intra-thoracic tumours, mediastinal and other, with downward displacement of the organ; or in pulsating tumours of the liver, encephaloid and other.

Tumours of no great size, and not directly connected with the aorta (e.g., movable kidneys), but in the recumbent position lying immediately over it, may so press upon the vessel as to hinder the onward flow of blood, and thus be lifted up at each systole of the heart, which may accordingly be called upon to labour more forcibly to propel the blood past the obstacle. When this accident is suspected, and indeed in most cases, the patient should be examined in the lateral position. It has occurred to me to observe the pulsation disappear on the dorsal being changed for the lateral decubitus. The possibility of aneurism complicating an abdominal tumour should never be lost sight of, and spinal caries from pressure and erosion has high significance.

In exaggerated gaseous distension of the abdomen every throb of the aorta may excite distress and provoke a kind of reverberation. This seldom occurs in free fluid effusions, such as ascites; but may when a localised abscess encroaches upon a vessel.

Abdominal pulsation may oppress puerperal patients after severe hæmorrhage, when it is best treated by opium. It may also supervene on hæmorrhage from abortions and from other causes. I have at present (Dec. 4, 1882) a patient in the West London Hospital who has suffered from abdominal pulsation ever since a severe flooding after a miscarriage three years ago, (a) but greatly aggravated by another miscarriage a month ago.

Abdominal pulsation commonly accompanies Addison's disease. The association suggests possible implication of the sympathetic system, and alliance with other neurosial forms of the disorder. In an article on "Addison's Disease," &c., in the *Amer. Jour. of Med. Science*, April, 1877, p. 335, Dr. Pepper says that pulsation of the aorta is present in a large proportion of cases, and that its detection is rendered easy by the retraction of the abdominal walls which often exists. He quotes Gerhardt to the effect that in some cases there has been apparent dilatation of the vessel. It is doubtful whether the blood is thicker than normal, as some suppose.

With reference to the retraction of the abdominal walls so often met with in aortic pulsation, it has seemed to me that the closer apposition of the sensitive anterior wall may render more apparent to the patient than usual the normal beating of the aorta; and this might be favoured by the absorption of adipose tissue so constantly seen.

It may be likened to the keener perception of foetal movements by pregnant women after the gravid uterus has risen out of the pelvis and come into contact with the belly wall, as happens on quickening. The buffer-like effect of a good cushion of fat in the omentum or abdo-

minal parietes is considerable; and patients who regain flesh are less conscious of the beating.

Treatment.—This must obviously depend upon the cause, but clinical experience justifies the broad statement that in the majority of ordinary cases a vascular sedative, such as potassium iodide, is most efficacious. This applies equally to neurosial as well as aneurismal cases. But no case should be treated empirically.

When heart disease exists it must be treated; and so with blood impairment. In the presence of anæmia with hydræmia or spanæmia improvement of the blood by hæmatinic, such as iron, is essential. But in most of the hydræmic cases a highly albuminous diet is also important, there being often a marked deficiency in that element in the serum. A generous dietary is profitable, and one rich in meat, eggs, and fish is requisite. To aid the frequently-impaired digestive powers, peptic agents should be employed—pepsine, pancreatine, lacto-peptine, Benger's preparations, Savory and Moore's, Morson's, Bullock's, &c. Dyspeptic symptoms should never be neglected, for a distended stomach may intensify the trouble. Bismuth, charcoal, and soda are therefore useful. Aperients are of considerable importance, but they should be *laxatives* rather than purges, e.g., decoction of aloes, or rhubarb, or magnesia, rather than salts. An excellent combination for many cases is R. Potassii iodidi, gr. v. or x. in dec. aloes co. ℥j. bis die. Belladonna often forms a valuable addition to internal treatment; while a full-sized belladonna plaster over the seat of beating helps to soothe and calm the patient. Digitalis proves useful in certain cases.

In vascular disturbance due to renal inadequacy the kidneys demand attention, and the adjuncts of aperients and sudorifics should not be forgotten. Agents that influence arterial tension may here prove serviceable, such as amyl-nitrite, nitro-glycerine, bromides, &c.

Some of the climacteric cases resemble those due to renal failure, and partly for the same reason, the elimination of nitrogenised waste products becoming defective; and here depurating treatment, combined with the bromides, is serviceable. The salts of iodine and bromine appear to yield better results than other drugs in this malady, whatever its origin, but particularly the iodide of potassium.

Now and again ergot of rye answers better than other medicines. It seems to influence cases which present symptoms of relaxation of the systemic arterioles, where the blood-current appears to slip round too quickly, and the arteries beat loosely, the pulse being soft and compressible. This may be witnessed in examples of transient abdominal pulsation. Firm doses of ergot occasionally prove beneficial in other forms of abdominal pulsation attributable to vascular disorder; and the same may be said of opium in substantial doses, especially after severe losses of blood. Camphor, either alone or in combination with iodides and bromides, may afford much comfort in patients oppressed with indefinable apprehensions; and so may pulsatilla.

But the chief agent in relieving abdominal pulsation is iodide of potassium. Its great value in arterial disorders, particularly aneurism, has been ably shown by Dr. Balfour; and my experience of its action in most cases of uncomplicated abdominal pulsation warrants the holding of a high opinion of its merits. The dose should not be less than five grains to begin with, and double this, or more, may occasionally be requisite. It is well to combine with it a little carbonate of ammonia, or potash if the urine be lithatic. It goes well with decoction of aloes when the latter is indicated. Should coryza be complained of, small doses of tincture of opium may be added when not otherwise contra-indicated.

Of the bromides, those of sodium, lithium, and ammonium are somewhat less depressing than that of potassium, but it is not often that large doses are called for.

Digitalis may be useful in cases of cardiac incompetence, and when symptoms of renal disorder are present.

When abdominal pulsation suddenly supervenes upon

(a) This patient, who is a fair (xanthochroic) woman, presents an uncommon exception to most of her sex who have borne children, or had the abdominal parietes otherwise distended, in that she has an almost complete absence of *linea albicantia* on her abdomen or thighs, although she has borne several children. The only marks detectable are two insignificant streaks at the junction of the right thigh and groin. I have another example of complete absence of white lines in a multipara.

menstrual suppression in climacteric women, and is accompanied by evident venous engorgement, no remedy equals bleeding, a venesection to \bar{v} viij. or \bar{v} x. promptly assuaging the commotion and relieving the oppression.

Aconite, however, is in some cases an efficient substitute.

ON CATARRHAL ULCERS. (a)

By RUDOLF VIRCHOW, M.D.,

Professor of Pathological Anatomy in the University of Berlin.

THE speaker at the commencement expressed himself as opposed to the view so widely spread, more especially by Niemeyer's Handbook, and addressed himself primarily to answering the question, What, properly speaking, is a catarrh? He himself had adopted the old view, according to which catarrh is derived from *Karapptu*—i.e., that catarrh is the separation of something that is movable, and that can be removed from the place of separation; it is also to be understood that the separation takes place from an unwounded surface. The old notion of a catarrh was originally associated with the nose, and only at a later period and quite gradually became applied to the other mucous membranes. He, the speaker, left quite untouched the question how far the glandular structures lying outside the proper mucous membrane contributed to the secretion, and confined himself strictly to those surfaces from which the secretion took place. Although he confined himself to this narrow view of catarrh, he laid the greatest stress upon the secretion itself.

Catarrh cannot be diagnosed from the condition of the mucous membrane itself, but only from the fact of its secreting, whence we are not justified in designating another condition of the mucous membrane, though it may be similar, as catarrh when no secretion follows—for instance, that which has been designated "dry catarrh." This dry catarrh has been variously designated at the various periods of its existence. Some have conceived of it as gradually losing the fluid character of its secretion, which has become changed into a firm compact adherent mass. The speaker had no comprehension of such a dry catarrh, in which nothing more was secreted. Others, again, who have not recognised this limit, have gone further and further, so that the conception of catarrh has become more and more extended, until, for some organs, no further conditions remain. Some medical men have therefore reached the conclusion that the stomach suffers from no other further affections than catarrhs. The speaker felt himself bound to protest against these views, not only as a pathological anatomist, but also as a logical physician. That the stomach is capable of secreting large quantities of mucus, autopsies show, in which the stomach is not unfrequently found covered with a layer of mucus of the thickness of a finger; but one had no grounds for widening the conception of catarrh, so as to include all inflammatory irritable conditions of the stomach, which set up no secretion whatever.

Does a catarrh produce ulcers?—i.e., are ulcers to be considered the regular production of a catarrh? It is clear that any pathological condition may give rise to other dispositions, which in turn may lead to further consequences which the original simple disease would not have produced. If, for example, a delicate child had a violent nasal catarrh, it very commonly happened that conditions arose in which the epidermis was easily separated, erosions, and after drying up a scab formed; under this, suppuration took place, and finally an ulcer was formed on the spot. Grouping this series of sequences, one might easily say that the child had a catarrhal ulcer on its upper lip, or on a spot where there was no catarrh. Finally, we got a cutaneous ulcer, but

we had no grounds whatever for calling this kind of ulcer catarrhal. The older physicians, indeed, have clung most perseveringly to the idea that under such circumstances erosive ulcers could arise, and this idea had become so wide-reaching that the most important conditions have been grouped under it. Thus, some decenniums ago the great teachers of medicine in France clung to the idea that the laryngeal and tracheal ulcers of phthisis had their origin in erosions caused by the irritating effect of sputa upon the mucous membrane. Since then, the speaker had more and more convinced himself that this kind of action exercised by secretions upon neighbouring parts, previously intact, in regions covered by mucous membrane (not) provided with pavement epithelium, was not to be met with, but that the existence of these forms might be assumed everywhere where pavement epithelium existed; whether the secretion were catarrhal, or whether it came from ulcerated cavities, seemed to him to be a matter of indifference. Such surfaces provided with pavement epithelium were tolerably extensive. Such a tract could be followed from the lips to a little below the cardiac orifice of the stomach. In the respiration tract such surfaces were of very limited extent, as, for instance, in the posterior wall of the larynx, between the arytenoid cartilages. Upon these surfaces occasionally appeared a peculiar kind of ulcer, which should be called erosive, inasmuch as certain spots were deprived of their covering, and soft moist surfaces were exposed. These, of course, did not dry so rapidly as those on the external skin, but, being deprived of their epithelium, they were constantly being subjected to fresh irritation; they readily became deeper, and, in fact, formed a kind of ulcer, developed upon these eroded patches. Similar conditions were met with at the conjunction of the cervical canal with the vagina at the os uteri. The secretions from the uterus gradually softened the pavement epithelium, which separated in large flakes; the blood-vessels on the exposed surfaces enlarged, and became engorged, and there arose during life dark or black red granular erosions, but no loss of substance, and ulcers scarcely ever, which, however, when they were met with, owed their development to the existence for years of the above irritations, which had gradually penetrated deeper and deeper. With regard to the other mucous membranes, neither in the whole of the mucous membranes of the respiratory tract, nor in the whole extent from the cardiac to the anus, nor in the uterus proper did simple erosions scarcely ever occur.

There was still another kind of erosion, which made its appearance on mucous membranes provided with cylindrical epithelium, and when the secretion was rapid and profuse, originated in a way similar to that in which vesicles were formed on the external skin. But, whilst on surfaces covered with pavement epithelium the connection of the parts was so intimate that they offered some resistance, the fluid forming a cavity under the surface, until when at last the covering burst, erosion had taken place, on surfaces covered by cylindrical epithelium the formation of vesicles was generally not possible, as the covering was so delicate, but the mucous membrane rather became separated at once. This was the case with all diseases associated with violent diarrhoea, and indeed this observation was first made in cholera, and then in ordinary typhus, as in typhus in epidemics, in which much diarrhoea was present. The examination of these erosions had not yet resulted in much, for the reason principally that the pathological anatomist had made his investigations at much too late a stage—when many secondary changes had already set in. It would be the task, therefore, of the clinician to study the subject more accurately, by the aid of the microscope, in the dejecta of the living.

It was easy to conceive that on those mucous membranes that were thus deprived of their epithelium by copious exudations, surfaces thus deprived were exposed in a high degree to injurious influences. On these un-

(a) An Address delivered before the Berlin Medical Society, Jan. 11, 1883.

protected places it was easy for new colonists of all kinds to settle down, such as bacteria, &c. It should be mentioned that some medicines—such, for instances, as large doses of mercurial preparations—might give rise to these erosions. This settlement was called diphtheria, and had the appearance of a primary diphtheritic process, but the stages of development were first erosion, then diphtheritic infection by parasites, and lastly diphtheritic ulcer. A remarkable example of these processes was the ulceration—first called uræmic in Prague—in which the separate stages could be plainly observed. Here also there was no specific uræmic ulcer, dependent on uræmia, but a diphtheritic ulcer for the development of which the uræmic condition afforded the most favourable soil. If every diarrhoea was called an intestinal catarrh, so also the uræmic condition might be also called catarrhal.

Again, a catarrhal angina was spoken of, but the angina was not catarrhal; the affection was rather *angina cum catarrho*, or *catarrhus cum angina*. Since we had learned that the tonsils, the pharyngeal and tongue follicles are really lymphatic appliances, it had become much more comprehensible that the affections of these parts had similar relation to the swellings of the glands external to the mucous membranes. One would not say of a patient suffering from nasal catarrh, whose jugular or cervical lymphatic glands were swollen, that he had catarrhal swelling of the lymph glands, and yet this was what was said of the flamed tonsils. If an abscess formed in a tonsil, opened and lead to the formation of an ulcer, the conclusion to most would seem to be perfectly justifiable: first, angina and catarrh, then ulcer—*ergo*, catarrhal ulcer. This kind of reasoning could, of course, be applied to all the lymph apparatus, and thus this kind of ulcer had extended itself everywhere. Just as in the tonsils, so all through the digestive tract abscesses might form in the follicles; these might mature and break, and leave ulcers, and even a great part of the so-called tuberculous ulcers, the speaker looked upon as follicular. These lymphatic abscesses had exactly the same significance as an ulcerated bubo.

In conclusion, he mentioned the deeper and more remote processes which are occasionally set in motion in the course of a catarrh, periostitis, perichondritis of the nose, or of the tracheal cartilages, which, by the same course of reasoning, might be called catarrhal. If it be found that the same perichondritis was presented to us in syphilis, typhus, diphtheria, and tuberculosis of the larynx, that, first of all, distinct syphilitic, typhus, or diphtheritic disease of the surface arose, and that only now and then, in the deeper-seated parts, perichondritis and afterwards abscess appeared, burst, and increased the size of the, probably, already existing ulcer, it seemed to be safer for the judgment, if we did not attribute this perichondritis to the one or the other process, but to consider it by itself, and decided in each individual case whether it had any connection with any particular or special process. As soon, then, as the various phenomena were examined more nearly, and we took pains to arrange them in a distinct order, the catarrhal ulcer vanished of itself, since it had nothing special whereby in diagnosis we could distinguish it from others. He was convinced that our knowledge of detail would gain much if, instead of making use of ætiological designations, we employed such as resulted from those processes in consequence of which the ulcer arose.

DR. JAMES MANBY GULLY, formerly of Great Malvern, died in London on the 27th ult., at the age of 75. It will be remembered that Dr. Gully's name was before the public in connection with the Bravo case. Deceased's practice, which was large, was principally directed on hydropathic lines.

THE CAUSES, SYMPTOMS, AND TREATMENT OF PHIMOSIS AND PARAPHIMOSIS. (a)

By LAMBERT H. ORMSBY, F.R.C.S.,
Surgeon to the Meath Hospital and Co. Dublin Infirmary; Lecturer on Clinical and Operative Surgery.

(Continued from page 293.)

4. *Single Incision of the Prepuce on Director.*—This treatment, next to complete circumcision, is the most satisfactory mode of treating phimosis. It is a more serious procedure, however, than the other plans mentioned, and could hardly be performed unless under the influence of an anæsthetic. A patient would not, as a rule, submit to the pain without being rendered unconscious. The instruments, &c., required would be—1. A sharp-pointed knife or bistoury; 2. A grooved director; 3. A sharp pair of scissors; 4. A needle armed with silk catgut or silver wire; lint, bandages, sponges, &c., a mackintosh sheet. The slitting plan is performed as follows:—The prepuce is grasped in one hand, and gently pulled forward; a grooved director is then passed backwards until it becomes prominent under the skin above and at the side of the glans, proving that the point of the director has not entered the urethra. The director thus *in situ*, is given to an assistant to hold, and a sharp-pointed curved bistoury is then passed along the groove, and made to transfix the skin, and then carried forwards until the prepuce is entirely slit up (Fig. 1). If it is adherent, the adhesions must be gently broken down with the finger or the handle of a scalpel or small spatula. The two corners of the incised prepuce can then be trimmed round, and removed from above downwards and forwards, so as to make the parts as neat as possible, and to prevent any redundant tissue remaining when cicatrization takes place. The slit in the prepuce had better be made on the upper side, and when the corners are removed by a sharp scissors very little, if any, disfiguration remains behind, provided that the skin and mucous membrane are evenly and closely brought together with silken, catgut or wire sutures. In this incision a vessel or two may be cut, but the bleeding can be controlled by passing a suture through the bleeding point. It is then dressed with strips of wet lint. The parts generally heal in about ten days or a fortnight. The sutures ought to be removed about the end of the first week.

The Ancient Rite of Circumcision.

5. The operation of circumcision as far as we find it recorded, is a very ancient custom. In Bible history we find that the Patriarch Abraham, at the age of 99, circumcised himself and all the males of his family (see Genesis, Chapter vii., verse 10). Other writers believe the custom was even practised before the year of the world 2,178.

The rite of circumcision by Abraham was considered a seal of a covenant between the Creator and the created. Circumcision, pure and simple, is a Latin word denoting the cutting off or cutting round of the prepuce or foreskin; the act of doing so being a recognised ceremony in the Jewish and Mahomedan Churches, and it is ordained that all males shall have their foreskins cut off who profess one or the other religions.

The ceremony, then, is by no means confined to the Jews, for from the perusal of the writings of Herodotus, it was a very ancient custom, much practised by the Egyptians, Ethiopians, and other oriental nations; and, for this reason, it is difficult to ascertain which nation practised it first. The same historian relates that the inhabitants of Colchis also practised circumcision, whence he concludes that they were originally Egyptians. He adds, furthermore, the Phœnicians and Syrians were likewise circumcised, but that they borrowed the custom from the Egyptians. The writer Marsham is also of the opinion that the Hebrews acquired their knowledge of circumcision from the Egyptians, and that Abraham

(a) Being a clinical lecture delivered in the Meath Hospital and Co. Dublin Infirmary.

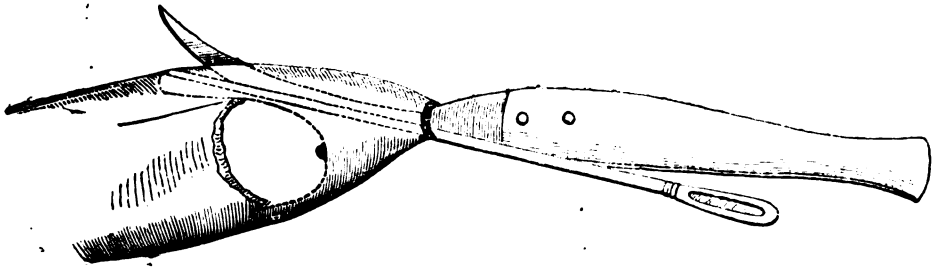
was not the first to practice it, and cites the ancient historians Diodorus, Siculus, and Herodotus to support his views on this subject.

Be this as it may, it is quite clear the rite of circumcision among the Jews differed widely from that of the Egyptians and other nations. Among the former it was distinctly a ceremony of religion, and was performed on the eighth day after birth of the child. Among the Egyptians and other races it was performed more as regards decency, or on the score of cleanliness and sanitary hygiene than anything else, or as some will have it, of physical necessity, and was not performed till the

In tracing the custom in Bible history, we find that the Jews, at least as a race, have always been from the earliest records most exact in observing this ceremony. It was made known to Moses, and ordained that all who intended to partake of the Paschal Sacrifice should receive circumcision as early as the eighth day of birth. Even during their captivity in Egypt, the rite was not altogether neglected.

Moses, however, while in the land of Midian with Jethro, his father-in-law, did not circumcise his two sons born in that country; and during the journey of the Israelites in the wilderness, their children were not

FIG. 1.



thirteenth year, and then as often on girls as boys. Circumcision in women denotes the cutting off the foreskin of the clitoris, which bears a close resemblance and analogy to the prepuce of the male penis. The Arabians, Saracens, and Ishmaelites, who, as well as the Hebrews, sprang from the seed of Abraham, practised circumcision, but not as an essential rite which they were bound to perform, on pain of being cut off from the people. The operation of circumcision, if properly performed in the first instance, cannot be repeated, although the Jews recommended, when admitting a Proselyte, they should perform the rite nominally by drawing a few drops of blood from the part. (A Proselyte denoting a name given by the Jews to those who came to dwell in their country, or who embraced their religion, not being Jews by birth.) Therefore, when the Jews admitted a Proselyte of this kind, although he may have been previously circumcised, they must perform the custom by going through part of the ceremony and drawing a few drops of blood, which is called the "Blood of the Covenant."

The Jewish race consider the foreskin or prepuce as a very great impurity, and the greatest offence they could receive was to be called uncircumcised. Paul (Romans Chapter ii., verse 26) frequently designates the Gentiles under this term in opposition to the Jews whom he calls circumcision. Paul also alludes to the imperfect manner of circumcision, or partial removal of the foreskin, which apparently was practised by the Edomites, Egyptians, and other races; this he calls *concision*, and associates those who practised it with dogs (Phil., Chap. iii., verse 22).

The Jews distinguished their Proselytes into two sets according as they became circumcised, or not; those who submitted to this rite were looked upon as children and followers of Abraham, and obliged to keep and obey the law of Moses. The uncircumcised Proselytes were only bound to observe the precepts of Noah, and were thus called Noahchidæ.

The custom among the Turks is never practised till the seventh or eighth year, and the race do not at all believe the performance of the rite is necessary to their salvation, and in no way recognise it as a religious ceremony. The early Persians circumcised their boys at 13, and their girls from 9 to 15. Those of Madagascar cut the flesh at three different times, and the most zealous of the relations present caught hold of the prepuce when removed and swallowed it.

circumcised, probably by reason of the danger which might accrue after the operations by being exposed to the vicissitudes of travelling, sudden removals, unsettled state and manner of living in a dry and sandy desert.

So far as we can ascertain, the law does not clearly lay down whose duty or function it was to perform the operation, or with what instrument it was to be accomplished. A sharp stone, sharp knives, and in modern times, a sharp razor are among the instruments mentioned as being used (see Exodus, Chapter iv., verse 25; Joshua, Chapter v., verse 3). The ancient mode of performing the operation, according to the Jewish rite, was carried out after the following manner:—There was a godfather to hold the child, and a godmother to carry it from the house to the synagogue or place where the operation was performed. He who circumcised was called in Hebrew *Mohel*. Any person was chosen for the purpose, indifferently, provided he were capable of the function which, among the Jews, was a title of very great merit. The manner of the ancient ceremony is graphically related by Leo de Modena, and is as follows:—The operation is always performed on the eighth day after birth. Two seats are prepared in the morning with silken cushions, one for the godfather, who holds the child, the other, as they say, for the Prophet Elias, whom they suppose to assist invisibly. The person who is to circumcise brings the necessary appliances—the razor, styptics, linen fillet, oil of roses, to which some add a shell full of sand to catch the blood, and put the prepuce in when removed. A Psalm is sung till the godmother brings the child, attended with a crowd of women, and delivers it to the godfather, none of them entering the door; the godfather, being seated, sets the child on his lap, then the Mohel, or circumciser, taking the razor and preparing the child for the operation says with a loud voice: Blessed be Thou O Lord who has enjoined us circumcision. And on so saying cuts off the thick skin of the prepuce and with his finger-nails tears off another finer skin remaining, sucking the blood, by putting the penis into his mouth for two or three seconds and then spitting out into a glass of wine. Then he lays dragon's blood on the wound with powder of coral and other styptics to arrest bleeding, and staunch any blood that might flow. Over all he places a fillet or compress saturated in oil of roses, and then binds up the whole; that being done, he takes a glass of wine, and blessing it, adds another benediction for

the child and imposes the name ; the child is then given by the godfather to the godmother, who carries it back to its mother.

The modern Jewish ceremony of circumcision differs slightly from the description just given. The mode of the performance as at present observed is as follows, and was related to me by a medical friend who was present at the operation :—It was performed on the occasion by the chief man among the Jews residing in the place. The ceremony took place on Sunday morning, the eighth day after birth. Many people were present, chiefly of the Jewish persuasion. The infant was held by the godfather or person of distinction, the operator grasped the prepuce, drew it forward, then applied a small piece of metal, with a slit in it, something after the manner of a clamp, and having drawn the prepuce tightly forward the clamp was held obliquely downwards and forwards, and then the prepuce in front of the clamp was removed with one smart stroke of a short-bladed knife. A glass of wine was placed on the table beside the operator, who, after division of the prepuce, took a mouthful of the liquid contained in the glass, and then bent down and took the child's penis in his mouth and, as it were, sucked the bleeding prepuce for three or four seconds, after which he spat out the blood and wine, and then bound up neatly the penis with strips of linen, and then gave over the child to its nurse. During the whole performance of the ceremony the operator repeated a form of prayer in the Hebrew tongue.

For further knowledge on this subject, much information will be derived from a perusal of a small work entitled "The Jewish Rite of Circumcision, with the Prayers and Laws Appertaining Thereto," translated into English with an Introductory Essay by Asher Asher, M.D., London.

In this work it mentions, "It is customary for the Mohel to read prayers publicly in the synagogue on the morning of the day on which he operates, or, at least, to read aloud the song of Moses (Exodus xv.) in the morning service. The custom arose from a literal interpretation of the verse (Psalm, cxlix, verse 6) 'Let the high praises of God be in their mouth, and a two-edged sword in their hand.'"

Dr. Asher says : "The child receives its name at the time it is initiated into the Covenant. It was an ancient custom, of which there are many illustrations in the Bible to give a new name to an individual on his accession to any great dignity or consecration to any particular service. The name of Abraham—a father of many nations—was conferred on our great ancestor on the occasion of the institution of circumcision (Genesis, Chapter xvii., verse 5). It is ordained that the operation be followed by a repast, in order to testify the joy of the parents on being permitted by Providence to initiate their child into the Abrahamic Covenant. The precepts for the performance of which—Israel have sacrificed their lives, they shall practise in happiness. And the verse of Scripture (Psalm i., verse 5) 'Gather my righteous ones together unto me, those who have made a covenant with me on the occasion of a sacrifice,' has been made to indicate the appropriateness of the festive gathering."

Dr. Asher also states, at page 26 : "The Talmud decrees that immediately after the amputation of the foreskin the operator shall, by means of his lips, apply suction to the wound, and cause the blood to flow ; and this is ordained as a remedial measure, the omission of which, like neglecting the dressing of the raw surface, is declared to be fraught with danger to the child ; and it is further ordained that the operator who is guilty of such omission shall be deprived of his office."

(To be continued.)

The infirmary of the Cambridge workhouse was destroyed by fire on Sunday last, fortunately without loss of life.

Clinical Records.

ST. BARTHOLOMEW'S HOSPITAL.

Ophthalmic Cases.

Under the care of Mr. BOWATER VERNON, F.R.C.S.
(Notes by Dr. W. J. COLLINS, B.S., B.Sc., Ophthalmic House Surgeon.)

CASE I.—*Embolism of Arteria Centralis Retinæ.*

G. W., æt. 49, a milkman, had rheumatic fever when 22 ; was laid up three months with it. Has enjoyed tolerably good health since, with the exception of occasional rheumatic pains in the shoulders and legs and attacks of dyspnoea brought on by exertion. For the last three months these have become worse, and he has been attending as an out-patient in the casualty department. On the morning of December 19th, 1882, after having seen the casualty physician he was returning home by train, when suddenly after a fit of coughing he saw as it were "like snow, only black," before his left eye, which became perfectly blind. He had no fit, nor any paralysis or loss of consciousness, and walked to his home all right. On the 30th December he applied at the hospital on account of the blindness of his left eye. He then presented the following appearance :—Face sallow, dilated venules on cheeks, alæ nasi dilating, and left eye totally blind—not even perception of light concentrated by a lens on cornea. With the ophthalmoscope, media quite clear, optic disc very pale and minus half its vessels, only veins visible, and they were natural in appearance, presenting no thrombi and no pulsation and no marked dilatation ; around the macula was a silvery dirty-white effusion, oval in form, with long axis horizontal about three times the size of optic disc, and shading off at its margin into healthy fundus ; its surface was traversed by delicate wavy lines like faint pencilings ; the whole of the silvery surface appeared to stand out somewhat in relief. The fovea centralis was of slightly darker shade than the natural fundus, with central oval orange spot. The right eye was normal, and the contrast of the fundus with that of the other eye was very marked—Vision = $\frac{1}{2}$. He had some dyspnoea, and cough, and bronchial expectoration. The heart's apex was just inside the nipple line ; cardiac dulness increased to the left and slightly to right ; a distinct aortic murmur audible at the apex and localised to its vicinity. The urine was acid, sp. gr. 1026 ; no albumen.

During the following week the changes around the yellow spot slowly disappeared, and by January 16th the whole of the effusion had cleared up, and the macula could be distinguished with difficulty. The disc had become as white as in advanced atrophy of the optic nerve, and the veins had been reduced in size. The eye remained absolutely blind.

CASE II.—*Anisometropia with Facial Asymmetry.*

E. C., æt. 12, complains that eyes are fatigued and painful after reading, especially in the evening. He is slow at his books, and gets blamed at school for stupidity. He has marked physiological asymmetry, the left side of the face, especially the frontal and zygomatic arches, being not only larger but better developed than the right. The left eye-brow is more arched than the right, and the left eye appears to be distinctly the larger of the two. On testing his vision it was found that the right eye was slightly hypermetropic, while the left exhibited compound myopic astigmatism, with great difference of refraction in the two meridians, thus :—

$$\left. \begin{array}{l} \text{R. E.} = \frac{1}{2} ; \text{ with } + 1 \text{ D} = \frac{1}{2} \\ \text{L. E.} = \text{nil} ; \text{ with } - .75 \text{ D spherical} \\ \qquad \qquad \qquad \text{and } - 3.5 \text{ D cylindrical} \\ \qquad \qquad \qquad \text{with axis horizontal} \end{array} \right\} = 1^{\circ}$$

CASE III.—*Ophthalmoplegia Interna.*

Edward C., æt. 28, a cabman, complains of "weak eyes," and recently developed "long sight," also of deafness of the left ear. There is no history or sign of syphilis, diphtheria, or injury. His distant vision with each eye = $\frac{1}{2}$, and with + .75 D = $\frac{3}{4}$; but he is unable to read the largest (No. 4) of Snellen's reading type at 12 inches without glasses. With + 4.50 D, however, he can read No. 1½ type at 12 inches. Ten minutes after eserine had been instilled into both eyes he could read No. 3 type at

the same distance, and tell the time with a watch at 4 inches. Both pupils dilated (size, No. 12) and immobile either to light or when looking at near objects. There is natural movement of the eyes in all directions, and no other symptom of paralysis whatever.

CASE IV.—*Blow on the Eye—Hyphæmia—Transient Nebulosity of Lens—Persistent Iridoplegia.*

Emily W., æt. 28, was walking along ——— Street when a beam of wood (3 ft. X 4 in.) fell from a window above and hit her left eye. She fell down insensible, and on recovering and coming to the hospital there was great pain in the eye, slight bruising of the lids, some pink injection of the sclerotic and hyphæmia to 1-10th of the anterior chamber. The turbidity of the aqueous rendered the naturally blue iris green; the pupil was irregular and eccentric, displaced downwards and outwards; media were hazy; there was no dislocation of the lens; the tension was normal, and the fundus returned a red reflex in all directions. There was no symptom indicating cerebral injury. The treatment consisted in atropine, and ice-cold applications; the hyphæmia decreased, the conjunctiva becoming "sallow," the anterior chamber was observed to be deeper than the right, and the eye continued to be tender. Four days later the fibres of the lens were seen preternaturally distinctly, oblique illumination exhibiting radial striae in the cortex; and with the ophthalmoscope a nuclear crescentic nebula was observed. A week after the injury the pupil was regular and central in position, and the lenticular nebulosity was fading away. The vision of the left eye, with its natural myopic astigmatism corrected, was found to be quite as good as that of the sound eye with its appropriate glass:—

V of right eye = $\frac{1}{10}$; with — 2.75 D spherical and — 1 D cylinder (axis at + 45° = $\frac{1}{8}$; and V of left eye = nil; with — 2.75 D spherical and — 1 D cylinder (axis horizontal) = $\frac{1}{8}$.

The pupil remained dilated, but this was attributed to the atropine; but at the present time (four months after the injury) the mydriasis continues, and there is some irregularity and eccentricity of pupil, notwithstanding the persistent application of eserine to which it readily responds. The lenticular cloud has quite disappeared, and the vision with glasses = $\frac{1}{8}$.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE BRAND TREATMENT OF TYPHOID FEVER.—At the Académie de Médecine M. Peter made a vigorous attack on the Brand treatment of typhoid fever, which he styled as brutal and dangerous. The cold bath not only affected the temperature, but had a well-recognised deleterious action on the whole organism. So much was refrigeration coming into fashion that he would not be surprised if some fine day a machine were made with a thermometer at one end and a pair of clamps at the other, which, when the thermometer would attain a certain degree, would, by automatic action, seize the patient and place him in a bath ready prepared! As to the statistics given by his German *compatriote*, he considered they were not exact, for the Lyons medical staff who had adopted the Brand treatment very generally reported that, under the cold bath treatment, the mortality rose two per cent. above the average. Referring to M. Pasteur and his recent discovery of the mode of propagation of contagious diseases, that is to say, by a microbe peculiar to each disease, M. Peter considered it to be an entirely new doctrine for him; yet he was inclined to believe it. But the next thing in his opinion was to find a parasiticide for each microbe, and as such he would suggest camphor, as having a less disagreeable odour than phenic acid.

COUSSO.—As *tænifuges couso* and the male fern have long enjoyed the reputation of being the most reliable, and

recourse has been had to one or the other when the parasite was to be dislodged. Some time back an enterprising chemist in Paris discovered a substance which he calls *Pelletierine*, and which acts most effectually on the *tænia*, expelling it in a couple of hours. It has one great advantage over the *couso* in that it is given in very small doses, and, consequently, less repugnant to the subject; 6 or 8 grains is a full dose, and often less will do. However, it appears that it is not entirely so innocuous to the health of the patient as the Abyssinian plant. If the alarming symptoms which followed the taking of eight grains, as reported in one of the medical journals, are to be attributed to its use, it should at least be given with caution. In the case in question the patient vomited and had diarrhoea, while the body became cold and exsanguine. It took an hour's work for the medical attendant to bring his patient out of the collapse.

PLEURISY OF THE DIAPHRAGM, or more strictly speaking, of the supra-diaphragmatic space, is always very difficult to diagnose, physiological symptoms being very incomplete, or altogether wanting. Gueneau de Mussy has indicated some signs which, however, are of good value in elucidating the question in favour of this variety of pleurisy. He discovered that the phrenic nerve is painful to pressure in the accessible points of its course between the two origins of the sterno-mastoid muscle. Also pressure on a circumscribed portion of the epigastric region awakens an acute pain. This spot is situated in a point corresponding to the intersection of two lines—one coming from the external border of the sternum, the other from the osseous part of the tenth rib. Gueneau de Mussy named this point the button of the diaphragm. Thus, whenever a patient is found to present these symptoms, the case, *ceteris paribus*, may be safely diagnosed as diaphragmatic pleurisy.

THE EXISTENCE OF METRORRHAGIA SIMULTANEOUSLY WITH LUMBO-ABDOMINAL NEURALGIA is too frequently observed to-day not to be understood by most medical men. It is sufficient, says the *Revue des Maladies des Femmes*, to establish clearly the relation between the exacerbations of the neuralgia and the return of the hæmorrhages to see the indication for the employment of the tincture of aconite, no matter what may be the lesions of the uterus. To rapidly suppress the hæmorrhage, one drop of aconite must be given every quarter of an hour in a teaspoonful of water, and that during six hours. The next day, if the amount of blood is not diminished, the same doses for the same length of time must be given again. The maximum daily dose necessary to arrest the hæmorrhage never exceeds forty to fifty drops.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. SURGICAL SECTION.

Mr. J. K. BARTON, President, in the Chair.

THE Surgical Section met in the Albert Hall, Royal College of Surgeons. Mr. STOKES, Sectional Secretary, and Mr. THOMSON, General Secretary, were in attendance.

Mr. KENDAL FRANKS read a communication on

SPONTANEOUS DISLOCATION OF THE HIP,

Illustrated by two cases which he had himself observed.

Malgaigne, he said, has divided pathological luxations into two classes—first, simple luxations, in which, excepting alterations produced by the effect of time, the articular

surfaces have not been attacked by the disease; and, secondly, complicated luxations, in which the articular surfaces are essentially altered. To the former of these Volkmann has applied the term "Distensions-Luxationen," and to this form alone Mr. Franks alluded under the head of spontaneous dislocation. In reviewing the causes of these dislocations, a relaxed and distended state of the ligaments must be recognised as a condition which is invariably present. Hence the causes operate primarily in bringing about such a condition. These are (1) traction, (2) pressure, (3) paralysis, (4) muscular contractions, (5) essential causes (Malgaigne), (6) hydrarthrosis, pyarthrosis, &c. The first case recorded was an example of that form to which Malgaigne has given the name of essential relaxation, because absolutely nothing is known of its nature. In this form a joint "loses its solidity," and dislocation results without the pre-existence of any mechanical distension, without inflammation, and most frequently without pain. A child, *æt.* 5, was admitted into the Adelaide Hospital in January last. She had been confined to bed since the summer of 1882, suffering from acute disease of the left hip-joint. The acetabulum had chiefly suffered, and the head of the femur had probably passed partially through it, and in that position ankylosis had taken place. An abscess which had formed burst into the vagina and healed up. The limb remained permanently fixed in a semi-flexed position, abducted and rotated outwards. The child had been chiefly lying on this side, the right leg flexed, abducted, and rotated inwards, so that the knee lay behind the knee of the diseased limb. In August last, as she was being turned in bed by the nurse, a remarkable protuberance was seen behind the right anterior superior spine of the ilium. The child was questioned about it, but could not give any account of how it occurred. It gave rise to no pain. This protuberance was caused by the great trochanter, the head of the right femur having slipped out of its socket, and being easily felt on the dorsum of the ilium. No alteration in the parts has since taken place. The second case illustrated a dislocation of the hip taking place during an attack of acute rheumatism. A girl, *æt.* 15, was admitted into the Adelaide Hospital on the 10th October last, suffering from necrosis of the left tibia. She presented a well-marked dislocation of the right femur on to the dorsum of the ilium, the limb being shortened to the extent of 3½ inches. In May, 1879, she had an attack of acute rheumatism, from which she completely recovered. In the following February (that is, two years ago) she was attacked again with the same disease, which kept her in bed for ten weeks. The right hip-joint and the right shoulder were the parts chiefly affected. To alleviate the pain, pillows were placed under the hip and knees. When she tried to get out of bed after the disease had subsided, she found the right limb considerably shortened, so that she could only reach the ground with the ball of the foot. The right hip was deformed, and she now presents all the characteristic signs of a well-marked dislocation. The head and neck of the bone can be easily identified in this new position, and feel quite smooth and healthy. (Casts of these two cases were exhibited.)

Dr. HENRY KENNEDY called attention to a remarkable case of an athlete, who, two years ago, exhibited himself before the Pathological Society, dislocating at will his hip and several other joints. The muscles were exceedingly well-developed and powerful, as in ordinary health.

Mr. STOKES instanced another remarkable case, formerly under his care in the Richmond Hospital, in which a fall was apparently the exciting cause. The patient fell down stairs, sustaining a very severe injury, but he did not apply for advice till a fortnight had elapsed, when it was found he had sustained a dislocation on the dorsum of the ilium, which was with very little difficulty reduced by manipulation. Next day, to Mr. Stokes' surprise, dislocation again occurred, and was reduced, but luxation recurred three or four days in succession. He suggested in explanation that the fracture of the rim of the acetabulum had taken place originally, and portion of the bone was driven away from its normal situation at the time the luxation recurred.

Mr. BENNETT thought that too much importance was attached to the term "spontaneous." All pathological dislocations were spontaneous. A more important division would be as to whether the dislocations were complete or incomplete. The term "spontaneous" was a mistake for want of observation. Patients suffering from febrile phenomena were sometimes discovered at the end of an illness to

have a dislocation complete or incomplete, but probably complete, and to which the febrile symptoms were referable, instead of being general. In the deformity in question, he would not be surprised if the bones were still intact, but altered in shape.

Mr. WHEELER remarked that Prof. Dittel, quoted by Mr. Franks, had stated that without relaxation of the ligaments, spontaneous dislocation occurred, for instance, dislocation of the hip following recovery of dislocation of the knee-joint, but whether complete or partial dislocation, it was not stated.

Mr. FRANKS replied, concurring in Mr. Stokes' explanation of the case he had cited. In reference to Mr. Bennett's criticism of nomenclature, he confessed he had had difficulty in choosing a title for his paper. Perhaps it would have been better had he described the dislocations as simple spontaneous dislocations, to distinguish them from disease of the articular surface. He agreed, however, with Malgaigne, that the best line of distinction to draw was between dislocations due to simple relaxation of the ligaments, without any disease of the ends of the bone, and cases in which there was caries or some other disease on the head of the bone. Dislocations that occurred from distension of the ligaments formed a distinct group.

Dr. R. McDONNELL brought before the Section notes of
THREE CASES OF INJURY OF THE SPINE FOLLOWED BY
PROGRESSIVE MUSCULAR ATROPHY.

In all three cases there was little, if any, loss of sensibility. The patient was sensitive to tactile and thermic impressions. The wasting of the muscle was rapid and set in early after the injuries. The character and appearance, as well as the marked degree in which individual muscles were attached, showed, in the author's opinion, that muscular atrophy in these cases depended upon the same causes which produce individual muscular atrophy in infantile paralysis and paralysis of the Duchenne-Arun type—viz., myelitis affecting the large motor nerve cells in the anterior cornua of the spinal cord.

The PRESIDENT inquired what were the conditions present in the case that recovered?

Dr. SWAN, referring to the same case, asked the author if he believed that there was regeneration of the cells in the anterior horns?

Mr. BENNETT assumed that the object in bringing forward the cases was to establish the spinal origin as distinguished from that attributed by Roberts and Cruveilhier—i.e., localising the origin of the disease to pathological change in the spinal cord. That muscles were the prime organs in fault could be supported by a number of cases. Those of traumatic origin went to establish that the lesion was primarily of the spinal cord. Fifteen years ago a man was under the care of Dr. Fleming, in the Richmond Hospital, presenting phenomena exactly the same as in the photograph handed round, and the cause of the lesion was a blow of a steamer's hawser. Having made the post-mortem examination himself, he could say the lesions of the spinal cord were sufficiently overt and distinct to be recognised.

Mr. WHEELER mentioned a well-known case that was in the City of Dublin Hospital, under the care of Prof. Purser, suffering from Cruveilhier's palsy. The patient was a tall, gaunt man, who used to stand at Baggot Street Bridge, and had been driver of the Wicklow coach. His upper extremities were only held to his trunk by the levator anguli scapulae muscles, so that the posterior superior angles of his scapulae were pulled up close to his ears. He stood with his body thrown forward to prevent his abdominal viscera from falling forward, as all the abdominal muscles had disappeared. The palsy apparently originated from injury. He fell and hurt the back of his neck and spine. From the cast shown by Dr. McDonnell, it seemed that the flexor brevis abductor and opponens pollicis muscles were very much wasted. He asked, Could Dr. McDonnell assign any reason why the flexor ulnaris muscle and other muscles were not wasted in the same proportion? and if he had made observations in similar cases of the condition of the nerves down the forearm, whether their motor fibres were altered? With regard to Dr. McDonnell's second case, it appeared to him (Mr. Wheeler) that the trophic cells were not engaged, but only the connective tissue elements, and when it returned to its normal condition, the temporary influence it exercised on the cells ceased.

Dr. McDONNELL, answering Mr. Wheeler, first, as to how

the particular muscles atrophied, said in all of those that belonged to the group he was speaking of, it commenced in the spinal cord. If a group of those cells disappeared, it might be laid down as certain that the muscle corresponding with that group of cells would also disappear, and the nerves leading to that would wither away. In those cases which he had examined, the nerve fibres in the roots were found to be atrophied. The question was naturally asked, "Might it not begin in the muscle?" or, as Cruveilhier put it, in the nerve root, or in the trophic cells? Years ago he had himself asked Lockhart Clarke if he had had opportunity of examining cases in which, long after amputations, those cells had not been called into use, and when, for want of use, they had become atrophied. It appeared that in fifty or sixty cases which he had examined in Greenwich Hospital the cells in the spinal cord were found to be right. Evidence had been accumulated to show that the disease really began in the nerve cells and spinal cord. As to the pathology of the successful case, he did not see how it could, clinically speaking, be distinguished from the others, the patient presenting exactly the same appearance; but he was inclined to regard all inflammatory action attended with atrophy as a matter of degree.

The Section then adjourned.

Special.

THE MEDICAL ACTS AMENDMENT BILL IN THE HOUSE OF LORDS.

ON Thursday last this Government measure came up for a second reading, under the charge of Lord Carlingford, who referred to the fact that the present Government had appointed a Royal Commission to inquire into the subject of existing legislation with regard to the medical profession. That Commission was comprised of men of great eminence, amongst them being the great Judge who had so recently died (Sir G. Jessel), and who entirely approved of all the recommendations which the Royal Commission had arrived at. The noble Lord then glanced at the history of modern legislation on this matter, and said that the Act of 1858, which was still in force, was found after a few years' experience to be defective. Accordingly, in 1870, the Marquess of Ripon, who was the President of the Council, introduced into the House a Bill to remedy the deficiencies of the existing law; but that Bill, although it passed through their Lordships' House, failed to satisfy the House of Commons on the point of the direct representation of the medical profession on the Medical Council. The subject was again taken up by the Duke of Richmond, who introduced a Bill in 1878 and in 1879, which passed their Lordships' House in each of those years, but did not succeed in getting through the other House of Parliament, although that House appointed a Committee to inquire into the matter. Since that time the present Government had appointed a Royal Commission, and this Bill was based upon the report which that Commission had presented to Parliament. The real difficulty to be dealt with by legislation lay in the multiplicity, the variety, the uncertainty, and often the insufficiency of the medical licences which admitted persons to the Medical Register, and the only mode of dealing with this difficulty appeared to be by constituting in each of the three divisions of the United Kingdom a Board consisting of members of the present licensing bodies, which Board alone should have the right of testing and certifying the competence of those who were to obtain the legal right to practise medicine and surgery. The Bill stated that any person, male or female, passing the final examination provided by it—with certain exceptions, which he would mention hereafter—should be entitled to be placed upon the Medical Register. For the purpose of holding this examination, and for other purposes, the Bill would constitute a Medical Board in each of the divisions of the United Kingdom, representing each of the bodies now capable of giving diplomas. The number of these bodies might be increased or diminished from time to time by the Privy Council upon the motion of the Medical Council. The Bill provided that each of the Medical Boards should prepare schemes not only for the final examination, but for the previous qualifications of the candidates, both in general

and professional knowledge, and that those schemes should only come into effect when they had received the approval of the Medical Council and the Privy Council. It also provided that these Boards should aim at a uniform standard, and a system of uniform conditions as between the three countries. The Bill also aimed at improving the constitution of the Medical Council and lessening its numbers. That Council would, under the Bill, consist of six Crown nominees, of eight members chosen by the Medical Boards of the three parts of the Kingdom, and of four members elected by the general body of the medical practitioners of the United Kingdom. The Medical Council would be renewed every five years. Its duties would be to inquire at its discretion into the efficiency of the examinations conducted by the Medical Boards, and to exercise a general superintendence over those boards. The third part of the Bill gave the Medical Council discretion to recognise colonial and foreign qualifications. It was hoped that by this means our countrymen would in future be met with favourable reciprocity abroad, instead of the very unfavourable reciprocity to which they are now exposed in consequence of our inhospitable treatment of foreign and colonial men. The next part of the Bill contained improved provisions for preventing the fraudulent and deceptive use of medical designations by so-called medical practitioners. The Bill also dealt with the question of the expenses and funds of the Medical Boards. By the changes which he had indicated, it would be seen that there was to be a reform of the Medical Council or central body, and it was hoped that the effect of these changes would be to make the body more important and useful than it had been heretofore. One of the changes in its constitution would be the admission, in a moderate form, of direct representation of the great body of the medical practitioners in the country. The next change proposed was that the members of the Medical Council derived from the medical licensing authorities should be chosen not directly one by one by each of those authorities, but by the Medical Board of each division of the Kingdom. There was a great body of evidence before the Royal Commission in favour of this change. With regard to the Medical Boards, the only serious consideration was as to the proportionate numbers of the different medical authorities to be represented upon them. He hoped, however, that this point might be satisfactorily settled. The duty of the Medical Boards he regarded as the very essence of the Bill, and it would be for the general interest of the public and the profession to require these distinguished bodies to come in under the joint scheme proposed by the Bill. The Bill was full of provisions of considerable importance, which, however, it would not be necessary for him to go into at this stage. It was highly expedient that the question, if possible, should now be settled. Four years ago the Medical Council adopted a resolution to the effect that the continued uncertainty of legislation on the subject retarded the improvement of medical education, and was contrary to the interests of the profession and the public. That was perfectly true; and he hoped their Lordships would, by consenting to the second reading, take a step towards putting an end to that state of things.

The Earl of Aberdeen said that in Scotland there was considerable feeling in reference to the measure, and he had that day received a telegram from the Principal of the University of Aberdeen, stating that the feeling was unanimous on the part of the governing body that considerable amendment was necessary in the measure. In view of those amendments he had heard with considerable satisfaction that it was not intended to fix an early day for Committee.

The Earl of Milltown said the first point that the Colleges wished to press upon the House was the desirability of uniformity of education, examination, and fees, a matter which was not provided for in the Bill, some of the clauses of which he regarded as inconsistent with that idea. It was most desirable that there should be some controlling power, such as that of the Benchers over the Bar, and that there should be an affiliation of the medical colleges. As to the disposition of the surplus funds, he said that there was no proper provision made in the Bill, and the registration fee he thought unnecessary and vexatious. He doubted the expediency of admitting laymen as members of the Board, and did not think that Apothecaries' Hall, which was a trading institution merely, was entitled to representation.

Earl Cairns said all would agree that nothing could be

worse than that, in place of uniformity of education and qualification, there should be competition, not to give the best education, but to secure the greatest number of students. The main object of the Bill, he understood, was to prevent that result. There were one or two provisions which might appear at first sight to be matters of detail, but which in reality went to the root of the Bill, and he wished to call attention to it as it would in its present form affect University education in Ireland. Medical education in Ireland and Scotland differed, as their Lordships were aware, from that of England. As compared with Ireland and Scotland, only a small number of English graduates entered the medical profession—in Ireland the number was very large. Speaking in round figures, during the past five years 40 or 50 per cent. of those on the Medical Register in Ireland or Scotland took their position in respect of their University education. They did not come upon the Register with their medical qualification alone, but with the proof that they had a thorough general education. Nothing, he thought, would be further from their Lordships' wish than to injure a system which had been productive of such excellent results. The Bill in one sense took away a considerable amount of the protection which the Universities had. At present the Irish and Scotch Universities were able to give a medical degree which entitled the person who received it at once to come upon the Register as a practitioner, and the Bill proposed that the practitioner should not come upon the Register until he had undergone an examination by the Medical Board. That was an enormous sacrifice to call upon the Universities to make, and they might well say in surrendering their authority that care should be taken that no unnecessary injustice should be done to them. There was one way of keeping the Universities in the position which they ought to fill, and that was, by giving them a strong position upon the Medical Board. The Universities of England, if any difference was made, should have less power than those of Ireland and Scotland, because they passed a much smaller number of men into the profession. On the English Board there were fifteen members, of whom the Universities appointed eight; on the Scotch Board there were eleven members, of whom the Universities appointed eight; and on the Irish Board there were eleven members, of whom only four were appointed as the University representatives. This, he thought, must be a mistake. He thought this objection would be satisfactorily met by taking from the representation of the non-University bodies and increasing that of the Universities, and he hoped the Lord President would agree to this proposal. He thought also the provision as to the power of the Privy Council virtually gave the absolute power into the hands of the Executive Government, and this he considered a mistake. He should have preferred to see these powers exercised in the ordinary way by Order in Council, which must be laid on the table and approved in the usual way. With these alterations he should have no objection to the Bill, but he could not say that he should be glad to see it pass into law in its present form.

Viscount CRANBROOK called attention to the provision in the Bill which proposed, under a penalty of £20, to prohibit the use of foreign medical titles. It was no uncommon thing for practitioners possessing the licence of the College of Physicians or the College of Surgeons to take a degree from some foreign University, and frequently these were only given after severe examination. It seemed to him a strong measure, especially in regard to those who already held these titles, to say that they should not use them. It would simply mean that they should say to their friends and patients, You must not call me doctor any longer, or I shall be liable to a penalty of £20.

Lord BALFOUR of BURLIGH complained of the position in which this Bill placed the Scotch Universities. The noble Lord had said it was merely a matter of feeling, but he maintained that it was not so. It was all very well to say that they were not asked to give up more than the English Universities gave up, when perhaps the English Universities did not give more than 50 degrees in medicine a year, as against 3000 or 4000 students in the Scotch Universities. He was by no means satisfied that the new degree in medicine which the Bill set up in the licence of the Medical Council would be advantageous to the cause of medical education, since it would have the effect of lowering the standard of medical education throughout the country. He thought the interests of the existing Universities would best be served by appointing inspectors to sit with the present examining bodies. The Earl of CAMPERDOWN, as Chairman of the Royal

Commission which had recently sat on this subject, acknowledged the invaluable assistance which they had received from the late Sir George Jessel, and spoke of the great loss which the country had sustained by his death. He was committing no breach of confidence when he asserted that the decisions of the Commission met with his unqualified approval. He hoped that the present attempt to deal with the matter would be successful. The question was one which could no longer be left alone, and owing to circumstances they found that they must either allow the licensing bodies to go on increasing indefinitely, or they must restrict their number. The Commission had recommended, and he was glad to see that his noble friend had accepted that recommendation, that there should be one sole licensing body, and that the Medical Council. So far from seeing any objection to that change, he thought it would work very much in favour of the medical profession. In his opinion the number of members of the Board allotted to the Universities in England was by no means in fair proportion to those allotted to the corporations. In Scotland he thought the allotment was fairer; but in Ireland he thought it required serious reconsiderations. With regard to the desire of the Scotch Universities to be exempted from the operation of the Bill, he pointed out that to concede this point would strike at the root of the measure.

Lord CARLINGFORD having intimated that he intended to propose a clause in the Bill which would have the effect of not interfering with qualifications under which persons were legally practising at the time of the passing of the measure, The Bill was read a second time.

REGISTERED FOR TRANSMISSION ABROAD.

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Is published every Wednesday morning. Price 6d. Post free, 5jd.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, APRIL 11, 1883.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AND MEDICAL REFORM.

It is very much to be regretted that in a most critical period of its history the Royal College of Surgeons in England should, by the ill-advised action of its governing body, have been thrust into the position of antagonism towards reform it occupies at this moment. There are many thousand members of the medical profession who justly regard the College as the home of enlightened surgery and the legitimate conservator of all that is

best and wisest in connection with it; but we have no hesitation in asserting that a vast majority at least of such practitioners, will view with real grief and distress that obstinate persistence in perverted opinions which has culminated in the issue of a "Statement" of objections to the Medical Acts Amendment Bill just put forward by the Council of the College. This curious document bears the signatures of Mr. Spencer Wells, as President, and of Messrs. John Marshall and Cooper Forster as Vice-Presidents of the Royal College of Surgeons, and in a confused and rambling manner proceeds to dwell on the supposed injury inflicted on the corporation they represent by the provisions of the new Bill. Analysis of the "Statement" brings out in prominent relief the principal complaint of the objectors, to the effect that substitution of a single qualifying examination for the multitudinous tests now existing will assuredly diminish the importance of the College of Surgeons as a body empowered to confer a registrable qualification to practise. Nothing less than amazement will be excited by the knowledge that at this stage of events any association of gentlemen engaged in the work of examining students about to enter on professional practice could give utterance to the objection that "the new authorities and powers proposed to be created by the Bill could not possibly realise better examinations, and therefore better results, for medical education, for the medical profession, and for the public," than the Royal College of Surgeons! And this is seriously put forward in support of pretensions which, if admitted, would leave to a corporation notoriously negligent in its duties in at least one important respect—that of examining in midwifery—continued power to play the rôle of dictator so peculiarly and successfully assumed by it in the past.

By its own admission, however, the College is in no way entitled to the consideration it presumes to claim. Leaving, for the moment, the question of pecuniary loss that will be entailed by the "disability" clause of the Bill, in which it is enacted that "lowest titles" conferred by corporations sending representatives to the medical boards shall be excluded from the Register, the following significant observation contained in the "Statement" deserves notice:—"The Council of the College of Surgeons cannot see its way legitimately to increase the examination for its membership; and it cannot fail to foresee that were that diploma deprived of its character as a qualifying title it would, after no great interval of time, cease to be sought for." The autocratic College pleading *ad misericordiam* is a novel and an interesting exhibition; but the unwonted appearance must not be permitted to blind our vision to the real object underlying the pitiful outcry, and which is nothing more nor less than a preposterous demand for special and unique privileges, in possession of which the College may be enabled to bid defiance not only to competition, but even also to the medical board. In effect, the College seeks to be endowed with the privilege, to be retained by itself above all existing corporations, to give a qualification of equal legal weight with that to be conferred by the medical board, and carrying the same right to registration! Has the Col-

lege of Surgeons done anything to entitle it to such exceptional advantages? Is its demand in any way justifiable? Surely the answer to both these inquiries is the same—an absolute negative.

In the future the membership of the College will occupy the same position as that of any other ornamental qualification. If it possess a value equivalent to the trouble entailed in its acquisition, it will be sought for; if not, it will most deservedly sink into the obscurity dreaded by the Council.

It is not ungenerous to suppose that the Council of the College has been keenly alive to the fact that, under a new régime now happily dawning, financial questions will seriously disturb the serenity of its horizon. It finds itself, for the first time, relegated to a position of mere equality as compared with other licensing bodies, and naturally enough a flutter of distress is visible amongst its members. Accustomed to regard itself as holding of right the position of premier licensing institution in this country, a right, too, most ostentatiously paraded in the "Statement," the College is unwise enough, at this crisis, to adopt an arrogant tone of demand; it is fitting, therefore, that its untenable claims should be boldly exposed. Something more than indulgence would be required to pass unrebuked many of the expressions contained in the document; but perhaps the most striking evidence of an unbalanced judgment is afforded in those sections which are devoted to criticism of the powers to be conferred on the medical boards. We are informed that "to endow these medical boards elected by the medical authorities with such independence and authority as is contemplated in the Bill would be to create, by the action of the already constituted medical authorities, new and unnecessary *outside authorities equal in influence to those authorities themselves.*"

In this quotation the italics are our own; but the "Statement" further complains that the authority of the boards will even be *superior* to that of the present licensing authorities, inasmuch as the former will be invested with power to confer a registrable qualification, whereas the latter are destined to be deprived of such agreeable and profitable distinction. Were it not that dissection of the rambling sentences of the "Statement" does really discover the monstrous evidences of retrogression we have instanced, there would be difficulty in convincing any one of the extent which to the College of Surgeons has been committed by its nominal governors. We do not, however, for a moment imagine that the utterly indefensible opposition thus formulated is reflected by the Fellows and Members as a whole; we feel sure they will indignantly repudiate the objections registered in their name, and that they will in overwhelming numbers condemn the narrow prejudice which seeks to cherish a single interest at the expense of general professional progress. The worst enemies of the Council of the College could not have desired that it should commit a graver blunder than is embodied in the "Statement;" its best friends will pray that its efforts to prevent reform may be as unsuccessful as they are unworthy.

THE TUBERCLE BACILLI WAR.

WHEN, about twelve months ago, Koch first made known his celebrated discovery of the bacilli of tubercle, the scientific medical world received the announcement in silence. The silence was not that of indifference, however, but rather related to that produced by shock at the receipt of a stupendous piece of news. The subject was entirely novel to nearly all workers, and they made no reply, because, as has been ingenuously said, they "had no reply to make." They wanted time. When in April of last year Koch demonstrated the bacilli at the Medical Congress at Wiesbaden, he had it all his own way. Again they had no reply to make. His experiments had been tedious, much time had been required to reach any definite result, and much would be required in order to go over them for the purpose of "checking" them. Men of science were not, however, idle. They immediately set to work at the problem before them, and in the course of a few months, here and there one felt himself to be in a position to speak. Of the number were Schottelius, Formad, Spina, Ephraim Cutter, Rollin, R. Gregg, Schmidt, Crämer, and Balogh. More recently, Dr. Ziehl, of Heidelberg, has been claimed as an ally by the opponents of the views of Koch and Ehrlich. Spina, an assistant to the well known Stricker, of Vienna, is the only one of them, however, who has professed to repeat the cycle of experiments of Koch, and the results arrived at have been so very different from those of the Berlin investigator, that on their publication they immediately challenged the attention of both that gentleman and Ehrlich.

Spina's attack consisted first in a denial of the inoculability of tubercle; second, in a denial of the very existence of tubercle bacilli, as distinguished from the bacteria of decomposition; and third, in a denial that the bacteria of Koch were impermeable to acids.

In regard to the first count, Spina has been supported by his chief—Stricker, who takes upon himself the responsibility of all that his assistant has said on this part of the subject; indeed, he is quite willing to share the responsibility of all that Spina has given utterance to, and this after hearing Koch's reply, or rather after the publication of Koch's reply. Stricker relies on earlier experiments on the inoculability of tubercle, made in various latitudes, London, Berlin, Turin, and Philadelphia, which have shown, as he claims, that tubercle may be originated by various indifferent substances. He points in proof of this to experiments performed in London by Sanderson, in which he himself took part, and to others performed by himself alone. This of Stricker's we think a "palpable hit." Supposing for the moment that all Koch's inoculations with purely cultivated bacilli result in the production of tubercle; before the bacilli can be accepted as the sole cause of the disease, he must show that it never arises in any other way than by that of inoculation by tubercle germs. This has not yet been done. Spina's inoculation of two rabbits with cultivated virus had merely negative results. Both died, it is true, but at a date that rendered it quite probable that, as suggested by Koch himself, they died of phthisis contracted through confinement in impure cages. Koch replies to all his critics in a lengthy com-

munication to the *Deutsche Med. Wochensh.*, No. 10, and reprinted in *extenso* in the columns of the *Wiener Med. Zeitung*. He follows Spina's experiments, and claims that they were not likely to result in anything definite. Spina took a small piece of tubercle, painted it over with a solution of corrosive sublimate—the most powerful destroyer of bacilli (Koch)—and then expected it to be as virulent as before. Koch himself, on the other hand, painted the surface of a piece of human tuberculised lung, then cut a clean surface below this, with a knife previously rendered aseptic by heating, and from this obtained his results. It is perfectly clear that the two experiments are not parallel, and that Koch is justified in declaring Spina's to be of no value.

In regard to the second count, viz., that in which Spina denies that Koch's bacilli are distinct from those of decomposition, Koch again declares that Spina has not followed his method of manipulation—that instead of applying the re-agents to the thinnest possible layers of sputum, he has applied them to a thick mass, which it has been impossible for them to permeate, or, at the most, at the edges only. Then again, Spina, in his examination microscopically, has used only a system for water immersion, instead of the oil immersion with Abbe's light. Here again, it seems that Spina has been wrong, and that, doing as he has done, it was not likely that he would reach the same conclusion as Koch. Indeed, the latter does not hesitate to say that he has doubts as to whether Spina has ever seen the tubercle bacillus.

The third count, that in which Spina denies that the bacilli of Koch are impermeable to acids, seems to be passed over by Koch, who seems to think it sufficiently answered in his declaration that Spina has never seen the tubercle bacillus, in which case of course, any statement as to its re-actions would be without foundation. Ehrlich, however, does not pass over the objection in silence.

The whole subject was under discussion in Berlin at the meeting of the Society for "Medicine," held on the 5th of last (March) month. Ehrlich read a paper, in which the line of defence against Spina's attack was identical with that adopted by Koch. In the discussion which followed, he was asked by Herr P. Guttmann if he had repeated Spina's experiments. To this question he gave no direct reply, but, as the *Allgem. Wiener Med. Zeitung* says, he slunk aside, and contented himself with expatiations, the sense of which his Vienna critic failed to grasp. During the course of his reply, however, he made some important admissions—admissions which the Vienna journal has chosen to consider a retreat, and a justification of the heading to a leader on "Ehrlich's Retreat." Ehrlich is reported to have said: "The fundamental error in Spina's manipulations of his preparations rests in this, that he has not washed them with nitric acid, but only moistened them." He says further, "that it is of advantage, in order to prevent the action of the nitrous acid, which is given off from the nitric, from acting on the fuchsin-sputum preparations, to allow contact with the acid only for the shortest possible time, and to use the thinnest possible preparations." His so-called retreat is supposed to be

contained in the following words—not reported in the *Deutsche Med. Zeitung*, however: "By uncolouring in this manner, the possibility arises—nay, the probability—that the greater portion of the bacilli present will be destroyed. For this reason, I maintain that the treatment (of the preparations) by nitric acid should continue for as short a time as possible."

That this is an important admission cannot be denied, but we do not think it amounts to a surrender of the whole position. That taken by Koch and Ehrlich is that the bacilli of tubercle can be distinguished from all other bacilli by the test, that if you wash tubercle bacilli stained by methyl-violet with acids, say nitric acid, they will still remain coloured blue, whilst all other bacilli will have become colourless. That taken by Spina is that, if you take any kind of bacilli, Koch's or the bacilli of decomposition stained with methyl-violet, and allow them to remain in contact with nitric acid, the blue colour will be destroyed. It would seem, if these positions are correctly stated, that Koch and Ehrlich have omitted, in their description of the mode of manipulation, to put a limit to the time during which the preparations should be exposed to the action of acids. Not having anything to guide him on this important point, Spina has evidently allowed his acids to act for a longer time than Koch and Ehrlich have done, with the result that he has reached conclusions totally different from theirs. He has thus drawn attention to an important omission on their part, and by doing so has deserved the thanks of investigators. We do not think he has upset and completely demolished the whole of Koch's teaching; he has shown, however, that it needs revision in some important particulars. We are promised further contributions on the subject on the part of Spina, who is at present employed in investigations, and Stricker, in making the announcement at a meeting of the Royal Society of Physicians of Vienna, held on the 16th of March, takes occasion to say that he himself "has such great confidence in the microscopical skill of Spina, that he hopes the latter will make clear the standpoint of those gentlemen who, without repeating his experiments, have published adverse criticisms on them." It would take too much space to follow Koch through his treatment of all his critics: sometimes it is simply severe, at other times bitterly sarcastic—as when he expresses the hope that Sternberg, who doubts the existence of tubercle bacilli because he has not been able to find them, "has in the meantime convinced himself of his error," and dismisses him with this single contemptuous utterance. He maintains throughout that if investigators have failed to obtain results similar to his own, the fault has in every case been their own; they have either not had sufficient manipulative skill, or they have worked with imperfect appliances, or they have failed to comply with all the conditions laid down by himself.

THE MEDICAL ASPECT OF THE TELEPHONE.

EVERY profession and calling has its drawbacks, and the most enthusiastic admirer of medicine would hardly deny that a very serious one in its case is the constant

preparedness which it entails, and the everlasting liability to sudden calls in and out of season. The lawyer, the banker, or the merchant, have their hours of toil sharply defined, and, when the day's work is over can, with an easy mind, betake themselves to their well-earned repose. Not so with the medical practitioner, whose clients take ill, or imagine that they take ill, at all hours of the day or night, and unless his speedy attendance can be procured, will probably have recourse to other assistance, and to his *pro tanto* professional injury.

In a calling so liable to sudden and immediate summonses at all hours, and whose members are mostly distinguished for scientific taste, it might well be imagined that the latest resources of scientific progress would be in common use—but it is sadly otherwise. In *Gil Blas* we read that when a fit of apoplexy occurred a maid servant was sent to knock at the physician's door; and so it is here even to the present day. If a case of illness happens at night, a servant, a letter, and a slow night cab still form the medium of seeking medical aid. Sometimes the physician lives at the other end of the city, a cab is hard to be found, and calling him in is often a business of two or three hours; too often when he comes he finds that the alarm is a false one, and that, if he had been able to hold a short consultation through the telephone, he could have arranged everything in about three minutes, and without leaving his room.

In most large cities, like London, Edinburgh, and more recently in Dublin, we have an admirable telephonic system, which is spreading by leaps and bounds, among our mercantile, legal, and financial brethren. Every merchant, every shopkeeper of any position has now his telephone. All first-class solicitors are similarly provided at their offices, and in addition have access to a set of telephones at the law courts. They are thus able to tell how cases are getting on, and to instantaneously communicate with each other. It may be observed that, different from telegrams, telephonic conversations are, with proper caution, as secret as a conversation between two persons in a room with double doors.

All the telephones, legal, mercantile, and financial, in a city-run to a great central ganglion, where the *modus operandi* is as follows:—A, a solicitor, wants to speak to B, another solicitor, living perhaps three miles off, about the proposed settlement of a suit; he rings up the clerk in the central exchange and says, "connect me with B No. 220." The clerk replies that this is done, and A's and B's wire now form a straight and unbroken communication between them. Having settled this matter, in doing which he can recognise B's voice, he gets himself connected with C, the client whose case was a question, and, let us hope, announces to him that the suit is settled. In this way he arranges business requiring personal interviews in about as many minutes as it would take hours were he to hunt up the various individuals.

The extensive and increasing use of this latest practical benefit of modern science is practically restricted to commercial operations, but we ask, why should it be so, and why should not the medical profession take up the telephone? At present the Dublin Telephone Exchange is

not open at night, or upon Sundays or Bank Holidays ; but we are assured by its enterprising promoters that they will take an early opportunity of keeping it open day and night. They would at once do so if any reasonable medical support were obtained.

To hospitals the telephone would be invaluable ; and it will hardly be believed that in but few of the London hospitals, and in only one in Dublin (Cork Street Fever Hospital) is it used. In a properly-arranged hospital all the members of the medical staff and the institution itself should be on the Exchange. They could thus communicate with the hospital, and with each other. If an accident or an urgent case came in, the resident medical officer could discuss and describe the occurrence with the visiting medical attendant, and thus the work could be accomplished twice as well as at present, with about half the present labour and consumption of time. If the first visiting medical officer was not at home, the telephone would at once connect with another, which would be a great improvement upon the porter driving from house to house in a slow cab.

We believe that there is a great future open to the medical telephonic exchange. At present it is confined to a few hospital surgeons and the majority of the leading pharmacoutists ; more will soon follow. Irrespective of the obvious convenience of instantaneous communication between hospitals and their surgical staffs, and the evident benefit to accident patients in having the responsible surgeon within immediate call, there is a direct gain to the practitioner which will, we doubt not, come home to his comprehension. With the telephone in his residence, he is—so to speak—always at home. If a private patient presents himself at the practitioner's house, he can, in a moment, be called from his hospital or school, and thus secure a case which would otherwise certainly go elsewhere. Appointments can be made for him in his absence to call anywhere "on his rounds," and he can himself communicate from any part of the city to his own house the arrangements he may find it necessary to make. If he needs instruments or medicines for any special case he can order them without delay or trouble. We believe that before ten years there will be a telephone in every hospital, in every practitioner's house, and, for the matter of that, in every comfortable family. This will practically supersede the night bell, the slow messenger, and the letter requiring hours before a reply can be had. Some years hence we will probably wonder how we got on without telephones.

Notes on Current Topics.

The Vivisection Bill.

THE second reading of a Bill introduced into the House of Commons with the object of abolishing every form of vivisection in this country, ended last week in that most ignominious of all methods of defeat—a "talk out." Small, however, as the chance of a successful issue was, it may very properly be considered that the mere attempt to place further restrictions on research is a subject to excite our feelings of distrust anew, and to animate us afresh to pur-

sue the task of enlightening the public respecting the evil that is sought to be done to them in the name of humanity. Little by little the people are growing to appreciate the real value of all that cant and misrepresentation which is current with anti-vivisection agitators for argument and description. At meeting after meeting resolutions condemnatory of science are rejected in favour of those approving of progress ; and always it has happened in recent times that, when medical men competent to expound the necessity and advantages of the experimental method have troubled to refute the mis-statements and calumnies of paid agents of anti-vivisection societies, their efforts have been successful in completely turning popular indignation against the opponents of research. In the debate which took place on Mr. Reid's Bill, Dr. Playfair spoke against it, and seconded the motion to reject it moved by Mr. Cartwright. Sir William Harcourt and Sir J. McKenna also spoke against the measure, the former insisting that no cause for altering the law as it stood at present could be made out. As a result of the discussion, the nuisance of anti-vivisection in Parliament is crushed for another session at least.

A Twentieth Qualifying Body.

By a supplementary charter, dated March 20, 1883, the Victoria University, Manchester, is empowered to grant degrees in medicine and surgery, so that, in place of nineteen licensing bodies, the United Kingdom now boasts no fewer than twenty separate corporations entitled to grant a legally registrable qualification to practise the profession of medicine. At a meeting of the Victoria University Court recently, the question of appointing examiners for the new degrees was considered, and a resolution empowering the council to elect such examiners, both external and from the University lecturers, was approved.

Historical Physiology.

ON Tuesday, April 3, Prof. J. G. McKendrick, M.D., delivered the first of a series of ten lectures on "Physiological Discovery" before a large and appreciative audience, at the Royal Institution. The subject of this first discourse was "The Circulation of the Blood : a Problem in Hydrodynamics." In it the lecturer sketched the history of the circulation, and of the manner in which experimental illustration had sufficed to overcome many of the worst difficulties of observation. Dr. McKendrick pursued the plan of giving a biographical account of the important contributors to our knowledge, from the earliest time onwards ; and in his review of the circulation, Galen, Vesalius, Fabricius, Harvey, Malpighi, Thomas Young, and the chief of the modern discoverers were noticed. This lecture derived additional interest from the exhibition of numerous instruments employed in physiological investigation to demonstrate the velocity and pressure of the blood in the circulation. A demonstration of the gradual growth of the sphygmograph and of the generally-accepted theory of the circulation as propounded by Weber, concluded a most valuable and instructive lecture.

It is announced in the official *Gazette* that Her Majesty has been pleased to confer the honour of Knight Commandership of the Order of the Bath upon Dr. Lyon Playfair, M.P.

The Baths of Bath.

THE city of Bath has during the week past been the scene of an important and interesting ceremony in connection with the widely known baths for which it is famous. Animated by a spirit of anxiety to make the advantages derivable by their visitors as great as possible, the Bath City Council has expended a very considerable sum of money in improving and extending the historical baths of the town, and they were formally reopened on Wednesday by the Mayor, Mr. H. Cossham. New baths have been erected at a cost of £14,000.

Leeds General Infirmary.

AT the annual meeting of the friends and supporters of the Leeds Infirmary, held last Wednesday, the weekly board presented a report which shows the importance and extent of the work done in connection with the institution, while also it exhibits a satisfactory state of finances in comparison with which the desperate condition of many London hospitals markedly contrasts. The receipts for the year 1882 from all sources reached the sum of £15,107, the expenditure being £13,298 7s. 2d., of which amount £734 8s. 10d. was for extraordinary purposes in the way of building extra accommodation for the resident staff of the hospital. The number of in-patients treated was 3,392; of out-patients 15,873, an increase of 1,230 over the number for 1881. The average cost of each in-patient amounted to 19s. 10d. per week on all charges, and of each out-patient 1s. 4½d. We are glad to be able to congratulate the executive of this hospital on the satisfactory nature of the report, which plainly indicates an efficient and economical service.

The London Hospital.

THE affairs of the London Hospital are approaching a most critical period, the sustentation fund of £15,000 per annum provided for five years being about to lapse, and unless some mode of meeting the deficit of income thus threatened is devised, a considerable portion of the building will have to be closed. The reliable income of the charity is less than £15,000 per year; its expenses during the maintenance of its full complement of beds, 790, about £47,000; and the prospect now before the poor of the East End of London is a disheartening one unless a way out of the impending trouble can be found. The hearty good will of every warm-hearted sympathiser with distress will be called forth to wish for some speedy and sufficient solution of the difficulty.

The Meeting of the British Association at Montreal.

A CIRCULAR has been issued by the Executive of the Association in which the arrangements for its meeting at Montreal in 1884, so far as they can be anticipated, are set forth.

The circular includes a letter from Sir A. T. Galt, High Commissioner for Canada, resident in this country, containing information as to the probable expenses that will be involved in attending the meeting, every line of which bears evidence of the generous hospitality the colonists are prepared to accord. In the first place, in respect to the cost of the journey to and from Montreal,

the Committee offer to arrange fifty free passages for the conveyance of the officers of the Association whose attendance at the meeting is indispensable. Beyond this it is prepared to devote the balance of £3,000 either to securing to a number of *bond fide* members passages at the single rate—about £15 10s.—for the single journey, or for a general reduction of the fares as far as the funds will admit. Arrived at Montreal, the Committee are willing to give assurance that free entertainment will be provided for at least one hundred and fifty, and probably for all others who may attend. But even those who may scruple to accept such free hospitality are told that the tariff of the Montreal hotels ranges between two and a-half and four dollars a day inclusive, whilst private accommodation may be obtained at much lower prices than in England. As to proposed excursions, Dr. Starry Hunt says that the Grand Trunk, the Canada Pacific, and the Intercolonial railways will furnish free transport over their lines from Nova Scotia to the North West. The Canada Pacific will also arrange an excursion to the Rocky Mountains, and the Grand Trunk one to the Great Lakes (including Niagara) and Chicago, while the South Eastern Railway will do the same for the White Mountains and Portland and Boston. For an excursion of this kind, occupying three or four weeks, it is estimated that a sum of £20 would be required for hotels, carriages, and other incidentals.

Arbitrary Proceeding against a Workhouse Medical Officer.

WE cannot help feeling that the manner in which the Local Government Board and the guardians have finally, as they trust, settled their troubles in connection with the Atcham Union Workhouse (Shrewsbury) is not calculated to give a feeling of security to the present officials of the union, or to others who have studied the case at a distance. We have not space to discuss from the beginning the painful circumstances under which the master and matron and the medical officer were requested to resign by the central authority without the slightest charge being proved against them except that they were not on good terms with one another. Nor need we discuss the motives of the guardians who granted a pension which may or may not be confirmed by the central authority in one case, and almost unanimously refused it in the other. That is a matter of very small importance. It appears, however, desirable that at this juncture a voice should be raised on behalf of the profession against such an arbitrary proceeding as that pursued against Dr. Whitwell, the workhouse medical officer. We repeat that we are not disposed to reopen the case, but we must protest against the theory that the medical officers of unions are to be treated as if they were in any sense on an equality, either official or social, with the other officers of the workhouse. The medical profession is one which is justly regarded in this country with the highest possible respect and esteem. Its members are educated gentlemen, and are accustomed to discharge their arduous and delicate duties with zeal and energy, whether their patient for the moment be peer, peasant, or pauper. The office of a workhouse doctor is especially arduous and irksome when its duties are diligently performed, for he is compelled by the laws of

his profession to see that his patients receive all the attention and care which their cases require; and yet he has no official power to supply any necessity, save by intimation to the proper authority, which intimation may or may not be disregarded. In a hundred different ways the position of a workhouse doctor is irksome and disagreeable. It can only be made endurable when he is treated with the courtesy and consideration due to one who is a gentleman by his profession, and whose zeal on behalf of his patients is rarely lacking in these days. Dr. Whitwell may rest assured of the sympathy of his professional brethren, and the vote so unanimously accorded him last week at the meeting of the Poor-law Medical Officers' Association may be taken as indicative of the feeling of the entire body.

The Hart Testimonial.

It will be in the recollection of our readers that a fund was set on foot last year for the purpose of presenting Mr. Ernest Hart, M.R.C.S., editor of the *British Medical Journal*, with a testimonial for his services in that and other capacities to the profession. This testimonial has taken the form of a portrait of himself, painted by Mr. Frank Holl, R.A., whom the committee commissioned with the work, and who has been completely and singularly successful. Yesterday (Tuesday) afternoon the presentation of this portrait to Mrs. Hart took place, at the residence of his Grace the Duke of Westminster, by Mr. Spencer Wells, F.R.C.S., President of the Royal College of Surgeons of England, treasurer to the fund, on behalf of the subscribers, a large number of whom were present on the occasion. Mr. E. Noble Smith, F.R.C.S., has acted throughout as hon. sec. to the fund, and to his energy much of yesterday's success is undoubtedly due.

Climatic Influences on Mortality.

THE sudden rise in the rates of mortality due to climatic influences was very marked a few days ago, during the prevalence of strong east winds. In every large town their influence is demonstrated by an increased death-rate, and whereas many districts boast at this season of the year a mortality ranging from 12 to 20 per 1,000 of their population, the minimum for the week ending March and beginning of April was 20, and the maximum 43 per 1,000. In London the excess over average was 262; and in Glasgow, Dublin, Manchester, Halifax, and Birmingham an even more marked excess was reached. Elderly people, infants, and persons with chest troubles were the principal victims who succumbed; and it may be noted that there was almost an immunity from diseases of the zymotic class, but one death throughout the United Kingdom being reported from small-pox, and exceedingly few from fevers. The rise, however, from the before-mentioned causes will be readily seen on comparing the following figures with preceding weeks. The annual rates of mortality for the period referred to in the principal large towns of the United Kingdom, per 1,000 of their population, were:—Edinburgh 20, Bradford 21, Leeds 23, Cardiff 24, Norwich, Bristol, Portsmouth, Huddersfield, Birkenhead 25, Newcastle-on-Tyne, Salford 26, London 28, Sheffield, Nottingham, Derby, Brighton 29, Hull,

Liverpool 30, Sunderland, Plymouth, Bolton 31, Preston 33, Birmingham, Oldham, Blackburn 34, Wolverhampton, Leicester, Halifax 35, Glasgow 36, Manchester 39, Dublin 43.

A Volunteer Medical Corps.

WE have read with much interest a circular on this subject by Surgeon-Major Evatt; but while agreeing with its author on the advantage of instructing as many as possible in ambulance duties and bearer drill, we cannot help thinking that the ever-changing classes of medical students would be the least fitted from which to form a Volunteer Medical Corps, whose most necessary attribute ought to be a certain degree of permanence. The number of recruits that would be annually required to keep such a transient corps in existence would be very large, and the labour entailed by the repeated instruction of new comers very great. The existing system of instructing so many men per company in each Volunteer corps already enrolled has, at all events, the advantage of bringing the members within reach when required, and no doubt the number of these might in most cases be locally increased by enlisting in the work many who would be willing to undertake the duties of a Volunteer Hospital Corps, though not disposed to assume those of a fully-trained Volunteer. If the proposal of Surgeon-Major Evatt be successfully carried out, it will confer much benefit on the Volunteers. We only doubt its feasibility, not its value if accomplished.

A meeting of representatives of the London medical schools and of surgeons connected with Volunteer corps, in furtherance of the above, will be held this day (Wednesday) in the board-room of the Charing Cross Hospital, at 8 p.m. Surgeon-Major Evatt will introduce the subject.

Rip Van Winkle.

A LONDON medical contemporary publishes on Saturday last the following remarkable discovery: "The Government Bill introduced into the House of Lords stands for its second reading in that House on Thursday this week. But as it has only the ninth place on the business paper, it must be held doubtful whether it will be reached." This information would be interesting but for the fact that the Bill had been read a second time two days before, and was the only order on the House of Lords' paper, except a few formal stages of private Bills. If the rest of the observations of our contemporary are written under this sort of inspiration and knowledge of the subject, they must be indeed luminous.

Pharmacopœia Revision.

AT the last meeting of the Council of the English Pharmaceutical Society, it was resolved: "That inasmuch as the Medical Acts Amendment Bill introduced into the House of Lords contains no provision by which pharmacists shall be empowered, conjointly with members of the Medical Council, to revise and prepare future editions of the British Pharmacopœia, the Committee be authorised to take immediate steps with a view to remedy this omission."

THE Mayor of Brighton (Mr. Alderman Cox), in forwarding last week to the treasurer the proceeds of the ball given in aid of the Sussex County Hospital, generously added sixteen guineas out of his own private purse to make up the amount to fifty guineas.

SIR CHARLES DILKE's answer to Mr. Burt in the House of Commons on Friday last—that in the present state of public business he could not hold out any hope of the introduction of a measure in the present session with reference to the abrogation of the Vaccination Acts—will scarcely satisfy the anti-vaccinators.

It is understood that St. George's Hospital, London, will shortly come in for a legacy of £20,000. The amount is to be invested, and the interest only will be available for maintenance purposes. The testator has done wisely in so directing it; the reduplication of wards, without the money to support them, has plunged many an institution of late into serious trouble.

ANOTHER instance of a large bequest being given with the stipulation that it shall be capitalised and the interest only used, is that of the residuary bequest of Mr. Duncan Vertue, who has left some £90,000 to the Edinburgh Royal Infirmary. Managers of hospitals possessed of the building craze must not be surprised at the imposition of such stipulations.

WE are informed that the Medical and Surgical Scholarships and the Duckworth Nelson Prize for Medicine and Surgery at the London Hospital have this year been awarded as follows:—Medical Scholarship, Mr. A. T. Schofield; Hon. Certificate, Mr. P. C. McD. Howse; Surgical Scholarship, Mr. P. C. McD. Howse; Hon. Certificate, Mr. O'C. Jones; Duckworth Nelson Prize, Mr. P. C. McD. Howse; Hon. Certificate, Mr. A. T. Schofield.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 27, Bombay 36, Madras 35, Paris 30, Geneva 23, Brussels 30, Amsterdam 30, Rotterdam 31, The Hague 26, Copenhagen 25, Stockholm 32, Christiania 19, St. Petersburg 40, Berlin 23, Hamburg (State) 29, Dresden 26, Breslau 25, Munich 32, Vienna 31, Prague 41, Buda-Pesth 29, Trieste 38, Rome 28, Turin 26, Venice 35, Lisbon 38, New York 25, Brooklyn 20, Philadelphia 25, Baltimore 23.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DUNDEE ENGLISH.—The unfortunate misunderstanding between the staff and the managers of the Glasgow Royal Infirmary does not improve as it drags along. We have no hesitation in saying that it has been agitated into a phase and an acrimoniousness which might well have been avoided by mutual conciliation at the commencement, both in the interests

of the staff and the usefulness of the institution. A special committee of the managers recently issued a series of questions on the subject of the administration of anaesthetics to the authorities of the principal hospitals in the Kingdom, and the answers returned are instructive from many points of view, e.g., they are instructive in a direction in which it might be least expected, viz., philologically. Thus, the authority at the Dundee Hospital writes: "I have myself a great respect for chloroform, as an instrument of danger, and with this feeling I invariably, if necessary, inoculate the house surgeon as well!" It seems there are other men in the profession besides the author of "Diphtheria, its Causes and Prevention," &c., who can write startling English.

INFECTIOUS DISEASES IN EDINBURGH.—The Medical Officer of Health (Dr. Littlejohn) on Friday last submitted a report to the Public Health Committee of the Town Council, showing that during the past month there were 173 cases of infectious diseases reported, in terms of section 208 of the Edinburgh Municipal and Police Act, 1879. These comprised 83 cases of scarlet fever, 45 cases of measles, 19 cases of typhoid fever, 16 cases of diphtheria, and 5 cases of typhus fever. Two shillings and sixpence being paid for each case reported, the outlay for the quarter thus represents slightly over £81.

BEQUESTS TO EDINBURGH CHARITIES.—The late Mr. Thos. Cowie has made the following bequests:—To the Royal Infirmary, Edinburgh, £1000; to the Edinburgh Hospital for Sick Children, £250. The above bequests are subject to a life rent.

SEVERE EPIDEMIC OF MEASLES AT KIRKWALL.—The epidemic of measles in the Orkney Islands has spread to an alarming extent, although, fortunately, the fatal cases have not been numerous. In the town of Kirkwall alone over a thousand cases have occurred, and the disease has now attacked almost everyone who has not had it before. In Stromness the school attendance last week went down from three hundred and forty to one hundred and four, and the School Board has resolved to close the public school. In several country districts the epidemic is very severe in older people, and in some instances whole families are attacked at once.

UNIVERSITY OF EDINBURGH.—Dr. J. H. Balfour, late Professor of Botany, has intimated his resignation of the office of Assessor in the University Court for the General Council, on account of continued ill-health.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 31st ult., were at the rate of 36 per 1000 per annum, against 36 in the preceding week, and 25, 26, and 32 in the corresponding periods of 1882, 1881, and 1880.

HEALTH OF EDINBURGH.—The mortality for the week ending with Saturday, the 31st ult., was 89, and the death rate 20, per 1000. Diseases of the chest accounted for 53 deaths, and zymotic causes for 8, of which two were due to fever, and one to measles, the intimations of these diseases for the week being 2 and 16.

SIR ERASMUS WILSON AND JOHN BROWN.—People in Scotland are asking what has gone wrong with the "distinguished" dermatologist, lately President of the Royal College of Surgeons of England. It is all very well, they say, to bring Cleopatra's Needle to London, but there is a mighty difference between this, and founding a Pathological Chair in a University, and asking the public to raise a monument to a Highland ghillie! John Brown, forsooth! "has done honour to Scotland by his integrity and loyalty." Scotchmen are naturally indignant.

THE MEDICAL ACT AND SCOTCH UNIVERSITIES.—We understand that beyond a few concessions to certain Scotch interests, it is not anticipated that the amendments made in the new Medical Acts Amendment Bill will be of an extensive character.

THE CONTAGIOUS DISEASES ACTS AND THE HOUSE OF COMMONS.—A memorial from members of the House of Commons to the Prime Minister is in course of signature, asking him to receive a deputation on the subject of the Contagious Diseases Acts, with especial reference to the motion of Mr. Stansfeld for their abolishment.

Correspondence.

THE LATE DR. G. M. BEARD, OF NEW YORK.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In justice to the memory of the late Dr. George M. Beard will you allow me to correct some, as I believe, wrong statements which were made in the recent obituary notice concerning him in your journal.

The writer referred to the unfortunate attempt of Dr. Beard to exhibit, as a trance-subject, a young man who was really (as claimed) an impostor.

Dr Beard's experiments were perhaps injudiciously conceived, and they certainly had an unfortunate ending. I can assure you, however, that the young man whom he exhibited was a genuine subject, and that Dr. Beard would have been incapable of presenting any other. He was seen many times in this city during the winter of 1879-80, and was tested repeatedly by men quite as sceptical and acute as Dr. Crichton Browne. He was pronounced to be a genuine subject, and it is much more likely that Dr. Browne, who saw him half an hour, was mistaken about him, than the numerous gentlemen in this city who examined him many times. At the time of the London experiments, no doubt, he was frightened and unable to show the purely hypnotic phenomena.

In the subsequent Fall he was in New York, and allowed himself to be again examined by any physicians who doubted the genuineness of his hypnotic conditions. I would insist therefore, that Dr. Beard showed a genuine subject at the International Congress, and believe he would have demonstrated interesting and novel phenomena if he had been treated with a little more courtesy and forbearance. In this connection will you allow me to answer the sneering, and to me most painful and unmanly notice of Dr. Beard, published recently in the *Lancet*. Without detailing at all the actual work of Dr. Beard, the writer of the notice intimates that most of his work was trivial and unimportant. I have not space to enumerate all of Dr. Beard's contributions to medical science. He was a pioneer in electro-therapeutics, and originated (with Dr. Rockwell) general electrization—a measure universally recommended as valuable. Our present knowledge of neurasthenia is mainly due to him, and he made many important additions to its therapeutics. It yet remains to be seen if the now acknowledged phenomena of hypnotism have no practical interest to physicians, and especially to forensic medicine. Two of Dr. Beard's works were translated into German. He was an active promoter of lunacy reform, and of the higher medical education in this country. It seems to me that his record deserves a different encomium than that of the *Lancet*. If its author was too ignorant to do a dead man justice, he might at least have shown him charity.

I am, Sir, very truly yours,

C. L. D.

New York City, March 7th, 1883.

[In our obituary notice of the late Dr. George M. Beard we endeavoured to "be to his virtues very kind, and to his faults a little blind," and we are surprised that any exception should be taken to it. The "trance subject" whom Dr. Beard introduced to the International Medical Congress meeting in London, was proved to be travelling under an assumed name, and declined to allow any inquiries to be made into his antecedents. The series of experiments which he exhibited under the manipulation of Dr. Beard were pro-

nounced by a body of forty or fifty thoroughly competent professional critics who witnessed them, to be merely clumsy tricks, and attempts at deception, and the estimate formed by the medical profession in America of the prominent part taken by Dr. Crichton Browne in letting in the light of scientific truth on the dark corners of sham hypnotism, was evidenced by his election shortly afterwards to the Fellowship of the Academy of Medicine of New York.—Ed.]

Literature.

CROOM ON MINOR GYNÆCOLOGICAL OPERATIONS. (a)

DR. CROOM tells us in the preface to the first edition of this little manual that "if the following pages succeed in giving to the students attending my classes for diseases of women, a short and practical account of the more common gynæcological operations and appliances, they will attain the object for which they were written." The object aimed at was a modest one, and that the author's efforts in the attainment of it were successful, and appreciated by the classes for whom the book was written, is rendered evident by the need for a second edition. For a large class of practitioners, as well as for the members of the author's classes, a handy manual of instructions, such as the one before us, in which the various plans of operative treatment are methodically laid down, cannot fail to be useful.

The chapters on the physical examination of women are very good, and contain not only almost all that a student needs on this subject, but many practical hints likely to be of service to those of riper years. The bi-manual method of examination is as much insisted on as it is by Scanzoni. A little oversight that occurs on page thirty-eight may be mentioned. The author says that "there are three methods of examining the female bladder," after which he immediately proceeds to give four.

If we might make a suggestion it would be that perhaps the work would have been rendered more useful if a choice of methods of performing these minor operations had been offered to the student. As it is, that method which has appeared to the author to be the best is given, whilst others, perhaps equally good, are often conspicuous by their absence. Thus in the instructions in the method of using the uterine sound, but one method is described, viz., that in which the index and middle fingers of the right hand are to be passed into the vagina and employed as guides, whilst the left hand grasps the instrument and controls its movements. The method made use of by a great number of gynecologists, and for which it is claimed that greater delicacy in the manipulation of the sound is obtained, viz., that in which the index finger of the left hand is employed as the director, whilst the instrument is worked by the right hand, is altogether omitted. This tendency to omit methods of procedure not actually made use of by the author himself pervades the whole work and gives to it a sort of narrowness that cannot fail to be felt by the careful reader. The omissions are no doubt intentional on the part of the author, as tending to keep the work within prescribed limits, but notwithstanding this, we venture to express the opinion, that the work might have been made more perfect by describing the various modes of doing certain things, that are adopted by various well known gynecologists, and that the work might still have been kept within the prescribed limits by omitting altogether the chapters devoted to operations confessedly not minor. Surely Dr. Croom would not wish his pupils as soon as they have mastered the technical details of his book to proceed to the enucleation of uterine fibroids, or to attempt the reduction of long-standing inversion of the uterus. Notwithstanding this, however, which we take to be a blemish, and the only blemish, we think the book will serve a useful purpose, and we wish it success.

The work is adorned by twelve plates, one of which is brilliantly coloured, which are good, and forty woodcuts, some of which are very diagrammatic. It is handy in size, well got up, and contains a good index, a good feature in any book likely to be of use.

(a) "Manual of the Minor Gynecological Operations and Appliances." By J. Halliday Croom, M.D., F.R.C.P.E., F.R.C.S.E. Second edition, revised and enlarged. Edinburgh: E. and S. Livingstone. London: Baillière, Tindall, and Cox. 1883.

Notices to Correspondents.

"A CASE FOR THE BENEVOLENT."

We have received 5s. from Dr. Kelly, Rotherhithe, London, and £1 from Dr. J. E. Kenny, 15 Rutland Square, Dublin, towards this deserving case.

THE TREATMENT OF COMEDONES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you have the kindness to answer me in your next issue of the *Medical Press and Circular* if you know of any treatment that would be successful for comedones, i.e., acne punctata. I have tried several remedies, but am sorry to say that they have all failed—both hydrarg. bichlor., emula. amygdal., and sulph. precip. c. camph. I would be much obliged if you would kindly give me the information I require, and oblige,

Yours truly,

AN OLD READER.

[We would recommend Turkish baths, attention to the general health and diet, and a course of iron and nux vomica. Particular care must be bestowed on regularity of the bowels; and, should they be costive, a wineglassful of Hunyadi János water every morning an hour before breakfast will be found effective. The best local treatment is removal of the comedones by Piffard's extractor—a scientific imitation of the old "watch-key cure." This instrument is depicted, and its use described, in page 158 of Piffard's "Materia Medica and Therapeutics of the Skin" (London, 1881). Piffard describes its use as rather painful; but it does not appear to have occurred to him to use it immediately after the Turkish bath, when it is easy and absolutely painless.—Ed.]

DR. P. J. is thanked for his notes on "Rhamnus Purshiana." Proof shall be sent as requested.

DR. J. W. B. is thanked for the information; he will see the subject has been referred to in another column.

MR. H. O. THOMAS ON "THE ACTION OF SEDATIVES AND STIMULANTS ON NEEVES."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to the letter of "A. W. W.," in your last issue, I have to state that over twenty years ago I came to the conclusion that belladonna was a stimulant, and my clinical experience ever since has been to confirm me in that view. I am just now bringing out a small volume on "Intestinal Obstruction," in which are to appear some of the cases which support my view, and other interesting information on the subject of the action of drugs.

Yours, &c.,

H. O. THOMAS.

Liverpool, April 9th.

DR. P. J. MERCIER (Paris).—Sorry we cannot exchange; our list is already too full.

DR. E. S. T. will receive a private note.

AUTHOR WANTED.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—A few days ago I got here a letter from the Secretary of the "Instituto Medico Valenciano" (Spain), stating that he had received an essay with the title "Are Diseases of the Heart, Phthisis, and Insanity more frequent at present?" &c., and that an honour had been awarded this essay, but the author had omitted to enclose his name and address. He therefore asked me to make this public. I hope you will kindly insert this in your next issue, and if any author who has competed will forward me his motto I will advise him (if he be the successful candidate) to whom to apply for the prize.

Yours truly,

P. M. BRAIDWOOD.

17 Rodney Street, Liverpool,
April 4th, 1883.

[Since the above was put in type, we have ascertained that the author of the successful essay is our esteemed correspondent, Dr. T. M. Dolan, of Halifax, Yorks.—ED.]

THE SINGLE QUALIFICATION AND THE NEW MEDICAL ACT.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Surely the framers of this measure have failed to appreciate (as only those on whom it is brought to bear can appreciate) the great injury that will be done to medical men already in practice with a single qualification.

There are hundreds of practitioners holding public appointments, or conducting large practices, who have only a single medical or surgical diploma. What is to become of these? They are too old to recommence reading for the new Licence of the Medical Council, and cannot be expected to give up their appointments and practices. Should the present Bill become law, it will be absolutely necessary that every "Registered Practitioner" (at the time of the passing of the Act) should have the Licence of the Medical Council conferred *ad eundem*. There is at present no provision for this; let us hope that such an obvious oversight will be remedied.

Yours truly,

A PRACTITIONER WITH A SINGLE DIPLOMA.

FIBROID.—They are out of print. Their author has under consideration the republication of the series in an extended and revised form.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, APRIL 11TH.

HURTERIAN SOCIETY.—At 7.30 p.m., Council. 8.0 p.m., the President Mr. Bivington, On a Case of Removal of Loose Cartilage from Knee-joint.—Dr. J. Herbert Stowers, On Observations upon the Nature and Treatment of Infantile Eczema.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Mr. M. Morris and Mr. G. C. Henderson, On the Life History of the Ringworm Fungus (*Trichophyton tonsurans*).—Mr. C. G. Matthews, Notes on the Red Mould of Barley.

THURSDAY, APRIL 12TH.

ACADEMY OF MEDICINE IN IRELAND (Sub-Section of Public Health).—At 8.30 p.m., Papers: By the Secretary, Communication from Dr. B. Angus Smith, F.R.S.—Dr. C. A. Cameron, On Consanguineous Marriages in relation to Deaf-mutism; Antiseptic Experiments in a Mortuary Vault.—Dr. W. McDowall A. Wright, A Suggestion for the Disposal of Sewage in Irish Country Villages.—For Exhibition: (1) Models and Specimens Illustrative of Sanitary Improvements, and Specimens of Insanitary Appliances; (2) Disinfecting Appliances; (3) Disinfecting Hot-Air Chambers, explained by Mr. W. R. Maguire.

FRIDAY, APRIL 13TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Sémon, On Removal by Internal operation of a Pin from the Larynx, in which it had been impacted for thirteen months, and had caused Anchylosis of the Left Crico-Arytenoid Articulation.—Dr. Whiphram, On Two Cases of Enteric Fever, accompanied by an Erythematous Eruption, resembling that of Scarlatina.—Mr. B. Roth, On a Case of Lateral Curvature of the Spine, illustrating its treatment without the use of mechanical supports.—Mr. Page, On a Case of Tabetic Arthropathy in which the Tarsal Bones of both Feet were Involved.—Mr. Barker will exhibit a Case of Subperiosteal Amputation at the Hip-joint.

SATURDAY, APRIL 14TH.

ROYAL INSTITUTION.—At 3 p.m., Mr. A. Gelkie, On Geographical Evolution.

Vacancies.

Leigh Local Board.—Medical Officer. Salary, £50. Applications to be sent to the Clerk on or before April 23rd.

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board and lodging. Applications to be addressed to the Chairman of the Committee on or before April 25th.

Lincoln County Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications to be sent to the Secretary on or before April 23rd.

Rathfrum Union.—Workhouse Medical Officer. Salary, £100, and £15 as Sanitary Officer. Election, April 20th.

St. George-in-the-East Parish.—Assistant Medical Officer. Salary, £120, with residence, &c. Applications to the Clerk by April 15th.

Whitehaven and West Cumberland Infirmary and Fever Hospital.—House Surgeon. Salary, £150, with residence. Applications to be sent to the Secretary before May 1st.

Appointments.

ANDREWS, A. G., M.B.C.S., Resident Accoucheur to the London Hospital.

ASLETT, G. S., M.B.C.S., Resident Medical Officer to the Newark-upon-Trent Hospital and Dispensary.

HENSON, S. B., M.B.C.S., L.M., Medical Officer to the Hull Workhouse.

HITCHCOCK, C. K., M.D., M.A. Cantab., Medical Superintendent to the Lunatic Hospital, Bootham, York.

OAKLEY, A. R. H., L.R.C.P. Ed., House-Surgeon and Secretary to the General Infirmary, Hertford.

O'CONNOR, F., L.K.Q.C.P., L.R.C.S.I., Medical Officer to the Second District of the North Wiltford Union.

ROGERS, E. C., M.B.C.S., Medical Superintendent to the County Lunatic Asylum, Fulbourn, Cambs.

SCOTT, E. S., M.B., C.M. Ed., Medical Officer to the Shrewsbury Dispensary.

SPENCER, H. B., M.D., Surgeon to Her Majesty's Prison at Oxford.

WILLIAMS, E. E., M.B.C.S., L.R.C.P. Lond., Junior House-Surgeon to the Stanley Hospital, Liverpool.

Marriages.

ESLER—RENTOUL.—March 22nd, at Whitehouse, Belfast, Robt Esler, M.D., M.Ch., Belfast, to Erminnda, daughter of the late Rev. Alet Rentoul, D.D., M.D., of Manorcunningham.

JOHNSTONE—BROOKE.—April 5th, at All Saints', Langport, Dr. James P. Johnstone, second son of the late Dr. J. M. Johnstone, Demerara and Bath, to Evelynne Jane Eunice, Eldest daughter of Dr. T. G. Brooke, Langport.

Deaths.

AMBROSE.—March 26th, at Howth, co. Dublin, Thomas Ambrose, M.B.C.S. Eng., aged 78 years.

BANNISTER.—March 27th, suddenly at his residence, Dudley House, Deal, Kent, Henry Powell Bannister, M.B.C.S., aged 57.

DAVIDSON.—March 31st, at Cheltenham, A. Davidson, M.D., Inspector-General of Hospitals, aged 85.

FULLER.—March 30th, at Brighton, Thomas Warburton Fuller, M.B., eldest son of Thos. Fuller, M.D., of shoreham, aged 27.

HAINWORTH.—March 29th, at Queen's Road, Edmonton, John Hainworth, F.R.C.S. Eng., aged 79.

HEWETSON.—April 3rd, at Clonmel, D. Millett Hewetson, L.A.H., last surviving son of James Hewetson, M.D., of Thurles.

MABBY.—April 1st, at Wolverhampton, Herbert Lynsey Mabby, Surgeon, of Brewood, Staffordshire, aged 23.

MOUSTRAY.—March 28th, at Ashburnham, Shackleton Green, Dalston, Charles Drummond Moustray, M.B.T.C.D., aged 23.

NEAME.—April 3rd, at his residence, Birchington-on-Sea, Thomas Albert Neame, M.B.C.S., aged 46.

PEYTON.—At Boscommon, H. B. Peyton, L.R.C.S.I., L.M.K.Q.C.P., for thirty-five years Surgeon to the Boscommon County Infirmary.

REID.—March 26th, suddenly, at Eilon, James Reid, M.D.

SWAIN.—March 24th, at Fenice Cottage, Stoke, Devonport, Paul Wm Swain, F.R.C.S., J.F., aged 74.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 18, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

The Gulstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture II.—Its Theory or Causation	329
The Causes, Symptoms, and Treatment of Phimosis and Paraphimosis. By Lambert H. Ormsby, F.R.C.S., Lecturer on Clinical and Operative Surgery	332
Six Years of Experiment in the Treatment of Syphilis. By Charles B. Drysdale, M.D., Senior Physician of the Metropolitan Free Hospital of London, Physician to the Rescue Society of London, &c....	335

CLINICAL RECORDS.

North-Eastern Hospital for Children—Two Cases of Chorea. Under the care of Dr. C. K. Armand Semple	337
--	-----

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON— Removal by Internal Operation of a Pin from the Larynx of a Boy, <i>æt.</i> 13, in which it had been impacted Thirteen	
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months, and had caused Anchylosis of the Left Crico-Arytenoid Articulation	383
Erythematous Eruption in Enteric Fever (Two Cases)	388
Case of Lateral Curvature of the Spine, illustrating its Treatment without the Use of Mechanical Supports	389
Case of Tarsalic Arthropathy in which the Tarsal Bones of Both Feet were involved	340

FRANCE.

Typhoid Fever	340
Umbilical Epithelioma	341
Treatment of Furuncles	341
Chloroform Breath in Chloroform Breath	341

LEADING ARTICLES.

THE MEDICAL BILL—A NEW DANGER....	341
THE SHARE OF EACH LICENSING BODY IN THE MEDICAL WORK	342
THE MEDICAL BILL	313

NOTES ON CURRENT TOPICS.

Poisoning by Gelsemium Sempervirens..	344
An Obstetrical Phenomenon—Crying of the Fœtus in Utero	314

The Fruits of Anti-Vivisection	344
Lady Doctors Wanted	345
American Opinion on the Medical Council ..	345
Royal College of Surgeons of England	345
Death of Dr. Palfrey	345
The Jacksonian Prize	345
A Volunteer Medical Corps	345
Anti-Vaccination	315
Encouragement of Sanitary Research	346

SCOTLAND.

Something Wrong Somewhere	316
Extra Mural School of Medicine, Edin.	346
Edinburgh University General Council	346
Lord Rectorship of Glasgow University	316
Glasgow Medico-Chirurgical Society and Medical Reform	347
Accident to a Medical Man	347

OBITUARY.

James Palfrey, M.D., M.R.C.P. Lond.	347
--	-----

LITERATURE

Micro-Photography	348
Drink and Strong Drink	348
St. Bartholomew's Hospital Reports	349

NOTICES TO CORRESPONDENTS	349
Marriages	349

The Gulstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London,
February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L.,
Physician-Accoucheur and Lecturer on Midwifery at
St. Bartholomew's Hospital, &c.

LECTURE III.—PART I.

ITS PREVENTION AND CURE.

MR. PRESIDENT, VICE-PRESIDENT, AND GENTLEMEN.—As in past ages, so also in modern, sterility has been an object of great interest, of study, and of experiment. The acquisition of wealth has at all times stimulated the agriculturist, the gardener, and the breeder; and the desire of offspring has no less stimulated men and women. At no time has the subject had more importance than at present, for the growth of science and the love of daring speculation bring now on the field a class of men of trained intellect, who invade it, not to make money or secure offspring, but in search of knowledge. It is to such men that Nature opens her secrets, and the divulging of truth through them is the just pride of philosophy.

A true theory of sterility, even though it be lamentably incomplete, is of very great importance in medical practice. Thousands of women are seeking what they call cure, and their advisers should surely take care to know what they can offer in return for the confidence placed in them. According as medical men have their course illuminated by knowledge, so will they be wise in advising; and if increase of knowledge, acting directly or by dispelling illusions, destroys faith in remedies, it may yet, in this negative way, add to the usefulness of the adviser. It has been said by Brodie of John Hunter that by teaching us when we are not to interfere with the ordinary course of events he has contributed more towards the advancement of the healing art than all the inventors of remedies who had gone before him.

The course and the details of the argument in these lectures point to a law or laws of sterility not yet clearly formulated; and it is to be expected that progress will be obtained from inquiries such as have been here described, as well as from investigations of the intimate state of the reproductive organs, including those parts of the nervous system which govern them or are governed by them.

Deficient reproductive energy or want of sexual vigour is a theory too vague to be satisfactory. It is only a general idea which loosely binds together, meantime at least, the items of knowledge we have acquired as to sterility. Of course it is a general idea to whose entertainment no known fact is hostile. But it is flimsy, like a ghost, and a fact might find it difficult to prove its steel; for, like a ghost, it might be cut by a sword without being destroyed or even damaged in the eyes of those who see it. Deficient reproductive energy is held to be proved by all the conditions which produce or which attend sterility in plants, animals, and man. In woman it is shown by absolute sterility, by relative sterility, by excessive production, and by imperfect production, which may be abortion, or miscarriage, or morbid pregnancy, or children diseased or difficult to rear, or destined to peculiar diseases during extra-uterine life. Deficient reproductive energy cannot be regarded as a substantive disease with specific characters, course, and remedies. It is a constitutional condition, which, according to its cause, may affect a population or affect certain classes. Cold or heat may render a whole population sterile. Under-feeding or over-feeding, or premature or post-mature marriage, may cause sterility in certain classes within a population. Sterility, the result of deficient reproductive energy, is an imperfection which does not show itself by measurable, tangible qualities such as a dwarf exhibits, but by absence of function, or a stunted or otherwise imperfect performance of function.

The consideration of the great causes of sterility, exhibited as they are in their results in populations and in classes of women, makes it almost certain that local causes, whether acting as impediments to conception or as unfavourable to pregnancy and to intra-uterine life, have very little scope for operation. These local causes have a clinical interest as affecting individuals; for they have not been supposed, far less shown, to have any connection, or even

accidental association, with the great causes whose scope is wide and certain. In the production of cancer of the womb there may be great operating causes, such as age and multiparity, and there may be minor local causes, such as the so-called ulceration of the cervix uteri and its injudicious treatment; and these minor causes, although doing little harm to a population or a class of women, may be of the highest practical importance to individuals.

In women, the chief and best demonstrated sources of, or attendants on, sterility are juvenility or prematurity, elderliness or post-maturity, dysmenorrhœa, and disorder of sexual appetite and pleasure. Of these the influence of age has been most fully shown, and it is that which is most under control with a view to prevention.

As in cases of constitutional diseases or of epidemic fevers, so here, the good done by prevention immeasurably exceeds, or may immeasurably exceed, any possible good by cure; and this, whether the good done is to a population or class or to an individual. The superiority of prevention is partly because the good is to a population or class, not to mere individuals. Prevention is to be, in part, effected by avoidance of unions of immature women or of elderly women: in other words, by securing that women are married at the age of nubility, or best age of marriage, with a view to fertility and the rearing of healthy children, and the safety of the mothers, and this age is fairly well ascertained to be, for a population or mass of women, not under twenty and not above twenty-five.

In the breeding of domestic animals and of animals in confinement, man can interfere easily and without restraint, except from his own interests, but it is otherwise in woman. She enjoys liberty within wide limits, and she is more or less subject to the restraint of social, moral, and religious law or custom. These restraints diminish the power of the medical adviser to guide; and, in general, he can do most good by diffusing knowledge as to the prognostics from marriage entered into under various conditions.

At present the law of England legitimises marriage at a very early, a too early, age; and it, wisely no doubt, does not interfere with late marriages. "Without the sanction," says Major Graham, "of the laws of physiology, or of common sense, a girl may—but in the present day rarely does—marry at the age of twelve, a boy at the age of fourteen, under the existing laws of England; but the consent of parents and guardians is required in certain cases where either party has not attained the age of twenty-one; and the proportional number of either boys or girls who marry under the age of twenty is happily small." . . . "The age," he adds, "of marriage cannot be directly fixed by laws; but legislation, by prescribing the minimum age of marriage, and the age of majority, does exercise a considerable influence on good numbers of the people directly, and on all indirectly. It becomes the custom or the fashion not to marry below the age of majority. Thus in England about 9,000 young persons of the age of twenty and under twenty-one married in the year 1851; while about 139,000 married in the four years after they were of a *se*, as it is called, or in the years of age, twenty-one to twenty-five. The age of majority is twenty-five years in France; and the age of twenty-five divided the minors from the majors in Roman law. The advanced age of majority, or of what becomes practically the lowest age of marriage, retards marriage indefinitely in many cases, and will probably be found, on investigation, to account, at least partially, for the comparatively small number of children to a marriage in France. By raising or depressing the age of majority, the Legislature then has the power to exercise considerable control over the population." These remarks of Major Graham are valuable in themselves, and indicate the view taken by a politician. The law of majority has no doubt great influence, and by it the State can modify the age at marriage to some extent; but the laws of love, of self-interest, and of social convenience are much more powerful.

The sterility of near relations, of interbreeding, or of breeding in and in, as it is often called, is generally recognised, though far from well proved in man, and forms what seems a contradiction in terms, an inherited sterility. It is believed to be shown not only by absolute sterility and its accompaniments, but also by the production of idiots and ill-formed children. Restraint by knowledge of these risks of intermarriage is no doubt a powerful preventive of sterility, but not so potent as it ought to be.

There is, as already pointed out, a sterility dependent on

some inscrutable incompatibility of the parties, as in Augustus and Livia, Napoleon and Josephine. Cases like the following are not very rare, and I have actually observed them. A man marries successively three childless widows and has children by each of them. A woman is married successively, and within childbearing limits, to three men, and has children by only one of them. Such cases, if very rare, might carry little weight, but they are so common as to have occurred within the knowledge of most observant people. Sterility of this kind we cannot foresee and prevent; and religion, morals, and law continue to interdict the cure that might result from a change of husband. Unfortunately, however, among large classes—chiefly, I am told, in Wales and some parts of Scotland—custom permits, and local morals do not interdict a practice which produces many illustrations of this mutual incompatibility. The practice is called *bundling*, or keeping company, and consists in parents permitting daughters to cohabit with an eligible man on the understanding that, if pregnancy ensues, the legal marriage tie is made. A woman proving sterile may be deserted by her follower, and gets another with whom the result is different.

In ancient times much was known and taught regarding the avoidance of sterility, and most of it was in accord with what is still taught, but little was done with a view to the cure. The physiology of reproduction was little advanced, and its primary or elementary conditions quite unknown. When certain winds were believed to cause sterility, and fecundation was supposed to be effected by an aura seminalis, we could not look for rationality in practice. Accordingly, such cures of sterility as were then practised appear to us ridiculous or fantastic.

In modern times the physiology of reproduction is comparatively far advanced, and the necessity of the physical conjunction of the male and female elements is especially recognised. But it may be doubted whether the cures of sterility are much more rational than those of the ancients, for the laws of sterility have been investigated with no great amount of success; and especially do we remain uncertain as to the physiology of the conveyance of the spermatozoa to the Fallopian tubes.

During the last thirty years gynecology has made great and rapid strides of substantial progress, and naturally sterility, as part of it, has swollen in bulk; but the growth of it has not been satisfactory, for it has not a sure foundation. While our general knowledge of sterility in woman has made little advance, and especially that part of it which might be turned to practical account, the curing of sterility has reached great dimensions. As in other departments of therapeutics, there has been a great failure of logic; the *post hoc* and the *propter hoc* have been confused—a coincidence has been regarded as a consequence. The credulity of patients and of doctors has been a basis for useless and often injurious practice.

It is scarcely an exaggeration to say that, in recent practical works on sterility, there is exhibited entire ignorance or entire neglect of the laws of fertility. Every woman from fifteen to forty-five is regarded as likely to breed. If she is sterile, a cure is at once set agoing, and if a child is not born, the failure is not debited to the nature of the case, but to the want of ingenuity in the doctor. A reputation for curing sterility is spoken of as if it were founded on substantial claims. The prevalent methods of curing sterility are founded on an implied theory that it in most cases arises from impediments in the way of the spermatozoa reaching the ovum. Without sufficient evidence strictures are assumed to exist, versions and flexions of the womb are held so to distort the interior passage as to prevent progress of the spermatozoa, cervical catarrh is believed to stop them by mechanical obstruction, or by chemically poisoning them; and for these real or imagined evils sterile women are made the subject of treatment. It is the theory of mechanical obstruction that by its simplicity and directness has possessed the profession and the public, and accordingly many operations and modifications of operations, and very many instruments have been devised to do away with the obstruction. The theory has had real rational support, in the fact that dysmenorrhœa of a spasmodic kind does, as already shown, frequently accompany the sterility, and in the supposition that the same obstruction which causes sterility by impeding the entrance of semen causes also dysmenorrhœa by impeding the exit of menstrual blood, or *vice versa*. It has had still more satisfactory support in the observation

that the cure of the dysmenorrhœa does occasionally bring with it cure of the sterility.

The very zeal with which the mechanical theory of sterility has been fostered, and its treatment in many ways pursued, has led to its present decadence, and there is now increased attention paid to other departments of fertility than conception. Especially and justly, the difficulties of naturally starting and healthily continuing pregnancy are brought prominently into view. The mechanical obstruction theory has begun to shrivel, because of the impression produced by the enormous, though inexact, proportion of the failures of the attempts to cure founded on it. Even the ignorant sterile women could see that, if the theory of causation were true, there was an easy and plain theory of cure, and they could also see that the failure of the so-called cure was prejudicial to, if not destructive of, the theory. The importance of the difficulties of pregnancy now brought into prominence will, on account of its great reconditeness, be received with no enthusiasm, such as welcomed the obstruction theory, and the physicians who entertain it can offer no such brilliant prospects of cure to their confiding patients. It is, however, a decided step of progress in a subject of great practical importance.

It is in Germany that this department of sterility has been chiefly studied, and Grünewaldt, of St. Petersburg, is its best exponent. Recognising the importance of this work, I take the liberty of using it to show the great incompleteness of even the most advanced accounts of the subject. For Grünewaldt, sterility is truly never a disease, but a symptom of a disease. Nature has, he says, set no limits to female breeding other than the natural changes in the sexual organs that are observed in the senile state. Sterility is one of the most frequently occurring disturbances of function caused by diseases of the female sexual organs. In these views, and in his whole work, it is implied that sterility depends on disease of the sexual organs, including chiefly endometritis, mesometritis, perimetritis, and parametritis. The difficulties of conception, he says, have only a slight importance compared with the disorders of the more important vital processes of pregnancy, and these disorders affect chiefly the tissues of the uterus.

It would involve a useless recapitulation of the substance of these lectures were I to set about showing how partial and imperfect is that theory of sterility which makes it depend on local disorder or disease, whether the disease impedes conception or interferes with the progress of pregnancy. Taken together, the obstruction theory and the theory of Grünewaldt do but cover a small part of sterility, which may be described as the part affecting scattered and sparse individuals, and giving thus its importance to these individuals, and to their advisers.

The obstruction theory and the theory of Grünewaldt make no room for that kind of prevention which we have described as of paramount importance. On the other hand, they open up great, indeed almost unlimited, fields for the activity of curers. But the failures of curers is so notorious, and the curing of sterility has so bad an odour in the nostrils of many, probably of the majority, of the best in the profession, that it is worth while to ask the question, Is sterility curable?

Before this question there comes another which is of great importance. Should sterility be cured, as it is called? That, in the interest of the community, it should be prevented I have no doubt; but, in this department of the subject, statesmen and economists have taken much interest, and I shall not meddle in it. I am of opinion also that it should, if possible, be cured. Yet a good argument may be made out for not curing it, in many cases at least. For the laws of sterility show that if it is, what is called, cured, there is a risk of some of its alternatives or attendants—morbid pregnancy, abortion, miscarriage, weakly children, excessive family, death of the mother, and others. But the practitioner hopes, by appropriate cures, to conduct his patient and her offspring in safety through these perils; and we do not, meantime, feel disposed to cavil with this perhaps over-estimated view of his rational expectations.

It will be admitted that reputation, even with well-informed medical men, is not sufficient to prove the reality of a so-called cure, and we are constantly meeting with instances of exaggerated credulity in reported cures of young women married between twenty and twenty-five, and who had not

lived three years in the married state, for it is common for such ardent young women to thus prematurely regard themselves as doomed to persistent sterility, and seek advice with a view to averting their dreadful fate. But there can, I think, be no doubt that sterility is often cured, and such cases as the following do all but absolutely prove that cure is possible, and the sufficiency of the proof will not be controverted by anyone if it is added that such cases, though rare, are sufficiently numerous to prevent by their number, apart from their other circumstances, the confusion of a coincidence with a consequence.

A. B—, married at twenty years of age, menstruated regularly since thirteen, has had dysmenorrhœa most of her life, but not very severe, has never been pregnant. Has had no uterine treatment till now, when the cervix was canalised by bougies in the usual way twenty-two years after marriage. No known change was made in her conjugal or other habits. She became pregnant at once after the treatment, and had a living healthy child at forty-two years of age. Now, five years after the birth, pregnancy has not recurred.

C. D—, married at nineteen years of age, began to menstruate at thirteen, and is regular, with pain for a short time on the first day. After fifteen years of married life has had no pregnancy. Has had much uterine treatment. Cervix canalised by bougies, and for the first time, according to her. No change made in conjugal or other habits. On resumption of cohabitation, two months after treatment, became pregnant, and had a healthy child at thirty-five years of age. Since this birth three years have elapsed, and she has been twice pregnant.

It is, however, desirable to go further than merely prove that cure is possible, that a cure has been effected; and I believe the most important means of curing sterility or relative sterility is improvement of the general health. In the case of plants, the value of digging about and dunging is well known, and so is the value of proper exposure to the sun, and so is the value and, indeed, the necessity of good air, not the air of large cities; and the use of these, when previously withheld, is certainly curative of sterility in many kinds. The cure is sometimes, as in apple or pear trees, removed from the shady side of a wall to a better exposure, accompanied by other changes in leafage and in growth of wood, which make better general health evident to the eye. But the cure may have no accompaniment of other signs of better general health, for some London trees which are sterile have a fine outward show of healthy vigour, and it can scarcely be doubted that return to a purer atmosphere would restore their fertility, though it could do little to improve their appearance. In the case of animals, a similar influence of general health may be noted. The starving of fowls diminishes or even arrests their fertility. We cannot doubt that the agouti, released from confinement and restored to its natural habitat, would produce healthy offspring instead of dead and ill-formed; and that, similarly treated, the lioness would have cubs without cleft-palate.

In the case of woman, the restoration to, or improvement of, general health involves such a variety of considerations as renders it very difficult of treatment, and the whole matter comes as much under the care of the general physician as of the gynecologist. But it may be mentioned that special means have been recommended, and are much used, such as the waters and baths of Germany. These are of different kinds: and the Schwalbach, Sp, Franzensbad, Ems, and Marienbad have great reputation. That they are often of some kind of service I have no doubt, just as I dare say that horse-riding, said to be recommended by Boerhaave against abortion, may also be sometimes valuable as a remedy of that tendency.

It may well be objected that general health is too vague a term, and that it would be better to profess ignorance than to ascribe to it such important and definite a result as sterility, and it will be justly asserted that the great mass of sterile women have the appearance of good health. The difficulty of the subject is well expressed by Darwin in a passage I have quoted treating of the causes of sterility in animals. After all, I think it best, in the present imperfect state of our knowledge, to group a large number of injurious ill-defined influences under the head of general health, and to consider its improvement a means of cure. Although an animal sterile under confinement appears healthy, one cannot

positively object to the statement that sterility is evidence that it is actually unhealthy, and the cure by restoration of freedom seems to confirm the view. Whatever may be the objections to the term "general health," everyone will recognise the importance of investigating the subject with a view to increasing our power over it, for it carries with it a strong influence not only towards the cure of simple sterility, but also towards the safety of the mother, the avoidance of morbid pregnancy, of miscarriage, of dead, ill-formed, and unhealthy children, and of excessive families.

Over-feeding and the production of fat are often spoken of as if they were identical; but this is plainly not the case, for many excessive feeders are not fat. What is the influence on sterility of over-feeding or feeding by particular foods without fattening, I do not know; but there are analogies which dispose the mind to suspect that influence may be thus exerted. Plants are habitually spoken of by gardeners as overfed by rich soils and manures, but they do not get fat. Mr. Thomson, recently showing me his tomato plants, pointed out some, set among strong manure, growing luxuriantly in wood and leaves, but producing little fruit; others, which had been similarly placed, he had restored to due fruit-bearing, with diminished production of branches and leaves, by diminishing the contact of their pots with the rich manure. The growth of stems and leaves some may regard as the equivalent of fat in animals, but in that case stoppage of growth would be equivalent to resorption of fat, which would be driving analogy too far.

Although the injurious influence of fatness in women on fertility is universally admitted, it has not been altogether proved. But universal consent is strong evidence, and it is corroborated by all we know of the power of this same condition in the lower animals. Generally, young women before commencing to breed are fat or at least plump. When they bear children they lose in weight by diminution of fat; again, as they cease to bear children, to resume the fat condition, the fat being now, however, differently disposed of in the body. The fat of the immature and of the post-mature is, within moderate limits, an indication of health. The fat of sterility is not an indication of health, but is, so far as I know, itself healthy, and indicates no active or positive disease. To obesity I only make allusion. I have known grossly fat women bear children; but facts about obesity are too few to justify its separation from the common exaggerated fatness of sterility here referred to.

Spencer makes a distinction between normal plethora and abnormal plethora as indicated by fat, and connects sterility only with the latter. I quote his ingenious remarks not so much for the sake of giving his description of a distinction, the force of which I cannot see, as for the sake of stating his general argument regarding overfeeding or plethora as indicated by fatness. Medicine recognises no normal plethora. For physicians plethora is always an abnormal condition whether accompanied by much deposit of fat or not. "Many facts," says Spencer, "may be brought to prove that fatness is not accompanied by fertility, but by barrenness; and the inference drawn is that high feeding is unfavourable to genesis. . . . There is a distinction between what may be called normal plethora and an abnormal plethora, liable to be confounded with it. The one is a mark of constitutional wealth; and this is the plethora which we have found to be associated with unusual fecundity. Abnormal plethora, which, as truly alleged, is accompanied by infecundity, is a superfluity of force evolving materials joined with either a positive or a relative deficiency of tissue-forming materials: the increased bulk indicating this state being really the bulk of so much inert or dead matter. Note, first, a few of the facts which show us that obesity implies physiological impoverishment. . . . Neither in brutes nor men does it ordinarily occur either in youth or in that early maturity during which the vigour is the greatest and the digestion the best; it does not habitually accompany the highest power of taking up nutritive materials. When fatness arises in the prime of life, whether from peculiarity of food or other circumstances, it is not the sign of an increased total vitality. . . . Of like meaning is the fact that women who have had several children, and animals after they have gone on bearing young for some time, frequently become fat and lose their fecundity as they do this. In such cases, the fatness is not to be taken as the cause of the infecundity; but the constitutional exhaustion which the previous production of offspring has left

shows itself at once in the failing fecundity and the commencing fatness."

The fatness of sterility is not apparently a matter of high or low general health, and seems to be of a different origin from that fatness which comes on men and women at the great climacteric, and on the latter whether they have borne children or not. Whatever may be its natural history, it is known to be in some degree under the control of the physician. Not by medicine, but by diet and exercise, he can restrain its production or cause its removal. For success in removing fat the co-operation of the patient is necessary, for on her part there is required change of habits and restraint of appetite. Little can be said regarding the cure of sterility by reduction of fat, but experience has furnished no reason to doubt the favourable influence generally expected from it.

THE CAUSES, SYMPTOMS, AND TREATMENT OF PHIMOSIS AND PARAPHIMOSIS. (a)

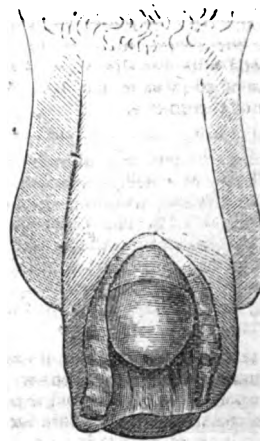
By LAMBERT H. ORMSBY, F.R.C.S.,
Surgeon to the Meath Hospital and Co Dublin Infirmary; Lecturer
on Clinical and Operative Surgery.

(Continued from page 315.)

5. Complete Circumcision.

This procedure in very aggravated cases of phimosis produces the best results. There are a great many ways of accomplishing it and few operators adopt an exactly similar mode of procedure (Fig 2). Circumcision by means of

FIG. 2.



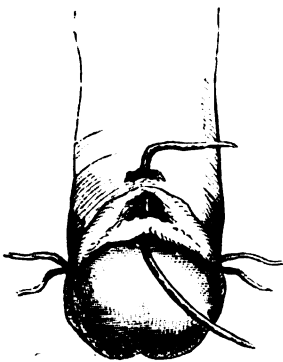
Prepuce slit by single incision.

Ricord's forceps is performed, thus the prepuce is grasped and drawn forwards and placed between the blades of the forceps which is held firmly by an assistant downwards and forwards, when the prepuce is drawn forwards it should not be allowed to slip back. A needle armed with a double ligature is then passed through the slits in the forceps from side to side. They ought to be long enough so as to allow them to be cut in two. This needle should be passed through twice and care should be also taken to see that the ligatures are passed in the centre of the slit as well as through the centre of the prepuce, or the needle with ligature will pass between the skin and mucous membrane. When the ligatures have been introduced the assistant should be directed to grasp the prepuce firmly between the blades of the forceps, which should be held obliquely downwards and forwards, the prepuce in front should then be removed with one sweep of the knife. The forceps are then removed and with a hook or aneurism needle the ligatures should then be looked for and hooked out and

(a) Being a clinical lecture delivered in the Meath Hospital and Co. Dublin Infirmary

each ligature cut in the centre and tied to its other end at the side it belongs. In this way each separate ligature is tied all round, and by this means the external skin and mucous membrane are stitched evenly together (Fig. 3). It

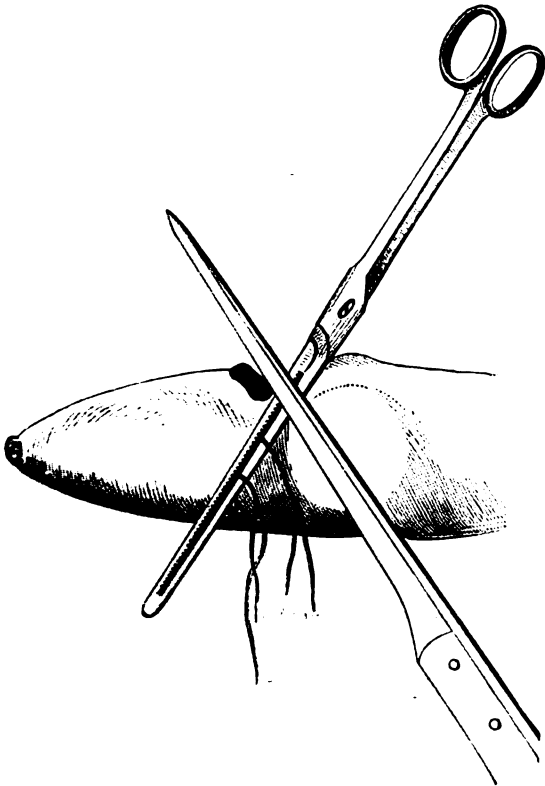
FIG. 3.



Showing how Skin and Mucous Membrane are stitched together.

is generally better to nick in two or three places the mucous membrane and skin that is left behind to prevent contraction after the part heals. Such is the manner of performing the operation after Ricord's method, and with his forceps (Fig. 4). However, although being a very admirable method

FIG. 4.



Circumcision by Ricord's operation.

in theory it sometimes disappoints in the practice. In the first instance when the ligatures are not passed exactly in the centre of the slit they pass between the mucous membrane and the skin, and after the prepuce is divided and when the ligatures are looked for they are found in a situation perfectly useless, and have consequently to be

introduced through the skin and mucous membrane *de novo* giving rise to great pain. Again, a small vessel may be cut and, as a matter of necessity, it must be transfixed with the needle and ligature so as to arrest it. In this operation, therefore, the most painful part of it, and the part that takes the most time, is the passing of the needles armed with the ligatures so as to bring evenly together all round the skin and mucous membrane, after which it should be dressed with narrow strips of wet lint. Some surgeons in the first instance draw the prepuce forward and transfix it with a long pin or needle and cut the part off with one sweep of the knife in front, and then slit up for a short distance the divided portion with a pair of scissors so as to prevent subsequent contraction. From the foregoing it can be easily seen that no two surgeons operate alike, and ordinary dressing or long bladed forceps has been used instead of Ricord's. Complete circumcision is sometimes recommended and performed for the removal of a chancre on the prepuce, and it does not follow at all as has been said that the chancre will attack the part incised.

Acquired or Inflammatory Phimosis.

This condition may frequently be met with in those who are not particular about their persons and who allow the pent up secretion to become indurated between the glans and the foreskin, the prepuce from irritation becomes inflamed and the edges swollen and fissured; or again, it is sometimes a common condition in gonorrhœa, chancre, or herpes preputialis. If allowed to continue unchecked the inflamed prepuce becomes distended with serum and assumes a considerable size. Repeated attacks of this kind causes it to be permanently indurated and elongated, and its orifice contracted. Small multiple chancres around the orifice of the prepuce on healing nearly always become hard cicatrices behind, contracting the parts so as to produce acquired phimosis. Besides the inconvenience of this condition locally inasmuch as in the case of congenital phimosis, it acts as a great obstacle to complete urination, sexual intercourse, and proper ablutions of the part. We find it also producing other morbid conditions by reflex action. L'Allemand enumerates it among the causes of spermatorrhœa, irritation of urethra and bladder, finally cystitis, curvature of the spine, reflex paralysis, prolapsus ani.

Treatment.—At the very commencement when the condition is first observed the prepuce and penis will be very red, swollen, and painful, and the preputial orifice very much contracted. It is not good practice to think of an operation, either slitting up or circumcision, at this stage, it is always better to wait till the inflammation subsides, and very frequently with the subsidence of the swelling the cause or contraction disappears and the parts become as lax and soft as ever. Frequently, cases have been taken into hospital for the purpose of having circumcision performed, and owing to the recumbent position, rest in bed, non-inflammatory diet, the swollen condition soon subsided, and the previous contracted condition of parts disappeared leaving no occasion for any operation. The next treatment to carry out in the early stage is to keep the patient in bed, raise or elevate the penis up against the abdomen, encompass the prepuce with strips of lint saturated in a cold spirit or lead lotion, clear out the bowels, with a saline purge, and feed the patient on slops or milk diet. With such a line of treatment assiduously carried out the patient in a very few days is well.

Paraphimosis.

This signifies a condition of the prepuce when it gets behind the glans penis becomes contracted and cannot be returned. An unnaturally tight prepuce is no doubt a predisposing cause of paraphimosis. As previously mentioned those suffering from slight phimosis very frequently get paraphimosis when indulging for the first or second time in sexual intercourse. Newly married men (anxious to discharge their conjugal duties) frequently get this condition. Somewhat excited

at the time they forget or become unconscious that the prepuce has in their exertions become contracted behind the glans. Not thinking anything can be wrong they allow it to remain for some hours in its displaced condition. The glans soon become swollen, and the preputial band becomes tighter and tighter behind the glans every hour it is allowed to remain in its abnormal position. Modesty with some still delays the matter, they are ashamed to apply for relief, and tell about such a very "delicate" subject. In this way a day or two is passed in the greatest agony, the parts swelling in proportion, and the tissues surrounding becoming distended with serum. At last through sheer pain they put aside their modesty and apply for relief. I may mention the earlier they apply to be relieved the better for them, and the easier would reduction be effected. Little boys playing together sometimes have the habit of playing with the penis and denuding the glans of skin. When manipulated in this way for some time the glans become congested and slightly enlarged, the skin is then pulled back and allowed to remain for a moment or so, and when an attempt to replace it is made it is found to the boys' consternation that "the skin will not go back." The little boy, not through modesty, but through fright, hides this condition from his parents for fear of a good whipping and goes for some hours, perhaps days, until the pain makes him tell of his sorry condition. It may also occur in another way. A young timid man goes in the way of impure sexual intercourse, he has heard of the different diseases contracted by such connections, he fears he may be the victim of such a misfortune, and on the slightest feeling or sensation felt about the top of his penis he frequently in the day takes occasion to examine the supposed cause of his anxiety, in this way he is constantly denuding the glans backwards and forwards, this unnecessary manipulation may cause irritation, perhaps balanitis, and the skin gets behind the glans through carelessness, and the patient through ignorance and fright allows it to remain so, it soon inflames, becomes distended with serum, and oedematous, and reduction by the patient impossible.

Symptoms.—The glans is very much swollen and congested from arrest of circulation. If any time has elapsed the prepuce surrounds the corona glans with a circular distended and contracted collar of serous and oedematous tissue, in front of this belt or collar the swollen glands is seen, and behind the penis becomes also enlarged and painful, so that the contracted band appears to be in a hollow or sulcus between the swelling in front and behind. The swelling behind is not as a rule as large as that in front, it however depends to a great extent on the length of time the condition has existed. If the constriction remains for any time ulceration soon sets in, to be followed by partial gangrene of the glans owing to complete arrest of the circulation and strangulation.

Treatment.—Many plans have been suggested for the reduction of paraphimosis, sometimes it is comparatively easy, at other times remarkably difficult. I think it is always best to administer an anæsthetic. The reduction is very painful, and no matter how patients are held by assistants they give a great deal of trouble, and become at times most violent, therefore I strongly recommend the patient to be rendered unconscious. I then recommend that the glans penis should be slightly pressed upon with the finger and thumb, so as to press as much blood out of it as possible, I then get a three-cornered or surgical needle, and I prick the distended mucous membrane all round and squeeze out the serum which flows out in large quantities, having made the parts very lax by this premonitory line of treatment. I grasp the penis (as in fig. 5) behind the constriction with my two index fingers, I press on the glans penis with the tips of my two thumbs and I gently carry out two ideas in the attempt at reduction, first I endeavour to draw forward the prepuce with my index fingers, and at the same time press back the glans penis with my thumbs. If this plan is patiently and gently carried out for a short time I have seldom seen

it fail. Some recommend the parts to be well oiled, I find this only renders the parts slippery to your fingers without doing any good. Manipulation in all cases I

FIG. 5.



First method to reduce Paraphimosis.

consider, if properly carried out, will suffice for reduction. If a prolonged careful attempt at reduction fails it has been recommended to divide the strictured portion. If this must be done, although seldom necessary, it is best accomplished by passing a tenotome flat subcutaneously under the strictured portion until all tension disappears, or an incision may be made from without through the skin down through the contracted band, or a director passed in as far as it will go under the contracting band, and thus divided in the usual way on the groove of the director, before having recourse to any division with the knife. If the penis is grasped behind the constriction with the finger and thumb of one hand and gently but firmly endeavouring to pull it forwards, the glans with the finger and thumb of the other hand is then pressed and squeezed backwards (as at figs. 6 and 7). If the serum has

FIG. 6.



Second method to reduce Paraphimosis.

FIG. 7.



Third method to reduce Paraphimosis.

been previously evacuated in the manner directed, the

patient asleep so as not to interrupt your manipulations, and this method adopted for say one or two minutes at a time, at the end of which to suddenly flip the prepuce forwards with a jerk once or twice, I have very seldom failed to effect reduction. Ioe has also been recommended to apply to the part to produce shrinkage before reduction was attempted. After reduction is effected all that need be ordered is a cold spirit or lead lotion to allay the resulting irritation and slight inflammation which, however, soon subsides.

SIX YEARS OF EXPERIMENT IN THE TREATMENT OF SYPHILIS. (a)

By CHARLES R. DRYSDALE, M.D.,

Senior Physician of the Metropolitan Free Hospital of London ;
Physician to the Rescue Society of London, &c.

It is not a little remarkable that the question of the best treatment of syphilis, a question which has been very seriously discussed during the last twenty years both in Paris, London, New York, and Philadelphia, does not even at this moment seem to have been fully solved. I say this with the more emphasis because there is a wide interval between the practice of such learned practitioners as Dr. Alfred Fournier, of Paris, and of Dr. Keyes, of New York, the former of whom is in the habit of giving to all syphilitic patients intermitted courses of mercury for two years, and the latter tonic doses of mercury for three or four years, and that of the modern Edinburgh school, represented by Dr. H. Watson, which seems to treat syphilis without mercury altogether.

Since the year 1497, according to Dr. Meryon, in his "History of Medicine," the use of mercury externally was practised by those who had occasion to treat that disease in its early times, when it appears to have been so greatly dreaded, and so fatal, whilst it was a new and hitherto unheard of disease. It was not, however, until 1570 that mercury was administered internally, and the first to do so was Paracelsus. It is, I presume, now nearly universally recognised that the rude practice of these early days, although probably often better than no remedy at all, was often a most dangerous practice, since, when it failed to cure the disease it often poisoned the patients, and even in many instances destroyed life by its severity. Unfortunately, too, this powerful remedy in large doses was used to treat gonorrhoea and chancroids with just as much vigour as when syphilis really existed, so that at the commencement of this enlightened century it is hardly to be doubted but that mercurial disease was a perhaps more formidable affair than even syphilis itself.

The natural history of syphilis at that time was almost totally misunderstood. Thus, Pearson, of the London Lock Hospital, writing in the year 1800, asserted that no case of syphilis could possibly recover unless mercury intervened. We all nowadays are well aware that thousands of cases of the disease get well, although the patients remain without any treatment at all.

In 1812 there was a campaign of the British against the French in Portugal, and Dr. Fergusson learnt at the town of Evora that the Spanish treatment of syphilis, which seems to have been more or less what is now styled "expectant," or, at any rate, without mercury, was much less fatal and destructive to the health of the Spanish troops than the English salvation so heroically employed at that date.

Since Fergusson's time a prolonged and careful observation of syphilitic disease, when treated with and without mercury, has shown that the disease, just like scarlatina, measles, and variola, may in some instances be an extremely mild disease, scarcely, if at all, affecting the health of the patient, even when no remedies are used, whilst at other times it is a very grave affection, destroying the health of the patient so completely that he may never afterwards know what health is.

(a) Paper read before the Medical Society of London.

Dr. Keyes, of New York, in his work on Syphilis (New York, 1881) says truly that syphilis is a self-limiting malady, and its general treatment may be, and often is, left entirely to Nature. Many a woman, and occasionally a man, gets syphilis without knowing it, and gets well again without any treatment at all. Indeed, it has been doubted by some whether treatment of any kind can shorten the duration of syphilis at all, for this disease will and does crop out at remote dates, after any and all kinds of treatment, and there is no positive or certain test which can be applied to a person to determine whether he is, after treatment, free from the disease or not. One fact about syphilis is known very well: it has symptoms, and certain drugs will keep down these symptoms; and it is as wise and as just to say that the quinine which breaks tertian ague only prolongs the disease by suppressing the symptoms (and some do assert this) as it is to hold that mercury prolongs syphilis by keeping symptoms in check.

The disease is self-limiting, and symptoms cease to appear, in the majority of cases, in the long run, with treatment, without treatment, sometimes despite treatment.

The aim of a rational treatment, therefore, must be to suppress symptoms and prevent them from doing harm during their existence; to control symptoms and prevent relapse without harming the patient in any way, and so to manage the disease that it may not be contagious during its existence by keeping down such symptoms as yield contagious secretions, that the patient may be able to marry as soon as possible and produce healthy offspring, and that the symptoms of the disease during their progress shall be restrained from leaving unsightly scars or damaging the tissues or organs during their existence.

Professor Sigmund (*Wiener Med. Wochensh.*, No. 10, 1879) thinks that many cases of syphilis do better without than with general treatment. He thinks that forty per cent. of untreated cases have such slight eruptive out breaks that the patients do not notice them at all whilst ten per cent. of those with obvious symptoms get well quickly by local measures alone.

Dr. Zeissl (*Wien. Med. Zeit.*, Nos. 1, 2, 3, 4, 1879) adopts the expectant treatment of syphilis for a time, and uses mercurials only in severe and obstinate cases. In short, he gives less of the drug. On all sides, too, testimony is coming in favouring a reduction in the amount of mercury used in the treatment of syphilis.

Dr. Ricord, of Paris, and his distinguished pupil, Dr. Alfred Fournier, however, have recently been very decided in the position they have assumed as champions of somewhat prolonged courses of mercury in every case of true syphilis, whether mild or not, commencing from the period of the indurated sore. This practice, they hold, is the grand means of warding off tertiary syphilis altogether. In an address delivered by M. Ricord a few years ago at the summer meeting of the British Medical Association at Birmingham, he said that he invariably gave a six months course of small daily doses of mercury to all his syphilitic patients, following this up by another six months course of iodide of potassium.

Dr. Alfred Fournier asserts that the "true cause of the passage of syphilis into the tertiary stage is doubtless the absence or insufficiency of treatment. Whatever certain authors have asserted, syphilis, when neglected, has every chance of arriving at the tertiary period, and, according to daily experience, the consequences of expectation applied to syphilis are truly disastrous." . . . "The most simple prudence obliges us to keep ourselves on guard in all cases, to advise a treatment sufficient to attenuate, if possible, the effects of the diathesis in the present and for the future. . . . My intelligence refuses absolutely to comprehend how a remedy can moderate all the effects of a poison and pursue this poison through all the organs where it pleases itself to hide, can cure even successive manifestations and discrete symptoms of the diathesis, without in any part finding itself in relation and conflict

with the principle of the diathesis, and with the organic cause of these symptoms. Ninety-four cases out of one hundred in my notes show that syphilis when treated is usually benignant. Among syphilitic patients treated with mercury not five per cent. are rudely attacked. When not treated syphilis is most dangerous, and we have too often to observe in our patients the evil effects of expectation in syphilis." ("Leçons sur la Syphilis," p. 1035.)

According, then, to Alfred Fournier, mercury cures iritis, syphilitic psoriasis, and neuralgia, and acts on the diathesis. He recommends intermittent courses of six weeks at a time for two years, *i.e.*, ten months of small daily doses of mercury in all cases of syphilis as a means of preventing tertiaries. These remarks of Dr. Fournier I listened to in his clinique at the Lourcine Hospital in Paris in 1871, and knowing as I did what an excellent observer he was, I determined to give this plan of his a patient trial.

The Tonic Treatment of Syphilis by Mercury.

Dr. Keyes, of New York, alleges that the treatment of syphilis should not commence until the first general symptoms of syphilis appear; the chancre with the accompanying glandular eruption is not enough to go by. (Keyes on "Syphilis." 1881.)

The idea of the tonic treatment used by this distinguished practitioner is, that mercury in small doses tends to increase the number of the blood discs, and to fatten the patient, even when continued for years, whilst large doses are anæmiating. The preparation he uses the most is the proto-iodide of mercury, as put up in Paris by Garnier and Lamoureux, in the form of sugar-coated granules, containing one centigram each (1-6th of a grain). Or he uses half grain doses of blue pill either alone or with one quarter of a grain of the sulphate of iron, or one-third of a grain of grey powder, or one hundredth of a grain of the perchloride of mercury for a tonic dose.

The patient, according to Dr. Keyes, is to take one granule after each meal for three days. On the fourth another is added, and after another three days another, until six granules, and even twelve, are taken daily. As soon as the daily dose produces griping or redness of the gums the patient has reached his "full dose," which, being anything but tonic, is to be used only in cases of emergency; but as soon as that is over the tonic dose is to be given, which is one-half of the full dose, or, better still, one-third of it. Thus, if the full dose for a female patient be one grain of the proto-iodide of mercury in the twenty-four hours, the tonic daily dose to be kept up for three or even four years, by the advice of Keyes, is one third of a grain. If iritis supervenes, or neuralgia, or headache, then the full dose, one or two grains in the twenty-four hours, is to be given, in fractional doses of one sixth of a grain.

In tertiary cases, except gummata, that author recommends a solution of biniodide of mercury in iodide of potassium.

R Hydrag. biniodid., gr. ss. ;
Pot. iod., ʒij. ;
Amm. iod., ʒss. ;
Syr. aur. cor., ʒij. ;
Tr. aur. cor., ʒi. ;
Aq. dest. ad ʒiv.

S. Teaspoonful well diluted with water after each meal.

M. Diday, of Lyons, in his "Histoire Naturelle de la Syphilis," divided this disease into *mild* syphilis, which required no mercury, and *severe* syphilis, which required that remedy. I think that subsequent experience has shown us that no case of syphilis can, with safety, be called mild; nay, some authors of great ability (among others Dr. Broadbent and Mr. B. Hill) go so far as to maintain that the so-called "mild" cases of syphilis are the very ones most liable to be followed by tertiary accidents. Dr. Alfred Fournier's cases of cerebral syphilis seem to corroborate this view, as most of them were in persons where syphilis had been very slight in its early stages.

That is also my own experience. But there are many exceptions to this pathological rule.

For many years I was unconvinced of the value of administering mercury in syphilis, and waited until iodide of potassium was indicated, a practice also followed by the late M. Dolbeau, and Dr. Perrin, of Paris. Like other observers I have cited, I found the majority of cases did very well on the expectant system. I should mention that any topical symptoms were treated topically, and iritis was treated by the frequent local application of atropine. There was, however, I found, a minority of cases thus treated, which were followed by tertiary symptoms, and, although these usually did very well under the iodide of potassium, I could not help wishing there was some medicine capable of preventing the supervention of tertiariam altogether.

It was at that juncture that Dr. Fournier, in Paris, and Mr. Hutchinson, in London, so categorically asserted that the omission of mercurial courses was the commonest cause of tertiary syphilis. At the same epoch, too, the idea that syphilis was caused by some minute organism capable of being acted upon by mercury became one of the possible explanations of the phenomena exhibited, and I was thus led to look on mercury as probably a parasiticide antagonistic to the existence of the supposed germ not yet discovered by the microscope, but plainly seen by the mind's eye of many competent writers on the disease, such as Hutchinson.

Acting on the germ theory, then, I have, since 1873, treated all my patients with secondary syphilis, and with hard sore, and enlarged inguinal glands, with very small doses of mercury continued for a long period. At the Rescue Society's Hospital, to which I am physician, when the patients are young women rarely over 20 years of age, I commenced this treatment at first in 1876, by giving to all cases of syphilis a pill twice daily containing one-third of a grain of the green iodide of mercury with two grains of the extract of hyoscyamus. These pills were made by Mr. Morson, of Southampton Row, a chemist who is well-known to be careful in his manufacture of the green iodide of mercury. Finding by experience, however, that this dose, although a small one compared with that recommended by Dr. A. Fournier, not unfrequently caused stomatitis and griping, I reduced it to one-sixth of a grain. This pill was administered to the syphilitic patients for, in many cases, in somewhat prolonged courses, such as ten months, a year, or even more, if they stayed long enough in the hospital. I continued this pill for some years, and have to report that I never found any unpleasant symptoms I could put down to mercury after the smaller dose was commenced, and that the patients uniformly improved in health and strength whilst taking it.

In 1878 I changed the form of pill to that of one grain of mercury with chalk, made up with two grains of the extract of hyoscyamus, and have continued to use this pill to all patients with syphilis, or with hard sore since that date at the Rescue Society's Hospital. It would be tedious to narrate the details of the cases which have passed before my observation in that hospital during this experiment. In some rare cases I have had rupia to combat, and iritis in a certain number. In many cases there has been notable disturbance of the general health, such as rapid pulse, sleeplessness, pseudo-rheumatic pains, anæsthesia and analgesia, loss of appetite, and emaciation. I have had a few cases of secondary and tertiary disease of the rectum. The latter class of cases have done ill; indeed, there are few of the symptoms of syphilis so likely, in my experience, to lead to a fatal result as tertiary disease of the rectum, as internal treatment is seldom of much service, and surgical treatment alone does any good.

As a general rule, my patients in the Rescue Society's Hospital have recovered quite thoroughly after the treatment above-mentioned, and have been enabled to enter some situation as domestic servants, to which they have been fitted by their education whilst inmates of the hospital in laundry and other domestic work. The diet there

is good and substantial, but no alcoholic drinks are given, and I never have ordered any to the patients, who, I think, partly from this cause have proved most polite and tractable, which is more than can always be said for the inmates of the Lourcine Venereal Hospital at Paris.

With regard to the treatment of tertiary lesions, I have very rarely required to treat such at the Rescue Society's Hospital, and as far as I know none of my patients have had such after leaving hospital and entering into service. I have been inclined to hope that this fortunate result was due to the small doses of mercury used in prolonged courses which has continually acted on the germs and prevented the supervention of gummy products. Had I to speak, indeed, of the treatment of tertiary syphilis from my experience of it in the cases of that hospital, I should have but little to say.

It has, however, been my lot to have to treat elsewhere a number of cases of periostitis, of sloughing sore throat, and even of cerebral syphilis and spinal disease, due to tertiary or gummy deposits. I must confess that in such cases I have been often puzzled when to withhold and when to administer mercury. As a general rule, I think all persons of experience will admit that gummata, whether in the soft or hard palate, or in any other organ, give way very rapidly to large doses of the iodide of potassium. In a case of threatened sloughing of the soft palate—for instance, when not an hour should be lost—I think it not allowable for the practitioner to give mercury, which has very little effect, unless he at the same time administers really effectual doses of the iodide. The iodide, indeed, in such cases is all powerful alone, without any mercury at all. Hence the rule, I think, should be, when we have such an important case, to treat which may suddenly cause perforation of the palate or nostrils, to pour in large doses of ten, fifteen, or twenty grains of the iodide of potassium several times in the twenty-four hours, until danger is past. Afterwards, we may administer again some tonic dose of mercury, such as that of one-hundredth of a grain of the perchloride of mercury, dissolved in ten drops of the tincture of the perchloride of iron, several times daily, continued for months if we think fit.

It would not be necessary to say anything special about the treatment of the primary lesion of syphilis, the hard sore, were it not that Mr. Jonathan Hutchinson, the most illustrious of modern British writers on syphilis, has lately put forward the opinion that the soft sore, or chancre, bears the same relationship to syphilis that an abortive vaccination does to a true one. If this were conceded, perhaps some one might be inclined to administer mercury in the case of chancroids, as used to be done before Bassereau wrote. For my part, I hold that soft sores have nothing whatever to do with syphilis, and that they are as local as ringworm or as scabies. They should, therefore, be treated merely by some topical application, such as a strong solution of nitrate of silver, or iodoform, &c., whilst the initial lesion of syphilis is the sure sign that syphilis has been in the system at least ten days, and probably a month, and consequently, if mercury is ever to be of service, clearly it is when the germs are commencing to spread through the system. Mr. E. Erichsen used to use the expression many years ago that mercury met the poison of syphilis in the blood and attacked it there, thus being the prophet of more recent views.

Some cases of secondary syphilis are very obstinate and difficult to cure. Thus, when the patient is racked in the agony of secondary rheumatoid pains, a severe attack of iritis may supervene, or headache of the greatest intensity. In these fortunately rare but most distressing cases, a very heroic and prompt treatment is needed. Very large doses of iodide of potassium or iodide of ammonium should be administered, and mercurial ointment may be rubbed in alternately in doses of one half or one drachm in the axilla, groins, or thighs, or soles of the feet; or one-sixth of a grain of the green iodide of mercury given every two hours in the twenty-four. Or Professor Henry Lee's plan of calomel vapour baths may be used in such cases.

Conclusion.

The treatment of syphilis commencing with the initial lesion ought to be continuous, and should consist of very small doses of some mercurial salt, continued for months. When severe symptoms are seen, inunction, calomel vapour baths, or fractional doses of the mercurial salt should be given for a week or so every four hours, in combination with large doses of the iodide of potassium, sodium, or ammonium. Atropia drops should be frequently used in iritis. In gummy deposits the chief curative remedy is iodide of potassium in large doses; but a tonic dose of some form of mercurial salt may be added as a germicide. If cerebral symptoms supervene, they are to be treated energetically with the iodide and with immersion.

Mercury in such small doses seems to do no harm to the general health, and there is much evidence to show that it is a tonic, which may be given even for years with advantage in some cases of anæmia. All cases of syphilis, mild or severe, should be treated by these small doses of mercury in order to prevent the supervention of tertiary symptoms or gummy products. The germ of syphilis has not yet been seen by the microscope, but it exists in all probability, and this is the rational account of the useful action of mercury and iodine, which are both germicides.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Two Cases of Chorea.

Under the care of Dr. C. E. ARMAND SEMPLE.

T. G. E., a boy, æt. 11, admitted under Dr. Semple for chorea on December 27, 1882.

On Admission.—Pale, anæmic boy, dark under eyes. Tongue white at sides, red at tip and centre. Protrudes tongue in a jerky way, and withdraws it rapidly. Movements very marked and general, affecting the head, arms, legs, and body. Grasp of hands very unsteady; about equal in power. Heart's action irregular. A loud blowing systolic murmur at apex, followed directly by the second sound, which is clear, but reduplicated. Apex beat in the fifth interspace. Dulness extends from the third to the fifth rib. No marked dulness over the lungs. Rhonchi in the left axilla, and some crepitations at both bases behind. Slight cough. Abdomen normal. Spleen cannot be felt. Urine, sp. gr. 1032, acid, no albumen or sugar. Deposit of urates.

January 1st.—Ordered

Liquoris arsenicalis, ℥ij;

Mistura ferri perchloridi ℥ij. Ter die.

Perspires profusely.

6th.—Movements rather less; can pick up a knife with either hand.

10th.—Bruit at apex loud; also a short diastolic apex bruit which has nothing presystolic in its character.

21st.—Movements much less.

27th.—Movements hardly visible. Bruit not so loud.

February 1st.—Discharged nearly well. Temperature never above 98°6.

T. S. W., a girl, æt. 12 years 3 months, admitted under Dr. Semple on December 27, 1882. About two years ago had a slight attack, viz., awkward and odd in manner. This soon passed off. The present attack dates from three weeks ago; it appears to have been bilateral from the first. From being at first mere awkwardness it has gradually attained the present very severe stage. No history of acute rheumatism or chorea in the family. Girl has had pertussis and measles, but not scarlet fever or acute rheumatism. Two weeks ago had some transient pains in her head and legs.

On Admission.—Patient is a fairly well-nourished girl. Tongue somewhat white; protruded rapidly, and instantly withdrawn. Choreic movements very general, and severe, affecting the head, arms, legs, and whole body. The eyes also are not kept steady. She is unable to grasp the hand, both arms being thrown about when attempting to do so. She is quite unable to feed herself. She cannot speak

distinctly, nor can she sit up without support. No dulness over lungs, nor any marked physical signs except an occasional rhonchus under the right clavicle. Heart's action thumping; no bruit. Impulse in the fourth intercostal space. Abdomen normal. Urine 1030 sp. gr., acid, no albumen or sugar. Temperature normal.

December 28th.—Ordered

Liquoris arsenicalis, ℥iij.;

Misture ferri perchloridi, ℥ss. Ter die.

30th.—Complains of headache.

January 1st.—Movements much less.

3rd.—Tongue when protruded is a good deal steeper.

Speech better. More control over the hands.

8th.—Movements less. Speaks intelligibly. Can pick up small objects with her hand.

9th.—Fed herself for the first time.

10th.—First sound of heart prolonged at apex.

13th.—Between second and third ribs to left of sternum, at the base of heart, the first sound is roughened. Can do needle-work.

21st.—To get up.

February 8th.—Discharged well. Temperature, 98° 8'.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 13TH.

The President, ANDREW CLARK, M.D., LL.D., in the Chair.

REMOVAL BY INTERNAL OPERATION OF A PIN FROM THE LARYNX OF A BOY, ÆT. 13, IN WHICH IT HAD BEEN IMPACTED THIRTEEN MONTHS, AND HAD CAUSED ANCHYLOSIS OF THE LEFT CRICO-ARYTENOID ARTICULATION.

DR. FELIX SEMON read notes of this case. The patient was a boy, ÆT. 13, who, on the 25th of November, 1881, held a pin head foremost between his teeth, when, during the act of laughing, it slipped to the back of his tongue. In his endeavours to get it out he pushed it still further down, and it became fixed in the left side of his throat. No immediate serious symptoms followed, but during the next twelve months he had several paroxysms of pain in the left side of his throat, difficulty of swallowing solids, and spasmodic cough. These attacks were separated from each other by perfectly free intervals; they got, however, more and more severe, and finally on two occasions short and slight paroxysms of dyspnoea were associated with them. The boy was then (October 30th, 1882), brought to St. Thomas's Hospital, and admitted under Mr. Sydney Jones, who examined him under chloroform, and felt the point of a pin through the mucous membrane of the lower part of the pharynx on the left side. Dr. Semon then made a laryngoscopic examination, which resulted in the discovery that the pin was not, as had been so far supposed, impacted in the œsophagus, but in the larynx, and that its point only projected into the gullet. The point, vividly contrasting in colour with the surrounding bright red mucous membrane, was seen to project about 1-8th of an inch out of the arytenoid end of the left ary-epiglottic ligament in close proximity to the base of the left arytenoid cartilage. All the parts in its immediate neighbourhood (left border of the epiglottis, left ary-epiglottic fold, and left arytenoid cartilage) were seen to be considerably tumefied, and the left arytenoid cartilage remained immobile during phonation and respiration. The voice was perfectly normal; there was no dyspnoea. Mr. Sydney Jones consented to attempts at internal removal being made before an external operation was resorted to. After removal of the excessively large tonsils, and after short preliminary practice by means of the laryngeal probe, the boy tolerated the introduction of instruments, and on December 26th, 1882, Dr. Semon succeeded in seizing, under the guidance of the laryngeal mirror, the pin with a pair of lateral serrated forceps, and extracting it. Its length was found to be 1½ inches. There was no reaction after the operation. Four days afterwards it was ascertained by laryngoscopic examination that the immobility of the left arytenoid cartilage formed a permanent feature, and the epiglottis being much better elevated after, than before, the operation, it was seen that both the left arytenoid cartilage and left vocal cord remained, on attempted inspiration, immobile in the position of phonation. There was no dyspnoea; though the glottis only opened to half

its normal breadth. On the other hand, on attempted phonation, the right vocal cord completely joined its immovable left companion, and the voice was perfectly normal. The boy was dismissed on the fifth day after the operation from the Hospital. Dr. Semon remarked that as yet successful extraction through the mouth of foreign bodies after so long an impaction, and after the production of such considerable lasting changes in the larynx, as were observed in this case, had been but rarely reported. Apart from this there were two other points of intrinsic interest in the case. The first was the fact that without any sign of a *suppurative* process ever having taken place during the time of impaction of the foreign body, yet lasting and important changes (notably the anchylosis) had been produced, which distinctly pointed to an inflammation of the perichondrium having formed part of the inflammatory paroxysms spoken of in the history of the case. The process, which, in his opinion, had led to these changes was an *adhesive* perichondritis, the existence of which form of inflammation, so far as the laryngeal cartilages were concerned, was scarcely mentioned or even admitted in text-books on diseases of the larynx, but to which he had already (in 1880) drawn attention in a paper on the subject, published in the *Medical Times and Gazette*. The second, and, perhaps, most important point was the fact that so great a change as complete immobility of one half of the larynx had been produced, and was still present in this case, without the slightest alteration in either voice or respiration drawing attention to the larynx. Dr. Semon wished to urge this point, not only for the sake of this individual case, or of joint affections of the larynx, but with regard to a point of still greater importance, namely, the diagnosis of not only laryngeal, but also cerebral and thoracic diseases. He had shown elsewhere (*"Archives of Laryngology,"* 1881) that there existed a distinct proclivity of the *abductor* fibres of the recurrent laryngeal nerve to become affected sooner than the *adductor* filaments, or even exclusively in cases of acute or chronic, central or peripheral lesions, which affected apparently either the whole of the centres or the whole of the trunks of the motor nerves of the larynx. In such cases the laryngeal changes would consist in an immobility of the vocal cord, the muscles of which are supplied by the affected nerves, in the phonatory position, *i.e.*, in the position occupied by the left vocal cord in this case. It was evident that a similar absence of all symptoms, subjective and objective, might attend such a *neuropathic* change as existed in this case, in which the immobility was due to *mechanical* causes, and the natural conclusion from this was that the absence of all abnormal phenomena did not justify the inference of a perfect integrity of the part—in other words, that limiting the examination of the larynx to those cases only in which certain symptoms imperiously demanded its inspection meant, possibly, depriving oneself of a very important and valuable aid in arriving at a positive diagnosis.

ERYTHEMATOUS ERUPTION IN ENTERIC FEVER. (TWO CASES.)

DR. WHIPHAM related the particulars of two cases lately under his care in St. George's Hospital in which an eruption resembling that of scarlatina occurred. The first was in a cabman, ÆT. 36, who had been addicted to drink, but who for twelve months previously to his admission had been a teetotaler. The fever symptoms had commenced 14 days before, but the bowels had been regular and the motions natural. On admission the man complained of sore throat and headache, and had a bright erythematous eruption on the trunk, legs, and arms. The right tonsil was much swollen. His tongue was thickly coated, his pulse 128, and his temp. nearly 105. Next day the eruption was more marked on the arms and legs and had extended to the feet. On the third day after admission the patient became very restless and delirious, and the bowels which had been up to this date obstinately constipated were opened freely by a purge. The diarrhoea thus set up, though somewhat moderated towards the last, continued more or less up to the time of the man's death, *i.e.*, four days after his admission. No typhoid eruption was present. At the autopsy extensive ulceration of Peyer's patches was found. The second case was that of a child, ÆT. 4, who was received into hospital on October 6th, 1882. He had already suffered from scarlatina, measles, and whooping cough. Feverish symptoms manifested themselves on the day before his admission, and when he came under observation his temp. was 104·2, pulse 120. His tongue was red at the tip and edges, and the papillae protruded from a central white coat. On the day after his admission a red eruption was noticed on the

child's legs and he was therefore isolated. Next day the erythema had greatly extended and was very brilliant, the tonsils were red and swollen. The bowels were constipated. On October 10th (four days after admission), the eruption had faded considerably. The bowels remained inactive and a purge of Carlabad salt was administered, which acted freely. On the 11th the red eruption had disappeared. On the 13th the temperature reached 105, and the pulse 132; the child was delirious and had fits of screaming. The bowels acted once after castor oil, the motion being partly formed, and of a clay colour. On October 17th characteristic spots of enteric fever appeared, but there was now nor at any time any desquamation. From this date the symptoms were clearly those of enteric fever, and the child died on the 19th day after admission. The post-mortem examination revealed extensive ulceration of Peyer's patches and great swelling of the mesenteric glands. Mr. John Harley, in "Med. Chir. Trans." vol. lv., gives twenty-eight cases in which scarlatina was accompanied by swelling of Peyer's patches, but in only two of which ulceration was found, and also a second series of six cases in which scarlatina preceded enteric fever, and further narrates three cases of "mixed scarlet and enteric fever." He also quotes two similar cases recorded by M. Forget. Dr. Murchison says that in many cases of enteric fever the characteristic eruption is preceded by a delicate scarlet rash, and adds that "this is not peculiar to enteric fever but occurs in other forms of pyrexia." Sir W. Jenner speaking of a red rash in enteric fever says that the disease was mistaken for scarlatina. Dr. Whigham had lately seen a case of variola which was preceded by erythema of the abdomen and thighs. The question is, are these really cases of double poisoning, of mixed scarlet and enteric fevers? The absence of desquamation and the fact that an erythematous eruption is not uncommon in variola, pyæmia, and other forms of pyrexia, led to the conclusion that they are really instances of enteric fever preceded by erythema and not mixed cases of scarlatina and enteric fever.

Dr. MAHOMED said he was familiar with the occurrence of a roseolous rash in early stages of typhoid fever, and he had seen several instances of it which were not referable to scarlatinal symptoms. He mentioned the case of a patient admitted to the Fever Hospital under Dr. Cayley, for supposed scarlet fever, and who, six days later, showed evident signs of this disease, with high temperature, &c. The patient died, and, on post-mortem examination, marked lesions of the ileum were discovered, so that it was evident that preliminary symptoms on admission were not those of scarlet, but of enteric, fever. Recently another example of roseolar rash in a case of typhoid had come under his notice in Guy's Hospital, and his experience led him to the conclusion that marked desquamation did not at all follow as a necessary consequence of such rash any more than of those that occurred in typhoid. He was accustomed to teach students that there were four types of typhoid rash. The rash under discussion was, he considered, a form of eruption common to all forms of specific fever; in typhoid cases, however, there was not found a true roseola.

Dr. CAVAFY observed that rashes oftentimes produced by action of drugs might be quite indistinguishable from that of scarlet fever. Surgical scarlatina and the rashes of the puerperal state, and of menstruation, required also to be distinguished, and it was probable that all these forms of eruption were united by a common bond supplied by the connections of the nervous system, paralysis of the vaso-motor nerves affording a likely explanation of the phenomena. Important as he admitted it to be that diagnosis of erythematous from true scarlatinal rashes should be facilitated, Dr. Cavafy regretted his inability to suggest the means for making it. At the moment he had under his own care a patient who was taking salicylate mixture, and in whom an erythematous rash and punctate patches were observed, followed by sore throat, after the appearance of which the rash and punctæ disappeared, but a copious desquamation succeeded; eruptions set up by genuine medicines have also been seen to end in desquamation. Diagnosis in all these different conditions was consequently a most difficult matter.

Dr. ANDREW CLARK expressed himself convinced of the connection of the nervous system with the phenomena. He referred to the fact that exposure of the chest in nervous women during medical examination is followed by production of erythematous rash, the extent of which varies according

to the temperament of the patient; and he had proved that in many cases even desquamation followed afterwards. Dr. Clark said also that he had observed erythema occurring in the course of typhoid fever, and always in anomalous cases complicated by nervous symptoms.

Dr. BROADBENT said the only erythematous rash with which he was familiar as occurring during typhoid was that described by Murchison, and which could not readily be confused with scarlatina. He had, however, no doubt of the concurrence of typhoid and scarlet fevers, having witnessed it in many cases with marked desquamation. He regarded the second of Dr. Whigham's cases as one of scarlet fever preceding typhoid. Dr. Broadbent quoted a case in which every time the patient, a man of general nervous temperament, was stripped, a deep erythematous rash spread over the chest, abdomen, and back, fading away subsequently in patches.

Dr. ANDREW CLARK remarked that certain forms of erythema medicorum persisted for as long as thirty-six hours.

Mr. PAGE had seen cases, one of which he had published, of small-pox commencing in papular rash, which faded away as the typical eruption came out. In one of his own children chicken-pox had been preceded by the appearance of a scarlatinal rash (another child having previously suffered from chicken-pox alone), which rash faded away without desquamation. He ascribed these phenomena to peculiarities of the individual nervous system.

Dr. WHIPHAM agreed with Dr. Cavafy regarding the difficulty of diagnosing such rashes. He drew attention particularly to the fact that in the case of the boy no desquamation followed the eruption. He could not contest Dr. Broadbent's opinion of the case.

Mr. BERNARD ROTH, F.R.C.S., on

A CASE OF LATERRA L CURVATURE OF THE SPINE, ILLUSTRATING ITS TREATMENT WITHOUT THE USE OF MECHANICAL SUPPORTS.

(Photographs and Patient Shown).

The treatment employed has been described in the *British Medical Journal*, of May 13th, 1882. The following is a summary of that paper:—(1.) The importance of noticing osseous deformity, if any, of the spine and ribs, and whether the patient can be at once restored to the normal position, and if not, to what extent. (2.) If even slight osseous deformity be present complete cure is impossible. (3.) Even severe cases of lateral curvature often have no osseous deformity and can be at once temporarily restored to a normal position. (4.) A patient with confirmed curvature, with or without osseous deformity, is so habituated to the vicious position that his attempts to improve the spine increase the deformity unless instructed by the surgeon. (5.) Exercises of the spinal muscles with or without resistance by the surgeon while the patient is in the improved position are absolutely necessary. (6.) Good positions should be assumed at all times, especially in sitting, by means of suitable chairs. (7.) Moderate walking is beneficial. (8.) Lying prone or supine is not curative as the spinal muscles are not strengthened by it. (9.) All spinal supports, where the patient can by an effort maintain an improved position of the spine even for a few seconds, are injurious or useless. (10.) Swinging by the head does not strengthen the spinal muscles. (11.) By avoiding all vicious positions, by good ones being shown and maintained, and suitably prescribed exercises carefully practised, better and quicker results are obtained than by any other treatment hitherto proposed. *Case*.—Miss W., æt. 18, a student at the London Academy of Music, consulted me on March 4th, 1882, with this history:—Up to four years ago strong and well, then without any apparent cause she began to stoop and have backaches. Becoming gradually worse a Brighton hospital surgeon examined the spine, and finding curvature ordered the patient to lie down for two hours daily. At the end of a year as the patient became worse, an ordinary stee support with arm crutches was ordered. This had been worn for two years when she consulted me, the patient having become more deformed and suffering more. On examination, the patient presented confirmed lateral curvature, the whole spine being convex to the left, the right scapula more than two inches below the left, with considerable exaggeration of the cervico-dorsal antero-posterior convexity, causing poking of the head, flat chest anteriorly,

and undue prominence of the abdomen. There was slight permanent rotation to the left of the lumbar vertebrae, and slight increase of the convexity of the left ribs posteriorly. The patient although so apparently deformed could be placed in an almost normal position and maintain it by a great effort for a few seconds. The spinal support was ordered to be left off completely and a few simple exercises shown. December 8th.—The patient visited me for the second time. I found the state of the spine unaltered from the first visit. On December 20th these six photographs were taken. Above are the posterior, lateral, and anterior views of the patient in her habitual position; below, the corresponding views in the best possible position in which I could place her. The contrast between the two sets of photographs is very marked. The improved position always feels very unnatural at first as in this case. I maintain that no instrument yet invented can put or keep a patient in the improved position as shown in these three photographs. My prognosis was that she could be so strengthened by three months daily treatment that this temporary improved position involving such great effort when the photographs were taken, would become a permanent one without any effort, and that all pain would disappear. That is, practically, a complete cure although a slight permanent rotation of the lumbar vertebrae would remain. On December 23rd she began daily treatment. The same prescription of exercises as that quoted from the *British Medical Journal* was used. On January 13th the patient passed the whole day without backache for the first time for two years, and on January 16th the dress-maker had to widen her dress five inches across the chest. On examining the back I found the habitual position decidedly less deformed than on December 20th, less than a month ago. Her family notice a decided improvement in her position at home. Her appetite much better, especially at breakfast. Since January 20th the patient has been practising a prescription of which the "keynote" is a position with the right arm directed upwards, the left arm outwards, while the spine is rotated to the right and slightly flexed laterally to the left. The patient has continued to improve up to the present time, and I see every reason to expect that my prognosis of a practical cure at the end of three months' treatment will prove a correct one. Measurements of the arcs of the different curves in a case of lateral curvature are misleading if a note be not also taken of the improvement which can be effected by the patient's voluntary effort properly directed by the surgeon. Lastly, rough and ready gymnastic treatment such as advising a patient to swing on a trapeze with one hand higher than the other, or to use a skipping rope, is not to be compared in efficiency with systematic localised exercises (medical gymnastics) while the patient is placed in the improved position. The latter continued with attention to the avoidance of all injurious positions during the day constitute the most successful and rapid treatment of lateral spinal curvature.

Mr. HERBERT PAGE ON

A CASE OF TABETIC ARTHROPATHY IN WHICH THE TARSAL BONES OF BOTH FEET WERE INVOLVED.

This case was originally shown in the museum for living specimens at the International Medical Congress. The patient was a man, *æt.* 30, who, in October 1880, began to have swelling of his right leg and ankle. The foot gradually increased in size, and when first seen in February, 1881, there was great enlargement in the region of the tarsal bones, which were freely movable on one another in any direction. A month later, broken cones appeared on the sole, with an ulcer on the big toe. These sores were absolutely painless; as, indeed, was manipulation of his foot; a circumstance which led to the discovery that the patient was the subject of *tabes dorsalis*, the knee-jerk being absent, and the pupils presenting the "Argyll-Robertson phenomenon." There was no ataxia in gait. While under observation the left foot became affected in a similar way to the right, very rapidly and without pain. Four years previously he had severe lightning pains down the limbs, and two years before he had an illness called "nervous debility," of which the most noticeable feature was profuse vomiting every day for nine months; which began and ended quite suddenly without known cause as to its origin or its termination—a true gastric crisis. Attacks of a similar kind have occurred since the patient has been under the author's observation, and each of them has begun with

severe rigor, and been marked by the passage of large quantities of blood in the urine, associated, at the same time, with profuse vomiting, diarrhoea, and increased lightning pains. The patient has now been free from these attacks for some months, and the swelling of the feet has subsided. The feet however, are strangely deformed, owing to an alteration in the relative position of the affected bones. The other symptoms of *tabes dorsalis* remain the same, but there is still no ataxia. The history of this case having been given at considerable length, the author avoided speculation about it expressing the belief that he should not do wrong to be content at present with the clinical study of the disease. He pointed out the rarity of this particular form of arthropathy, only one instance of which had been seen by M. Charcot. Though rare, it had however, many features in common with the arthropathies affecting the larger joints. He laid stress on the practical importance of recognising these diseases in the surgical wards of hospitals where they are most likely to be found, the common symptoms of ataxia being often absent, and therefore rendering the diagnosis more difficult. One foot of his own patient would in all probability have been removed—so bad was it—had not the cause of the affection been accidentally revealed by the symptoms. The arthropathy has subsided, however, and left a useful, though deformed, limb. The occurrence of attacks of paroxysmal hæmaturia was a striking feature in this case, and the association thereof with the other symptoms of a crisis seemed to indicate that it was not less a symptom of the disease than the vomiting, the diarrhoea, and the joint affections. The history may therefore suggest a new line of observation and inquiry in the study of these cases of paroxysmal hæmaturia or hæmaturinuria, whose cause and origin are so often obscure.

Dr. ALTHAUS objected to the term "tabetic," urging that "tabic" would be a more correct form of the adjective.

Dr. BUZZARD suggested that cases of paroxysmal hæmaturia might be really instances of ataxia masked by the more prominent symptoms. A case had recently been reported in the *Lancet* in which gastric crises had been associated with Charcot's joint-disease, and which occurred in the experience of a provincial practitioner. In this case two healed perforating ulcers of the foot had been observed. Dr. Buzzard had lately met with another form of trophic disorder characterised by the appearance of ecchymosis beneath the left great toe nail, and subsequent falling away of the nail itself. The patient was ataxic, and had lost the corresponding toe nail of the right foot a year previously.

Dr. MAHOMED said he had under his treatment a case of locomotor ataxia, in which, in addition to atrophy of the optic discs, polyuria had been present at first, but which had almost disappeared at the time of speaking. This evidently pointed to renal neurosis.

Mr. PAGE said that within the past few days he had received a copy of a thesis by an American physician, in which spontaneous loss of the toe nails was described in connection with *tabes dorsalis*. Dr. Mahomed's case was interesting as an example of kidney neurosis in connection with *tabes*. He (Mr. Page) had purposely avoided to use the term "crisis;" he had seen the term "nephritic crisis" employed by a French physician. He was of opinion that paroxysmal hæmaturia might be associated with *tabes*; it was easy to ascribe it to the effect of cold.

[A patient was exhibited by Mr. Barker, on whom the latter had performed subperiosteal amputation at the hip.]

France.

[FROM OUR SPECIAL CORRESPONDENT.]

TYPHOID FEVER.—M. Peter continued his discourse on typhoid fever on Wednesday at the *Académie de Médecine*. He criticised particularly the doctrines of M. Pasteur relating to their application in surgery. He would admit that the researches of the discoverer of microbes were interesting in two points of view, which were that of natural history and pathological physiology; thanks to the works of M. Pasteur great progress has been made in surgery and obstetrics, but he could not see what services had been rendered to medicine by the so-called vaccinations. He did not under-

stand the denomination of Pasteurian vaccinations. Jenner inoculated a benign malady in order to ward off a grave disease, and that was vaccination; but M. Pasteur did not vaccinate, he inoculated. Before Jenner inoculation was practical, but it was found that often serious accidents followed, as the virus was in no way modified. Trousean thought to re-establish inoculation, but was forced to abandon it. M. Pasteur himself confessed that the direction of preservation against the virus of charbon did not exceed a year, and in many instances grave results followed the inoculation. In concluding, M. Peter said that, in his quality of philosopher and doctor he was obliged to affirm that all those pretended discoveries over which so much noise had been made have enlarged very little the circle round which the human mind revolves.

UMBILICAL EPITHELIOMA.—At the Société de Chirurgie M. Després communicated the case of a woman of sixty-five upon whom he operated for an epithelioma of the umbilicus. He circumscribed the tumour by two semicircular incisions, not only was the peritoneum attacked but also the epiploon, parts of which had to be removed. The tumour extirpated, he plugged the wound with the epiploon, replacing the cancer by an epiplocele. The patient left the hospital cured in a fortnight. M. Nicot said he did the same operation for a fibrous tumour of the umbilicus, in which he had also to open the peritoneum, but the patient had a good recovery.

TREATMENT OF FURUNCLES.—It is well known to-day that the matter of furuncles is inoculable spontaneously, and it is considered that this spontaneous inoculation is encouraged by the softening of the epidermis from the employment of the poultice so often used in this affection. The primitive boil becomes thus the point of departure for secondary ones, which manifest themselves in the neighbourhood. To prevent this inconvenience M. Labbé had the idea of employing successively for the dressing of furuncles a solution of chloral or phenic acid, but he perceived that this dressing, which was undoubtedly antiseptic, did not hinder the softening of the epidermis; it was thus he had recourse to collodion, a layer of which he placed around the furuncle. The result answered to his expectations, for no secondary evil appeared. M. Pasteur discovered the microbe of the furuncle which he found situated at the summit of the pustule. However, it will be borne in mind that secondary evils do not always depend on auto-inoculation, but often are the result of a diathesis at present not well understood.

CHLOROFORM BREATH IN GASTRIC DISTURBANCE.—There is a symptom of gastric disturbance in children which I have never yet seen mentioned in any text-book, French or English, and yet it is almost invariably constant and generally to be met with at the *début* of the affection, so that it may be considered as a sure premonitory sign, I mean that of the breath, which smells as if the child had freely inhaled chloroform. I have always found that this "chloroform breath" not only commenced with the gastric disturbance, but continued during the whole period of the malady, and that its cessation indicated also a cessation in all the other general symptoms, fever, vomiting, &c., and consequently a return to health. I have remarked this peculiar odour in children of every age, and once in a grown up person, it was then very strongly marked. I do not pretend to be bringing to light anything new, but I have never heard this peculiar symptom alluded to anywhere. In gastric derangement or *embarras gastrique* as the French call it, the breath has always been described as possessing a heavy odour, but that is very different from the chloroform smell which is sometimes

so pronounced as to be liable to induce the medical man to believe that the patient had been using the anesthetic.

ERRATUM.—It is hardly necessary to say that in the paragraph on the treatment of chronic diarrhoea by oxide of zinc which appeared in a recent number "ulceration of the intestines," should be substituted for "ulceration of the uterus."

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 18, 1883.

THE MEDICAL BILL—A NEW DANGER.

IN common with most of those who have been engaged in watching and reporting the progress of the new Medical Bill, we have permitted one of the dangers surrounding it to pass unnoticed in the hurry of attending to what have been deemed to possess more pressing importance. The question of the title to be conferred on those who succeed in passing the final examination to be instituted under the Bill has, notwithstanding, again and again presented itself to our consideration; and ere long it had been intended to refer more particularly to the points raised in connection with it. Now, however, delay is no longer possible, for the Royal College of Surgeons, in a way that might very properly be commented on in severer terms than we care to employ, has seized on the weak points presented by the title of registration, and has urged on the Lord-President of the Council the desirability of substituting for it—nothing at all. Should our information be correct—and we have no reason to suppose it is other than accurate—a proposal has been made to those in charge of the Bill to amend the clause referring to titles forthwith, and to provide that whoever passes the examination in medicine, surgery, and midwifery appointed to be passed before registration shall thereby be entitled to go on

the Register of medical practitioners, but shall not by reason of it possess the right to use *any title whatsoever*.

Seriously as we have disagreed on more than one occasion with the action pursued by the Royal College of Surgeons, it has never fallen to us to chronicle such utterly unworthy opposition on its part as is shown by this attempt to emasculate a measure which promised so much real good. The consequences that must flow from the passing of a Bill pruned down to the extent dictated by the College are easily imaginable. One of the first will be depreciation of the *status* of those practitioners who are on the Register merely by virtue of the State examination. It is true they will be entitled to all the legal privileges attaching to registered medical men; but notwithstanding they will be as nameless for professional purposes as the most innominate of structures; they will possess no means of calling themselves medical men even, for absolutely *no* title will be accorded to them; and unless they transform themselves into perambulating book rests bearing the Register open at the pages wherein their names are recorded, they can never hope to appear in the world as members of an honourable profession.

On the other hand, whoever possesses a qualification which carries the right to employ significant titles and letters, whether obtained prior or subsequent to passing the registration examination, will rank incomparably superior to the equally registered practitioner, who, however, is debarred from parading any title indicating medical and surgical qualifications. The College, it is right to suppose, has had its wits sharpened by fear of losing its income, and with the quickness of dread has seen a possible escape from threatened obscurity. "If," it probably argues, "we can secure that registration shall confer no title, then our membership will continue, though it be but an ornament, and non registrable alone, to be a coveted qualification; and *we* shall continue to reap the rich annual income we have so long and so pleasantly enjoyed. In order, therefore, to bring about so desirable a consummation, we will not hesitate to convert, if by our efforts we can, a good and useful measure into a pitiful and ridiculous failure; it is surely better for us to preserve our fat and agreeable pickings, than it is to resign them after so long an enjoyment just for the sake of advancing medical reform. If the reforms proposed are brought about, we must suffer to some extent at least. We decide that we will not suffer at all."

This statement of the case is doubtless harsh and unsympathetic towards the College; and we are keenly alive to the fact that it is so. But we contend, that in the face of a danger so grave as that with which the progress of the Bill is now threatened, it is incumbent on us as guardians of medical interests to speak plainly out at whatever cost of pain or inconvenience. Moreover, the position of the Royal College of Surgeons as a great intellectual centre is so high and universally acknowledged, that its own safety is compromised by the action last taken by its Council. By as much as it is an important corporation, and by as much as it has exerted an influence in the past, it will be urged by those whom its suicidal attacks on reform are aggravating to

resistance, that danger lurks within it, and that its powers should be restricted within the narrowest possible limits. We should grieve to see this come to pass; but by-and-by the profession will demand to have its voice heard as well as that of a numerically small though unquestionably eminent minority; and when this time arrives, there will be little power of resisting the urgent claim that will be then advanced.

Had the College less glaringly insisted on its own rehabilitation; had it confined itself to objecting to the title of Licentiate of the Medical Council in Medicine, Surgery, and Midwifery, *per se*, it would have commanded sympathy in many quarters. Few of us, indeed, are agreed that this title is the right or proper one to adopt; and there remains much to be said ere it or a more appropriate one shall be accepted. But between selecting a better title in place of a bad one and abolishing the title utterly there is a vast and impassable gulf, and almost the only characteristic of the latter proposal is the cool effrontery of the proposers. It is, of course, evident that a vast majority of future practitioners under this Bill will affiliate with one or other of the medical corporations; but the scheme of the College would introduce the system of compulsory affiliation in every case except that of the men who would contentedly accept a position in which they would necessarily be regarded as distinctly inferior in *status* to the most ordinary possessor of a *qualification*, however easily obtained.

The attempt of the College is, in fact, an attempt to degrade the profession to the utmost depths, by introducing the most invidious possible distinctions. Should it by any ill chance happen that the proposed amendments pass into law, then, instead of improving the profession of medicine, legislation will have succeeded in plunging it back to a condition a hundred times worse than it was in 1858.

THE SHARE OF EACH LICENSING BODY IN THE MEDICAL WORK.

THE *status* of each of the licensing bodies in the Kingdom will no doubt be hotly debated when it comes to be settled what representation each of them should have on the divisional board which is to be established by the Medical Bill, and what the claim of each may be upon the surplus funds which the Medical Council will have at its disposal. The remark which fell from Lord Carlingford when he moved the second reading of the Bill, to the effect that the Irish Universities might be entitled to larger representation, would seem to indicate a contemplated amendment of the Bill in this direction. But we may ask, upon what ground should the demand of a licensing body to a voice in the divisional board be decided? The Scotch and Irish Universities have answered that they should have a prior voice in the board because they do the chief part of the licensing work of Scotland and Ireland; and as they have thus adopted extent of the licensing work done as the basis of assessment, it is essential that we should know what right to consideration each licensing body possesses on this ground.

With a view, therefore, of comparing the output of

Licentiates by each University and College throughout the Kingdom, we have tabulated for the three last years the annual returns made by these bodies to the General Medical Council—which returns can be found in the minutes of the Council—and we have worked out the average percentage of rejections by each body for these years. We have, of course, taken no cognisance of higher degrees, nor of special licences such as midwifery diplomas, and our calculations are made exclusively upon the results of the final examinations through which the Licentiates passed into the profession.

We place the various licensing bodies in the order of the amount of their licensing work.

Annual Number of Candidates passed at Final Examination for the Working Qualification of each Licensing Body, with Percentage of Rejections. Average of Three Years, 1879-80 81 :—

ENGLAND :	Passes.	Percentage of Rejections.
M.R.C.S. Eng....	421	34.2
L.S.A. ...	221	17.8
L.R.C.P. Lond.	92	20.2
M.B. Lond. ...	41	25.4
M.B. Camb. ...	18	32.8
M.B. Durham ...	15	15.2
M.B. Oxon. ...	6	18.5
SCOTLAND :		
L.R.C.P. & L.R.C.S. Edin.	155	40.6
M.B. Edin. Univ.	125	19.1
L.R.C.P. Edin.	106	25.2
M.B. & M.Ch. Glas.	65	23.2
M.B. and M.Ch. Aberd.	52	26.0
L.F.P.S. Glas....	29	19.0
L.R.C.P. & L.F.P.S. Glas.	28	42.3
L.R.C.S. Edin.	25	19.8
M.D. & M.Ch. St. And.	1	0.0
IRELAND :		
L.R.C.S.I. ...	110	25.5
L.K.Q.C.P.I. ...	99	19.8
M.D.Q.U.I. ...	63	28.0
M.B. Dub. Univ.	32	13.3
L.A.H. ...	31	27.8

These figures put beyond dispute that the Colleges do three-fourths of the qualifying work of the profession throughout the Kingdom. The London College turns out a greater number of practitioners than all the other licensing bodies in England put together. The Colleges of Physicians and Surgeons in Edinburgh also make as many Licentiates as all the other licensing bodies of Scotland combined, but they have very formidable competitors in the Universities of Edinburgh and Glasgow, which institutions monopolise more than a third of the Scotch licensing work.

In Ireland the disproportion between Collegiate and University work is equally well marked. The Irish College of Surgeons and Physicians send out between them nearly double the number of practitioners qualified by all the other Irish licensing bodies, and the College of Surgeons, standing alone, qualifies a considerably larger number of Licentiates than the two Universities put together.

We think, therefore, it must be admitted that, if

numerical preponderance in the work of licensing is to be the test of representation in the divisional board, the Colleges ought to send to each board the majority of its members. But it will no doubt be pleaded on behalf of the Universities that the Colleges obtain this numerical preponderance by ease of examination. If such an argument be used, we invite a comparison of the rejection percentages which we have given. In every country it appears that the proportion of candidates refused by the Colleges is, in almost every instance, greater than that which is shown by the University rejections. We shall not add further comment on these figures. We have produced them because we think it unfair that Universities should claim a position as licensing authorities to which they are not entitled, and should attempt to obtain a dominant influence in the medico-educational arrangements of the future by means of statements which, when examined into, turn out to be inaccurate.

THE MEDICAL BILL.

THE opposition to the principle of the Bill which, it was anticipated, would be embodied in a motion that the second reading should be deferred for six months, completely collapsed on Thursday week, and the Bill passed without any serious resistance the stage at which its principle was to be discussed. The Huxley proposal that all licensing bodies should continue to grant all the registrable diplomas they pleased, subject to supervision by coadjutor examiners appointed by the Medical Council, was not even mentioned in the debate, and may now be said to be *hors de concours*. The neck-or nothing opposition by Earl Cairns, which we were told would be pressed on behalf of the University of Dublin, resolved itself into a demand for reasonable amendment of the Bill at a future stage, and the promised thunder of opposing Lords was heard so mildly that it would almost seem as if those "who came to curse remained to bless."

The stage of Committee will be taken on Thursday (to-morrow) and we trust that the differences of opinion and interest between teachers, licensing bodies, and reformers may then be satisfactorily composed. The Irish Universities want a larger representation on the divisional board, and they ought to have it, if they can show that they are doing the largest share of the medico-educational work of Ireland, but not otherwise. The Rev. Dr. Haughton has published a manifesto in support of the claim of the Dublin University on this ground, and he, with characteristic audacity, takes credit for all the medico-educational work done by the Queen's University as so much good service performed by Dublin University.

We may, we presume, leave to the Senate of the Royal Irish University the duty of claiming credit for the chief part of that good service, and relegating the University of Dublin to the fractional portion of the work which has been hitherto performed by it. We do not contend that the right of a licensing body to representation on the divisional board should be judged altogether by the number of its licentiates, which Dr.

Haughton seems to consider the proper test of merit; but if output of practitioners is to be the basis on which the dispute is to be settled, we expect that the Royal Irish University, and not the Dublin University, will be the body to profit by this method of assessment.

The Irish College of Physicians—having very unwisely thrown itself into the holy war against the Bill of which Dr. Haughton had raised the standard—shares in the defeat sustained by that opposition. We hope that the College has thus learned the wisdom of seeking what is attainable, and will now devote itself to obtaining fair terms for the Irish School of Medicine and Surgery, and achieving a reasonable settlement of admitted abuses, instead of baying the moon in an unmeaning howl against reform.

We congratulate the profession on affirmation of the principle of the Bill by the House of Peers, and we trust that their efforts will not be relaxed until a good, thorough, and practical measure of reform has received the Royal assent.

Notes on Current Topics.

Poisoning by Gelsemium Sempervirens.

AN interesting case of this nature is reported by Dr. L. Friedrich, of Philadelphia. The patient was a little girl, *æt.* 14, who had taken by mistake a teaspoonful of the fluid extract of the drug. She had mistaken it for the bitter wine of iron, which she had been taking for nervous debility and weakness. Symptoms of dizziness, headache, great prostration, muscular relaxation, convulsions, a reeling and staggering gait, want of co-ordination throughout the entire system, widely dilated pupils, double vision, paralysis of the upper lids, and of the lower jaw, overflow of saliva from the corners of the mouth, congestion of the face, difficulty of speech, marked dysphagia, immediately followed, whilst the heart sounds were heard as if far distant. A semi-comatose condition supervened. The face from being congested became pale and death-like, the surface of the body cold, clammy, and finally covered with cold perspiration. There was a marked fall in the temperature of the body, but the number of degrees of temperature is not given. The pulse, at first quick and bounding, became feeble and thready. Respiration, at first normal, became gasping. The patient lost consciousness altogether. The treatment adopted was stimulation, and futile efforts to secure emesis. No stomach-pump was obtainable. Sulphate of zinc, mustard and water, and tickling the throat all failed. Strong infusion of coffee, artificial respiration on Sylvester's method, hot affusions, mustard to the extremities and spine, and the hypodermic administration of whisky, used seventeen times, were the means employed. Eventually the patient recovered.

THE use of Dudley House having been generously given by the Earl of Dudley for a concert last week, Madame Cellini has been able to hand over to Mr. Dobbin, the secretary of the Brompton Hospital for Consumption, the very handsome sum of £674 as the proceeds.

An Obstetrical Phenomenon—Crying of the Fœtus in Utero.

Dr. HARLOW, of Detroit, an accoucheur of forty-six years practice, and whose position, honourable character and credibility are vouched for by the editor of *Michigan Med. News*, reports a case of the above extraordinary, and apparently incredible nature. He declares that there is no possibility of his being mistaken or deceived. The following is his report of the case:—The lady was about forty years of age and in her fifth confinement, eleven years having intervened since giving birth to her fourth child. Upon digital examination, I found the waters just gathering, and after one or two additional pains the membrane broke and the amniotic fluid quite flooded the bed. It was a vertex presentation of the sixth variety, according to Baudelocque. Before the labour had further progressed, and while the head was yet engaged in the superior strait, the child made two distinct audible screams that could be plainly heard in any part of the room. Being greatly surprised at what I heard, I gently passed my hand up the vagina and found the head still in the superior strait. I made several ineffectual attempts to disengage it from its fixed position, but did not succeed in getting any descent of the head, and during this time the child had several spells of crying, the same as was heard at first, the tone and voice being unmistakably that of a child. During a lull, the pains did not entirely cease; and generally following each one the child would cry as before. I subsequently applied the forceps, and delivered the woman of a large female child. I afterwards took occasion to fully investigate this remarkable phenomenon. The patient told me 'the child first commenced crying four weeks before it was born, and kept it up at intervals till its birth, since which time it has not cried at all.' This lady declared and persisted that she went four weeks over her regular time. At first, she said, she was greatly surprised and alarmed, but as this peculiar freak of nature continued without producing any particularly alarming symptoms, she became so accustomed to its frequent repetition that her alarm vanished. To any doubting the facts stated, I can only say that I have reported my case accurately and truthfully in every particular, which I know to be so from personal knowledge."

The Fruits of Anti-Vivisection.

THERE has long been a false unwillingness among writers in medical journals to utter the truth concerning the necessary consequences of anti-vivisectionism. That this feeling is an unwise one there can be little doubt; and we are equally certain that a little wholesome awakening of the public to the danger they incur by pandering to sentimental opposition to science will be of real and lasting benefit. We are glad, therefore, to find our influential contemporary *Nature* addressing itself in downright earnest, and in simple and comprehensible language, to the task of enlightenment. Too much prominence cannot be given to the fact that, as Mr. Cartwright pointed out in his speech on Mr. Reid's Vivisection Abolition Bill, if experiments on animals are prohibited, then human beings must necessarily become the subjects of the roughest possible treatment. Refinements of research

under these circumstances, moreover, would be simply impossible, and every medical man would perforce become, whether he wished it or not, a vivisector of his patients; for it cannot be gainsaid that the attendant's duties to his profession are a higher claim than any advanced by the men and women who come to him for cure and relief. These truths are great and important, and they deserve to receive the utmost public attention at the present time.

Lady Doctors Wanted.

THE following encouraging information respecting the pressing need for female medical practitioners in other countries will be gratefully read by many of our English qualified women who find their hopes of practice at home most sorely disappointed. Miss Howard, M.D., an American, has for some time engaged in the practice of her profession in China, where she was fortunate enough to be called to attend the mother of a highly important official, Li Hung Chang, and subsequently the wife also of the same distinguished personage. Her fame as a physician has, it appears, spread over all North China, and Miss Howard is now besieged with applications to attend the wives and female relations of wealthy natives, who are entirely averse to consulting a foreign male physician, but who are nevertheless sufficiently alive to the value of skill and experience gathered in the Western schools. This eagerness for advice at the hands of a competent female doctor shown by the Chinese women may be considered as a phase of the general feeling of the kind prevalent in the East, and we trust that it may be accepted as a "call" to work by the growing number of young ladies who devote themselves to medical studies here at the commencement of each winter session.

American Opinion on the Medical Council.

OUR American contemporary, the *New York Medical Record*, devotes a leading article, in its issue for March 31st, to the prospects of medical reform in this country. After dwelling on the shortcomings of the Royal College of Surgeons and other examining bodies in the past, it gives brief attention to the Medical Council, which, being about to meet for a renewal of its usual business, so excellently described below, may find something more than cause for amusement in the following passage:—"The new Act will also create a reformed Medical Council, to which will be handed over the funds accumulated by the present one. It is to be hoped that the new Council will do more useful work for the profession than the present one has done. Most of its income has been devoted to the salarizing the members, who hold an annual sitting which begins and ends in—talk." Without flattering unduly, our contemporary has successfully evaded error in this description; its reference to "salarizing" being perhaps as correct a statement as any other that could be made of the application of the funds of the Council.

Royal College of Surgeons of England.

AT the regular quarterly meeting of the Council of the Royal College of Surgeons, held on Thursday last, after several reports had been received and other formal business transacted, an election to the Fellowship was

carried out in the cases of Professor Huxley and Mr. John Tomes. Both these gentlemen being members of the College of twenty years' standing, became eligible for election to the higher qualification without examination, and they, therefore, now enjoy the distinction this title confers upon its holders.

Death of Dr. Palfrey.

DR. PALFREY died on Tuesday, the 10th inst., at his residence in Brook Street, Grosvenor Square, after an illness of some weeks' duration. The deceased physician was well known as a successful gynaecologist and obstetrician, and was widely esteemed for his genial and generous disposition, while students particularly will feel that in him they have lost an earnest and enthusiastic friend and supporter. Dr. Palfrey had been for some years Senior Obstetric Physician and Lecturer at the London Hospital, where his loss will be keenly and for a long time felt.

The Jacksonian Prize.—Royal College of Surgeons.

AT a meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, the above prize was awarded to Mr. Anthony Alfred Bowly, F.R.C.S., of St. Bartholomew's Hospital, for his essay on "Wounds and other Injuries of Nerves, their Symptoms, Pathology, and Treatment." The subject for this prize for the present year is—"The Pathology, Diagnosis, and Treatment of Obstruction of the Intestines in its various forms in the Abdominal Cavity," the essays for which must be sent in to the College on or before December 30th next.

Volunteer Medical Corps.

A MEETING was held on Wednesday last at Charing Cross Hospital in furtherance of a scheme, referred to in our last issue, to raise an ambulance corps among medical students. It was decided that such a corps should be formed, and speeches in favour of it were delivered by Surgeon-Major Evatt, Mr. Cantlie, and others.

Anti-Vaccination.

IN the House of Commons Mr. Burt inquired last week of Sir Charles Dilke whether it was the intention of the Government to introduce in the present session a measure to repeal or to mitigate the severity of the compulsory clauses of the Vaccination Acts,—and Sir C. Dilke replied that in the present state of public business he could not hold out any hope of legislation on the question during the present year.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 27, Bombay 37, Madras 36, Paris 30, Geneva 27, Brussels 23, Amsterdam 31, Rotterdam 31, The Hague 20, Copenhagen 30, Stockholm 23, Christiania 20, St. Petersburg 41, Berlin 24, Hamburg (State) 28, Dresden 27, Breslau 37, Munich 27, Vienna 34, Prague 34, Buda-Pesth 30, Trieste 37, Rome 30, Turin 27, Venice 31, Lisbon 33, New York 29, Brooklyn 23, Philadelphia 23, Baltimore 25.

Encouragement of Sanitary Research.

IN connection with the sanitary research scholarships and prizes instituted by the Grocers' Company, it is announced that any British subject, male or female, under 35 years of age may obtain one of the scholarships, and the £1000 prize is open without restriction to the whole world. A committee of selection, to which the duty of nominating scholars is confided, has been chosen, and includes the following well-known names: Mr. John Simon, C.B., F.R.S., Professor John Tyndall, F.R.S., and Dr. Buchanan, F.R.S. The first election will take place in May next, and the candidates must lay their claims before the committee during the present month.

A PAPER was read last evening at the meeting of the Statistical Society, by Mr. Noel A. Humphreys, on "The Recent Decline in the English Death-Rate, and its Effect upon the Duration of Life."

THE Emperor of China has received permission of the Government of India to send a certain number of youths to India, with a view to their studying European medicine and surgery at the Calcutta medical colleges. This is a bold step of the "heathen Chinese."

PROFESSOR FLOWER, F.R.S., delivered a lecture at the Working Men's College, Great Ormond Street, on Saturday evening, on "Fashion in Deformity." The chair was taken by Professor B. Thompson Lowne, F.R.C.S. This was one of the free popular lectures, and it was numerously attended. Tickets for the remainder may be obtained on application to the secretary, at the College.

THE election of a Professor of Practice of Medicine in the Irish College of Surgeons in place of Dr. James Little, who has resigned, is fixed for Saturday, June 2, the day when the College assembles to receive the annual report of the Council. The election will, in accordance with the charter, be by seven councillors chosen by lot. Dr. J. W. Moore and Dr. Arthur Wynne Foot, both physicians to the Meath Hospital, are mentioned as probable candidates.

It gives us pleasure to record the acquittal of Dr. Forbes, Demonstrator of Anatomy in the Jefferson Medical College, U.S., of the charge of complicity with the grave-robbers who were last fall tried and convicted. It would have been a great hardship had Dr. Forbes been convicted. He was doing what has been done, and is done, and always will be done; he desired to procure enough material to enable his students to properly prosecute their anatomical studies, and he went about it in the ordinary manner.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their population were—Salford, Birkenhead 18; Portsmouth, Halifax 19; Bristol, Sunderland, Newcastle-on-Tyne 20; Bradford 21; Derby, Wolverhampton 22; Birmingham, Brighton 24; Leeds, Cardiff, London, Bolton, Norwich 25; Edinburgh, Blackburn 26; Leicester 27; Plymouth, Preston 28; Huddersfield, Nottingham 29; Sheffield

Hull 30; Oldham 31; Liverpool 32; Glasgow 33; and Manchester 35.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class, per 1,000 of the population, were—from whooping-cough, 1.5 in Bradford, and 3.8 in Hull; from measles, 1.5 in Manchester, and 1.6 in Sheffield; from scarlet fever, 1.1 both in Preston and Leeds; and from fever, 1.4 in Blackburn, and 1.7 in Sunderland. The 35 deaths from diphtheria included 20 in London, 6 in Glasgow, and 5 in Edinburgh. Small-pox caused one death in London, and one in Newcastle-upon-Tyne, but not one in any of the other towns.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

SOMETHING WRONG SOMEWHERE.—At the first examination at the University of Edinburgh, just concluded, out of 200 students, nearly 100 failed to pass the test. Surely there must be something wrong in a system which produces so many failures; either the students are more idle than they are proverbially supposed to be, or the tests are too severe, or the teachers fail to attract the attention of their pupils. It may not be easy to explain the cause for so many failures, but there cannot be a doubt that the enormous size of the classes is detrimental to the proper supervision of the students, many of whom are mere boys. A professor may lecture to five or six hundred students, but it is absurd to suppose that he can teach more than a third of that number.

THE EXTRA-MURAL SCHOOL OF MEDICINE, EDINBURGH.—At a meeting of the lecturers of the Surgeons' Hall division of the School, held last week, the resignation of Dr. Argyll Robertson owing to his appointment to the Lectureship on Ophthalmic Surgery in the University, was read, and it was resolved that another meeting be held shortly to fill up the vacancy.

UNIVERSITY OF EDINBURGH SCIENCE DEGREES IN PUBLIC HEALTH.—The following gentlemen have passed the examination for the degree of Bachelor of Science in the Department of Public Health:—W. E. Bailey, M.B., C.M. (Glas.); James Crombie, M.B., C.M.; Francis William Grant, M.B., C.M.; W. A. Harrison, M.B., C.M.; H. Aubrey Husband, M.B., C.M.; and William Robert Smith, M.D.

EDINBURGH UNIVERSITY GENERAL COUNCIL.—We understand that Emeritus-Professor Mackay will be proposed as representative of the Council of Edinburgh University at the University Court, in room of Dr. Balfour, resigned. At the same time we hear that strenuous efforts are being made by the medical graduates to further the election of Dr. D. R. Haldane, late President of the College of Physicians, and formerly a Lecturer on Medicine in the Extra-Mural School.

THE LORD-RECTORSHIP OF THE UNIVERSITY OF GLASGOW.—The Liberal students of the University having communicated with Mr. Fawcett, M.P., and proposed that he should consent to allow himself to be nominated as a candidate for the Lord-Rectorship, the right hon. gentleman has complied with their request. The Conservative students have determined to run the Marquis of Bute, who has consented to be nominated as a candidate for the post.

THE GLASGOW MEDICO-CHIRURGICAL SOCIETY AND MEDICAL REFORM.—A *pro re nata* meeting of the Glasgow Medico-Chirurgical Society was held in the Faculty Hall, to consider the "Medical Act Amendment Bill in its relations to the interests of the profession generally." Professor Gairdner, President of the Society, occupied the chair. Dr. Ebenezer Watson moved the first resolution: "That this meeting approve of the Medical Bill in so far as it provides for the formation of a conjoint board in each division of the Kingdom to examine all candidates seeking registrable medical licences." Dr. Watson remarked that there were some minor matters in the Bill which he could not approve of, such as the representation at the Divisional Board and at the Medical Board, which was to take the place of the General Medical Council, but he thoroughly approved of the attempt which was made in the Bill to have uniformity of examination, and a general licence for all practitioners. The Bill, in its own way, proposed a thing which the profession had for long wanted, and which they still desired. He hoped they would endeavour to get the measure amended in its details, and to get it passed, because its general object was an extremely good and desirable one. The interests that were at stake—University interests and corporation interests—were very much *à d. interests*; and looking at it from a professional point of view, he held that the demand at present was for a shorter education and a cheaper licence. Let those of them who had the means and the talent afterwards seek for a higher education and for higher titles, and possibly for greater remuneration. Dr. Morton seconded the motion, which was unanimously carried. Dr. D. C. MacVail moved, in a long and forcible speech, "That this meeting is of opinion that the profession should have direct representation, not only on the Medical Council, but also on the Divisional Boards, and that in Scotland the profession should elect four of the eleven members of the Board, thus giving to the Universities four members, to the corporations three members, and to the profession four members." Dr. Lapraik seconded the motion, which was adopted. Dr. McEwen moved, "That this meeting is of opinion that when the Examining Board is instituted, there should be a rule that no candidate for the diploma of the Board be examined by any member of the Examining Board who may have been his teacher on that subject." Dr. Stirrin seconded, and the motion was also unanimously adopted.

ABERDEEN UNIVERSITY. — THE FIFE-JAMIESON GOLD MEDAL.—The result of the competition for this medal has just been announced, the medal being awarded to Mr. Patrick Whyte Rattray, Aberdeen, who gained 93.5 per cent. of marks in the combined written and oral examinations. Two other competitors were regarded as worthy of special mention—Mr. John Marshall Lamb, Aberdeen, 87 per cent.; and Mr. Francis Grice Jones, Denbigh, 80 per cent. The medal was founded by subscription last year in memory of the late Dr. Fife Jamieson, Demonstrator of Anatomy in the University, and is open to all students in the anatomy class.

GLASGOW SOUTHERN HOSPITAL.—Despite cogent criticisms against this scheme, progress does not seem one whit retarded. At a time when the social and moral effects of all hospitals are philosophically inquired into, this is saying not a little for the business enterprise of Dr. Eben. Duncan and his friends. The committee appointed for the purpose have made their award as between the competing plans, the premium going to the plan sent in under the motto "Hygiene," No. 1, the authors of which are Messrs. Campbell, Douglas, and Sellars,

architects, Glasgow. There were other very meritorious plans, and there were no less than 46 competitors.

ABERDEEN UNIVERSITY COURT.—This body met on Tuesday, the 10th inst., Dr. Bain, the Lord Rector, presiding. On the suggestion of the Lord Rector, the following resolution (endorsing a motion which had been adopted by the University Council at the instance of Professor Struthers) was passed without remark:—"The Court heartily concurs in the desirableness of an addition to our bursaries for the benefit of students of medicine, and has much satisfaction in recording the recent gifts by Mrs. Marr and Mr. Thompson, of Pitmedden, for that express object." Professor Geddes then moved "That the cordial thanks of the Court be given to Mrs. Marr and George Thompson, Esq., of Pitmedden, for their munificent donation to found medical bursaries." In supporting this resolution Dr. Geddes showed how much was wanted at the Aberdeen University to fit it in the highest degree for the work it should perform. In the course of his remarks he referred to the Universities Bill for the purpose of showing that, as it sought to divorce the Scotch Universities from the Treasury, an effort must be made on the part of the general community to supply the deficiency in funds that would thus be occasioned. Dr. Bain strongly approved of the vote of thanks to the two donors named. As to the Universities Bill, he remarked that the money given for University education was a mere trifle compared with the cost of some of the petty wars in which the country engaged. Other members thought the Universities Bill should not be discussed in this incidental way, and the subject was allowed to drop.

HEALTH OF EDINBURGH.—The mortality in Edinburgh for the week ending with Saturday, the 7th inst., rose from 86 to 112, and the death-rate was 25 per 1,000 per annum. There were 12 deaths under 1 year, and 39 above 60, of which were 60 years. Diseases of the chest accounted for 60 deaths, and zymotic causes for 12, of which 2 were due to fever, 1 to diphtheria, 1 to scarlatina, and 2 to measles—the intimations for these diseases for the week being 6, 1, 28, and 15.

ACCIDENT TO A MEDICAL MAN.—On Friday, the 6th inst., as Dr. Meikle, of Melrose, was stepping into his conveyance at his own door, his foot slipped off the step, and the wheel of the machine coming in contact with his side, two of his ribs were broken. He is, however, doing well, and it is expected that he will be able to resume work shortly.

Obituary.

JAMES PALFREY, M.D., M.R.C.P. Lond.

We have to announce with deep regret the loss of one who, in the forty-sixth year of his life and in the prime of activity, has been somewhat suddenly taken from amongst us. By the death of Dr. Palfrey, not merely the London Hospital and its staff, but the entire profession, have been deprived of one of their most enthusiastic and able workers.

Dr. Palfrey was born at Deal in 1837, and at fourteen years of age was apprenticed to Mr. George Mason, of that town. He graduated M.D. in 1858, and became a member of the Royal College of Physicians two years later. In 1859 he married Ellen Mary Anne, the only daughter of the late Dr. Lever, and found in her the prize which, by the distinction he had gained as a successful student of Guy's Hospital and by his devoted attachment to her father, he had fully won. In 1861 he was elected Assistant Physician to the Metropolitan Free Hospital, and four years subsequently Assistant Obstetric Physician to the London Hospital. He now rapidly became known to the professional

world as a specialist of the first order—a specialist whose intimate acquaintance with that department he had selected to devote his attention to had been built on the sure foundation of a sound general knowledge of medicine and surgery. We are indebted to Dr. Palfrey for many steps in the advancement of obstetrics and gynecology, and to his genius and mechanical skill, displayed in the invention of several valuable instruments, among which may be mentioned incidentally his craniotomy forceps and tumour forceps, for many therapeutic resources.

On the death of Dr. Head in 1875, Dr. Palfrey was elected Senior Obstetric Physician to the London Hospital, and Lecturer on Midwifery and Diseases of Women in its Medical College—in these positions gaining the confidence of his patients, the good-will of his pupils, and from his colleagues the respect due to high professional attainments. An operator of unusual care and brilliancy, an able and eloquent lecturer, clear and orderly in his thoughts, and always commanding the attention of his audience, he was acknowledged by all who knew him to be a teacher of great capacity. Not merely was he a munificent supporter of every undertaking conducive to the recreation of students, but also supplemented the Obstetric Scholarship of his hospital by an annual gift of fifteen guineas to the second candidate. Another instance of the great interest he always evinced in the welfare of students is to be found in his valuable labour and advice which has contributed so materially to the successful formation of the Medical Union Society—the advantages of which as a bond of union between senior and junior members of our profession Dr. Palfrey ably set forward in a presidential address which he delivered at the inauguration of the Society at the commencement of the winter session. This was almost the last occasion on which Dr. Palfrey appeared in public. Even then a peculiar bronzed condition of his skin might have been noticed. He soon presented other symptoms of Addison's disease, and though evidently his health was fast breaking up, he nevertheless attended to his professional duties at irregular intervals throughout the winter, and quite recently had remodelled his lectures for the coming session. On the 6th of April, feeling much stronger than usual, he transacted business in his consulting-room. Unfortunately, he became chilled, and signs of hypostatic pneumonia and peritonitis appeared, to which complications he succumbed on the afternoon of the 10th inst. These conditions were verified by an autopsy made the following day.

Dr. Palfrey's remains were buried in the family grave at Norwood on Saturday afternoon, in the presence of a large and sympathetic body of mourners. Among those who attended the funeral, however, owing no doubt to a misconception as to the time fixed for the ceremony, no representative from the staff of the hospital to which the deceased was attached was noticed; and this omission of respect to one who has done so much to reflect distinction on an important school will be felt to be a negligence for which the authorities will be the first to feel regret.

This sad occurrence has caused a wide-spread gloom among his relatives and his numerous friends—a gloom which will spread still further. The public have lost a faithful servant, the profession one of its most eminent members, students a true friend, and the London Hospital Medical College one of its most successful teachers.

Literature.

MICRO-PHOTOGRAPHY. (a)

THE author of "Micro-Photography" tells us in his preface that the publication of his book has been undertaken with a view of encouraging the practice of the art, and assisting in its application to the various branches of science. He proceeds to thank his several friends for the assistance afforded him in its preparation, his especial thanks, he believes, being due to the Rev. G. B. Powell, "who revised all the proofs." Mr. Malley's confidence in his friend has, we fear, been a little misplaced, since we have rarely read through the pages

of a work containing so many typographical errors as that of the manual before us.

The first twenty-four pages of the book are devoted to the optics of the microscope, and these might have been omitted without in the least impairing its usefulness, as no one unacquainted with the use of the instrument is at all likely to take up with micro-photography. This portion also displays in many pages a great want of careful revision in describing optical phenomena, such, for instance, as occurs on page 10, paragraph 4. The author, in tracing the course of a ray of light passing from one substance through another, stops short in his description. It should read as follows:—"A part is reflected at the incident surface, a second is absorbed in its passage, a third is reflected at the second surface, and a fourth is transmitted." Again, on page 13, he speaks of lens A, fig. 10, as a "concave form and low curvature," whereas, if it is anything at all, it is a *divergent meniscus*; and on page 15 he bestows praise on an object-glass, because of "the ingenuity displayed in overcoming difficulties," but which has long been obsolete and thrown aside. On page 16 we learn that it is difficult to form an opinion of the penetrating power of an objective, whereas there is no difficulty in the matter, and this the author fairly well explains a few pages further on; and what is more singular is that, having admitted the superiority of the numerical method of estimating aperture, he at once reverts to the use of the old misleading term "*angular aperture*," when speaking of the magnifying power of the objective. By a further confusion of ideas, he says that "by using oblique light we may increase the angular aperture, since it enables the rays illuminating the object to pass through at a greater angle," &c.

We are not a little surprised to find a practical man saying of the mechanical arrangements of the microscope of the present day that they "are an insult to the skilled microscopist, and a means of perpetuating clumsy manipulations;" and of "all accessory apparatus," that they are "not only useless, but a decided hindrance to accurate investigation." Our own experience leads us to quite another and opposite opinion; and with regard to micro-photography, we know that Dr. Woodward's finest photographs were obtained with a Powell and Lealand's microscope, stand, and an achromatic condenser. It would require far more space than we have at command to furnish errata for the manipulatory part of the book, and for reconciling confounding directions, such as those on page 32: "The best light for micro-photography is sunlight;" and a little further, page 38: "Artificial light has so many advantages over sunlight." And, again, errors in quantities of chemicals employed, page 75; in the time of exposure, page 77; seconds for minutes; and in the method of preparing the plates, &c. But these, fortunately, are matters which time and practice will be sure to correct, as even the tyro in the art will discover. There is, however, a growing desire to employ photography in the domains of pathology, histology, and natural history; and since Dr. Woodward and Dr. Maddox have shown those who are not draughtsmen that micro-photography can be made to take the place of the pencil for the delineation of minute structure, in spite then of the defects alluded to, our thanks are due to Mr. Malley for his attempt to bring together in a handy volume the best known processes and economical forms of apparatus necessary to ensure success in micro-photography.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. (a)

OF the present volume the best and briefest ver list that we can give is that it is fully equal to its predecessors, and so far, completes a medical series alike scientific and practical. There is a good paper upon fitful or recurrent vomiting, which is followed by a note on "Exophthalmic Goitre," by Dr. Wickham Legg, who gives full credit to Graves as the pioneer in describing this affection, resisting the certainly piratical claim of the countrymen of Von Basedow to that distinction. There is an interesting account of several cases in which deviations of the nasal septum, congenital and the result of injury, were cured after the lapse of years. There are some very good notes on orthopædic surgery by Mr. Howard Marsh; also by Dr. Harris, on "The Diagnostic

(a) "Micro-Photography." By A. Cowley Malley, B.A., M.B., &c. London: H. K. Lewis. 1882.

(a) "Saint Bartholomew's Hospital Reports." Edited by W. & Church, M.D., and John Langton, F.R.C.S. Vol. 18. London Smith, Elder, & Co. Royal 8vo. Pp. 439.

Value of Cardiac Murmurs." There is an account of the typhoid epidemic of 1881-2; and a very interesting paper by Dr. Humphrey on the tubercle bacillus in lung disease, in which he shows not only the infective character of phthisis under certain circumstances, but its power of secondary self-infection in the same individual. A very remarkable feature in the volume is the paper by Dr. Wahabam, "Is Trephining of the Skull a Dangerous Operation *per se*?" The writer goes through the literature of the subject most minutely, and gives a luminous abstract of 122 cases. His conclusion is that the mortality in trephining, properly performed with anti-septic precautions, is about 10 per cent. There is a most interesting (historically speaking) paper by Dr. Norman Moore "On the Physicians and Surgeons of St. Bartholomew's before the time of Harvey." Portions of this read like a romance—the account of Vicary, military surgeon to the Emperor Charles V., of Lopez, the Portuguese Jew, who was hanged for conspiracy to poison Queen Elizabeth, and the adventures of medical men in pursuit of their profession in the "good old times." It would be manifestly impossible in the limits of a review to do justice to this volume, which concludes with the Transactions of the Abernethian Society. We have said enough to show our readers the necessity of perusing it.

DRINK AND STRONG DRINK. (a)

We commence by smiling at the enthusiasm with which the eminent author took up the cause of total abstinence, but end by becoming convinced that there is a great deal in what he says, and some of his writings will convey conviction into a wider circle than the present volume. When the Blue Ribbon (teetotal) Army was first started it was the subject of unlimited ridicule, particularly among the London publicans, who adopted the following mischievous but humorous device:—A number of slips of blue ribbon were kept in a bowl under the counter, and, whenever a customer was leaving so drunk that he would be served no longer, the barman, pretending to help him out, used silyly to tie a blue ribbon in his button-hole. Bacchanalians used then to stagger home to the scandal of the elect and the mirth of the ungodly. This is all over now, and the Blue Ribbon Army exceeds four millions in number, and has brought the average annual consumption per head of alcoholic drinks from nearly four pounds sterling for each head of the population to considerably under three pounds, and there is no doubt that this great social revolution represents hundreds of thousands of happy homes and vast sums of money in the savings banks. If any candid reader will ask himself (after reading Dr. Richardson's little volume) whether alcohol can in any way be regarded as a necessary of life the answer must be in the negative; but at the same time, even the author himself admits that in certain diseases, in old age, and in certain constitutional conditions, it must be regarded as a potent and indispensable remedy. Here, however, he contends that it must be administered under medically-regulated doses of diluted spirit of a standard strength, and not in the vague and varying forms of wine, whisky, brandy, ale, &c.

"Drink and Strong Drink" is a careful and accurate historical, chemical, and physiological disquisition upon alcohol in all its forms. To the medical man there is nothing that is new, but to the layman much that is instructive, and that too couched in language of the utmost simplicity and clearness. All technical words or expressions are explained, and their derivations given; in fact, any average national school pupil of twelve ought to master the contents. This is Dr. Richardson's great contention, for he maintains that while it is creditable to be able to take alcohol in the strictest moderation, it is better for the healthy man to do without it altogether. What he advocates is that a race of boys and girls will grow up who will regard it as an evil, will never taste it or desire to taste it; who will in fact avoid it as we all avoid opium, looking upon it as a poison to be used under medical advice only.

We would commend to our readers the perusal of the curious story of the carman (p. 180) who lost a race by drinking a second "nip" of whisky; as also the graphic description of the effects of general teetotalism in two places,

one in Ireland (p. 189), and the other in America (p. 141). The first of these is described by the author, and the second by the late Hepworth Dixon. There is also a curious personal incident (p. 133) related by the late Dr. Cheyne, of Dublin. All these instances are well worth reading, but are too long to quote. The author truly says, "If you question those who indulge in strong drinks they will admit that, after the excitement from the wine or spirit has passed away, they are often depressed, irritable, or seedy, that the sad hours are much longer than the merry ones, and that there is no abiding enjoyment in their pleasure." Can anyone deny this statement?

We would not be surprised if this little volume in time doubles the number of the Blue Ribbon Army, and produces great solid effects. The decrease of the alcoholic revenue is likely to become a serious question for future Chancellors of the Exchequer, few of whom will be able to repeat the celebrated *bon mot* of the Right Hon. Robert Lowe when presiding over our finances. He had to unexpectedly provide several millions of money to pay the compensation to the United States awarded by the Geneva Congress. Being asked how he accomplished this without a loan, he wittily replied, "Oh, the British nation drank themselves out of that little difficulty." We doubt if the same will be possible twenty, or even ten years hence.

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.

DR. DAWSON.—We can find no reference to the work in any published catalogue. Possibly you have not given the title accurately. We shall be glad to help you if it is possible for us to do so. The date of the inscription is 1791.

AN AGGRIEVED PRACTITIONER.—A patient has a perfect right to dismiss you and call in another practitioner, or his friends may do so, and you have no legal remedy; but this is an arbitrary proceeding, not often resorted to, so far as our knowledge goes. Of course, we are aware that patients are often unjustly impatient, and become so irritating to the medical attendant, that he is apt to ask, as did one of old, "Am I God, to kill and to make alive?" and your lost patient is probably one of this kind. But you can have no cause for grievance against your brother practitioner, who will probably be treated in the same unceremonious fashion as yourself.

DR. C. K.—You attach far too much importance to the accurate reproduction of the original. In most cases the resemblance is but slight, and it can never be considered sufficient cause for such extreme measures if the points insisted on are but slightly repeated.

A. B. (Birmingham).—Your supposition is correct. He is a member of the staff of St. George's Hospital, and has been identified for a long time with careful study of the disease in question. The work you mention is published by Messrs. Smith, Elder, and Co.

MR. CARRINGTON.—With two exceptions the numbers can be supplied to you. The lectures delivered by Mr. Hutchinson, "On Temperament and Diathesis," were published in our columns in 1882. Apply to the publisher.

CARITAS.—There is abundant opportunity for the exercise of such charity as you can dispense; in every crowded neighbourhood the claims of the poor call for sympathy, and an earnest intention needs no other direction than the promptings of its own good spirit.

GEORGE L.—Thursday, April 19th, at 2 p.m.

F. W. H.—Drs. Murrell and Ringer have conducted a large number of experiments with the drug. Consult their published researches.

AN ANXIOUS POOR-LAW OFFICER.—The Bill is not yet printed; and although we have a knowledge of its provisions, it would be inconsistent on our part to anticipate the measure. Doubtless we shall be in a position to give publicity to it in our next issue.

DR. S. E. B.—*Convolvulus majalis* is said to be superior to digitalis, in so far that it does not exhaust the contractility of the heart and arteries. We have it at present under test; but you will find sufficient reference to its value in the Lettsomian Lectures of Dr. Sansom, published in the early numbers of the present volume of the *Medical Press*.

A FIRST YEAR'S MAN.—Either of the works named will answer your purpose; you must get into the habit of forming a judgment for yourself. A casual examination at a library would have convinced you.

RHEUMA.—The subcutaneous nodules have been brought into considerable prominence since the narration of instances by Dr. Barlow at the Congress of 1881. Since that time several cases have been shown at the Societies, among others by Dr. S. Mackenzie, who exhibited the one you refer to at the Clinical Society of London.

A CASE FOR GENERAL SYMPATHY.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—May I venture to direct the attention of the profession to the sad case of Dr. Hurford, which may be briefly stated thus:

Having filled the office of house surgeon for five years at Dr. Stillwell's Asylum, Hillingdon, in 1890 he obtained an appointment in the British Guiana Medical Service, and, having married, proceeded to

(a) "Drink and Strong Drink: a Series of Readings." By Benjamin Wapp Richardson, F.R.S. London and Glasgow: Wm. Collins and Sons, Limited, Foolscape Sq. Pp. 160.

Demetara. At the expiration of two years and a-half, through the ill-effects of the climate, he became mentally deranged, was compelled to resign his appointment, and, with his wife, to return to England. After three months' detention at Bethlehem Hospital he apparently recovered and was discharged.

Subsequently, with the assistance of friends, he furnished a house and purchased a small practice; but soon again his mind gave way, and it became necessary to place him a second time in Bethlehem Hospital, and to break up the recently acquired home.

The opinion of the medical men at that institution is that he will never be fit for his work again. He and his wife are entirely without means, and there are two children, one aged two years, and a baby nine months.

It is proposed to raise a fund which will, it is hoped, suffice to provide a home for the family upon whom this crushing blow has fallen. My excuse, if excuse be needed, for calling the attention of the medical profession to Dr. Hurford's case is its peculiar and exceptional sad-ness. A capable, earnest, and robust worker is suddenly cut off from his career by an attack of what is probably general paralysis of the insane, which renders him unfit for duty, though in the prime of life, and which makes it impossible that he shall ever again contribute to the support of his family.

I will only add that the Medical Benevolent Fund has given a donation of £20; other friends about £150, in sums of half-a-guinea and upwards, and that I shall be glad to receive and acknowledge any contributions, however small, towards the fund which is now being raised for Mrs. Hurford and the children.

I am, Sir, your obedient servant,

HENRY C. BURDETT.

89 Gloucester Road, Regent's Park.

SLIGHTLY ARCTIC.—Verchojansk, in Siberia, would appear to be the spot of all others on earth where the cold is most intensely felt. On Dec. 30th we are informed that the thermometer reached the lowest point ever observed, i.e. 63° below zero. In this favoured region a triple covering of reindeer skins is scarcely sufficient to preserve the blood from freezing. Each movement of the respiratory organs is painful, almost insupportably so to the throat and lungs. The breath exhaled congeals at once into minute nodules of ice, which, in rubbing against one another, produce a slight noise like the rustling of silk. It is said that a crow flying through the ice-cold air leaves behind it a long train of vaporous matter.

THE SECRETARY, UNIVERSITY OF EDINBURGH.—We have only space to insert the final "Pass-Lists" of the various Colleges, not the results of the preliminaries.

A CANDIDATE.—The two Board of Trade appointments referred to are limited to "registered medical practitioners who have served as medical officer on board passenger or emigrant ships for at least two years." The salary attached is £300, rising by £15 to £400 per annum. For further particulars we must refer you to the Marine Department of the Board of Trade in London.

A QUESTION OF CONFIDENCE BETWEEN PATIENT AND MEDICAL ATTENDANT.

JUVENIS asks our opinion on the following matter:—Parents bring a daughter whom they have observed to be alling to a medical man. She has missed two or three periods. On examination, the practitioner considers the indications denote early pregnancy. The parents have no suspicion. On intimating his opinion to the patient, she reluctantly admits, but implores the doctor not to reveal the state of matters to her parents, as she hopes to get married before they become aware of her condition. Now what is the medical man's duty when asked his opinion by the parents? Should he be candid with them, or should he keep the secret of his patient, as we are told the secrets of a patient should be inviolable?

[Our correspondent has been consulted by the parents, not by the girl, and he is bound to give them his opinion if asked. It would be useless for parents to call for medical advice if the doctor were precluded from giving it by the wishes of the patient. If, however, the girl had consulted our correspondent, he would not be bound or justified in communicating the result of his examination to her parents or any one else.—Ed.]

DR. E. SYMES THOMPSON.—Paper on "The Winter Health Resorts of the Alps" received, and will appear in an early number.

DR. YELLOWEES (Glasgow) is thanked for his note.

DR. C. (Bradford).—The volumes are now scarce, and will probably be very acceptable to the Society. A note to the Secretary will satisfy you on this point.

DR. T. F. PEARSE.—We hope to find space for the invention in our next.

DR. FRENCH.—Hazeline is most likely to be followed with successful results.

ECCLIASTICAL JUDGMENT IN MATTERS MEDICAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Considerable interest having been excited by the reports of the sensational case in the Spanish Courts, in which the wife of the son of Marshal Serrano (formerly Prime Minister of Spain) sought judicial separation on the ground of her husband's incompetence, I am induced to send you a note on the subject from *La Presse*, as it possesses much interest for medical readers. Marshal Serrano's defence of the marriage simply amounts to this: that as, after examination, the Church pronounced his son perfectly competent to perform the marital functions, that therefore he must be. His wife, however, seemed to think otherwise. Your readers will excuse me if I give the note without translation:—

"*Un Procès à sensation.*—Le Maréchal Serrano vient de faire publier en brochure un long article justificatif concernant le mariage de son fils avec Mme. Campos. La science médicale a tout comme le latin des immunités d'expressions dont nos lecteurs ne devront pas s'effrayer. Voici la partie essentielle de ce document humain:—'Les docteurs José Benavides, J. Diaz Benito, et C. Fernandez y. Losada, membres de l'Académie Royale de Médecine de Madrid, ont examiné avec la plus scrupuleuse attention M. le Comte de San Antonio. De

leurs recherches il résulte que le dit comte est un jeune homme de vingt ans, brun, de constitution sèche, mais robuste, d'une bonne taille, et de tempérament sanguin. L'ensemble de toutes ses fonctions démontre l'accomplissement régulier de chacune d'elles. Les organes génitaux se trouvent à l'état normal, et leur examen prouve qu'ils ont fonctionné et sont à même de pouvoir, par la suite, répondre à toutes les exigences de la vie conjugale. Du reste, les habitudes de marche, de cheval, de chasse, d'écurie, indiquent les conditions physiques d'une parfaite virilité.

"Enfin, il faut ajouter à ces témoignages celui du tribunal ecclésiastique. Il paraît que l'examen du plus scrupuleux de ces juges a coïncidé exactement avec la décision de la science. Du moment que l'Église n'a pas dit 'non' à rien de ce qui a été dit."

Now, Sir, wishing to be in strict concordance with the last sentence, and the last words of same in above, I have nothing more to say.

Houghton-le-Spring, Durham,

Yours, &c.

April 6th, 1883.

J. O'FLAHERTY.

DR. RICHARDS.—The alkaline bicarbonates may be prescribed in all such cases with perfect confidence, and in considerable doses. We cannot recommend a more useful book than the one you name on the subject. Gant's "Surgery" gives full particulars of the operation you ask about.

MR. KAY.—Calcium sulphide has gained much reputation as an anti-suppurative; it has also been employed with success in many cases of an obstinate kind. It is quite worth your while to try it.

DR. W. (Bath).—We are much obliged for the information, and gratefully acknowledge the trouble you have taken in collecting it. The matter is under consideration, and will be reported on shortly.

PLUMBUM.—Mineral acids and alum cannot be prescribed with acetate of lead, because, producing a precipitate on addition to the latter, they are incompatible with it. The nitro-hydrochloric acid would probably be of equal service if given by itself or combined with a vegetable tonic.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, APRIL 18TH.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Dr. Symes Thompson, On a Case of Ectopic stimulating Relapse in Enteric Fever.—Dr. Dew, On a Case of Gastro-enteritis stimulating Typhoid.—Mr. Henry Morris, On Ten Years' Experience of Cancer of the Breast.

FRIDAY, APRIL 20TH.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8.30 p.m. Specimen by card: Dr. McSwiney, Thoracic Aneurism.—Paper: Mr. Stokes, The Therapeutic Value of Nerve-stretching in Tabes Dorsalis.—Dr. McSwiney, A Fatal Case of Thoracic Aneurism without symptoms during life.—Mr. Story, Three Cases of Exophthalmic Goitre.—Dr. Walter Smith, Successful Removal of a Laryngeal Polypus by Voltolini's Method.

TUESDAY, APRIL 24TH.

ROYAL INSTITUTION.—At 8 p.m., Prof. McKendrick, Physiological Discovery.

Vacancies.

Baillieborough Union, Kingscourt Dispensary.—Medical Officer. Salary, £90, and £20 10s. as Medical Officer of Health. Election, April 24th.
Children's Hospital, Birmingham.—Resident Medical Officer and as Assistant Resident Medical Officer. Salaries, £50 and £-0 respectively. Applications to be sent to the Secretary not later than May 3rd.
Denbighshire Infirmary, Denbigh.—House Surgeon. Salary to commence at £85, with board, &c. Applications to the Chairman of the Committee of Management.
Leigh Local Board.—Medical Officer. Salary, £50. Applications to be sent to the Clerk on or before April 23rd.
Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board and lodging. Applications to be addressed to the Chairman of the Committee on or before April 25th.

Appointments.

COLMER, P. S. H., L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer for the Second District of the Yeovil Union.
HORTON, H., M.R.C.S., Medical Officer for the Knightwick District of the Martley Union.
LESLIE, L. G., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Third District of the Pembroke Union.
MCWILLIAM, J. A., M.D., C.M. Aber., Demonstrator of Physiology in University College, London.
MAXWELL, T., M.D. Camb., B.Sc. Lond., F.R.C.S. Edin., Surgeon to the E Division of Metropolitan Police.
MILLER, J. W., M.D., L.R.C.S. Ed., Certifying Surgeon to the East-end Factories, Dundee.
PALEY, W. E., M.B. Dur., F.R.C.S. Eng., Honorary Physician to the Peterborough General Dispensary and Infirmary.
WHITLOCK, A. W. F., L.R.C.P. Ed., L.R.C.S. Ed., Medical Officer for the Wells District of the Walsingham Union.

Deaths.

ALEXANDER.—April 10th, at Cheltenham, Archibald Alexander, M.D., J.P., Deputy Inspector-General of Hospitals, aged 71.
BLEASE.—April 14th, at Clairville, Aitricham, Thomas B. Blease, L.S.A. Lond., aged 78.
FLOOD.—April 12th, at Headford, co. Galway, John Coady Flood, M.D., aged 30.
PALFREY.—April 10th, at his residence, 29 Brook Street, Grosvenor Square, London, James Palfrey, M.D., aged 45.
WIDDUP.—April 9th, at Wexford, John Widdup, M.D., of 77 Wellington Road, and Penzance, co. Wexford, aged 81.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 25, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
The Gulstonian Lectures on Sterility in Woman. By J. Matthews Duncan, M.D., F.R.C.P.L., Physician-Accoucheur and Lecturer on Midwifery at St. Bartholomew's Hospital, &c. Lecture II.—Its Theory or Causation	351	SHEFFIELD MEDICO-CHIRURGICAL— Thoracic Aneurism—(Lateral Sclerosis of Spinal Cord—Brain Theories	357
The Therapeutical Action of Rhamnus Purhiana (Cascara Sagrada). By Prosser James, M.D., Lecturer on Materia Medica and Therapeutics at the London Hospital, &c.	353	FRANCE. Paris Municipal Laboratory	357
Indian Medical Notes. By Surgeon-Gen. C. R. Francis, M.B., M.B.C.P., late Professor of Medicine in the Medical College, Calcutta, &c.	354	GENERAL MEDICAL COUNCIL— First Day— Presidential Address	358
CLINICAL RECORDS. Glasgow Royal Infirmary—Congenital Malformation of the Heart, opening between Aortic Valve and Right Ventricle. Under care of Dr. Charteris	354	Case of Mr. Prosser	360
TRANSACTIONS OF SOCIETIES. ACADEMY OF MEDICINE IN IRELAND— Obstetrical Section— Metria (so-called Puerperal Fever)	355	Petition for Restoration to Register..	360
		Second Day— Case of Mr. Sadgrove	360
		Third Day— Unqualified Assistants	361
		Preliminary Examinations	362
		Eraseure from Register	362
		LEADING ARTICLES. THE GENERAL MEDICAL COUNCIL	362
		CLAIMS FOR PRIORITY IN OBSERVATION AND INTRODUCTION OF NEW METHODS OF TREATMENT	364
		NOTES ON CURRENT TOPICS. Retrospection	365
		Mr. Spencer Wells	365
		London College of Physicians and the Bill	365
		The Conjoint Examination Scheme	366
		Quacks' Clauses of the Medical Bill	366
		Notification of Infectious Diseases	366
		Election of Examiners in the Irish College of Surgeons	366
		Twelfth Congress of the German Society for Surgery	361
		The Tubercle-bacilli War in Germany	367
		Liverpool Infirmary for Children	367
		Medical Charity	367
		A Resuscitated Medical Society	367
		SCOTLAND. Glasgow Medico-Chirurgical Society	368
		Glasgow Southern Medical Society	368
		MEDICO-PARLIAMENTARY. Medical Acts Amendment Bill	369
		Medical Appointments, Ireland	371
		LITERARY NOTES AND GOSSIP	371
		OBITUARY. William Farr, M.D., F.R.S.	373
		CORRESPONDENCE. Listerism	373
		Reduction of Paraphimosis	373
		NOTICES TO CORRESPONDENTS	374

The Gulstonian Lectures

ON

STERILITY IN WOMAN.

Delivered in the Royal College of Physicians, London,
February, 1883.

By J. MATTHEWS DUNCAN, M.D., F.R.C.P.L.,
Physician-Accoucheur and Lecturer on Midwifery at
St. Bartholomew's Hospital, &c.

LECTURE III.—PART II.

ITS PREVENTION AND CURE.

THE regulation of desire and pleasure cannot be passed over without some remarks. Of the moral condition of those in whom these feelings are absent, or in whom they are in excess, I shall say nothing; and this silence is not because the moral condition is either unimportant or without influence on bodily health and on sterility, but because there is little that requires to be said. The healthy performance of the function of childbearing is surely connected with a well-regulated condition of desire and pleasure; and a well-regulated condition is not a reduction to a minimum or total absence, neither is it excess. I have already said that both desire and pleasure may be, and not rarely are, entirely absent; and it is my opinion, founded partly on the distinct testimony or concurrence of married women who are examples of the evil, that an education injudiciously ascetic, as it may be called, sometimes produces this deficiency, which is a source of much disappointment and disaster in married life; and this view is corroborated by what is quite certain—namely, that by indulgence the feelings may be, and not rarely are, produced or increased. Writing on sterility, Ambrose Paré gives directions how to increase desire with a view to conception. Equally important is excess of desire and pleasure, and its reduction within moderate limits is equally advantageous. Religion, morals, bodily health, and childbearing all combine to exalt the value and importance of moderation, and to show the evils of absence or of excess. The influence of separation of married people, or of living without cohabitation for a long time—a period, say, of several months—is very widely recognised; and it is probably dependent on the increase of

desire and pleasure in those who have little of either, and on the restoration of them in those who have been rendered nearly impotent by excess. This power of separation has appeared to me to be far more frequently operative in women who have had a family than in those who are absolutely sterile; and remarkable examples are not rare.

I have heard and read of, but have not personally witnessed, the disappearance of sterility after recovery from a fever; and this result is ascribed to the prolonged separation caused by the illness. The explanation may be correct, but it does not appear to be the natural one, for fevers are powerfully injurious to general health, and are known to disorder the ovarian and uterine functions.

I have already spoken of sterility as caused by marriage, especially in the young, and we know the sterility of prostitutes and the sterility of confined animals who couple freely or excessively, and it is probable that all these infertilities may have a bond of union in their being due to excessive desire and pleasure, or to excessive sexual indulgence, or to both combined.

In animals, especially in cows and mares, the semen is described as being not rarely expelled from the vagina soon after coitus; and this failure to retain is said to be, in some cases, owing to the animal not being duly in heat. Attempts are made to cause retention by dashing cold water over the buttocks and external parts. A like failure to retain the semen is frequently complained of by women, who describe it as coming away either immediately after coitus, and without leaving the horizontal position, or only on getting up. In either case women often attribute sterility to this failure of retention, and seek a cure of it with a view to fertility. Further, I have repeatedly been distinctly informed by careful women who habitually have this disagreeable imperfection, that conception has followed the rare occasions on which they have, as they noticed at the time, retained the semen. That this non-retention is often only partial is made probable by the occurrence of pregnancies in women who describe themselves as invariably suffering from it. It is rarely complained of except by the sterile, and I believe it is rare among the fertile. I have also a very strong impression, which I have no data to corroborate statistically, that it is especially common among those sterile women who have not sexual pleasure. I know nothing that modifies this condition, but believe that the production of sexual pleasure may have favourable influence.

It probably depends on the failure of the timely dilatation of the cervix uteri, and perhaps of the uterine openings of the tubes so as to admit the semen, and on the failure of the simultaneous production of a condition of increased temporary negative abdominal pressure, or of that aspiratory action of the abdomen which numerous old and recent authors invoke to explain the mechanism of fecundation; or it may depend on the failure of both of these conditions of ordinary successful coitus. Before leaving the subject I must add that the facts as to this profluvium seminis are not of the highest degree of security; for, so far at least as I am concerned, they are not more than the statements of intelligent wives. They are probably quite accurate, as they are certainly given in good faith; but it is possible that mucous discharges or glandular secretion through the ducts of Cowper or Duverney may be, in some cases, mistaken for semen.

The immoderately great consumption of alcoholic drinks by women, without their necessarily ever reaching the stage of drunkenness, is so common and so potent a cause of disorder and disease that it requires special mention. It is possible that much of the influence of this drinking might be justly ranked as part of mere overfeeding, whose injurious effects we have already spoken of, but this is far from certain. Indeed, while I am unable to give any strong evidence of the specially injurious action of alcohol, considered as an article of diet, I am much disposed to this view, being led to it by the good results in practice which I believe justly attributable to desisting from the use of it. The instances on which I rely are cases in which I have, by physical examination and other modes of inquiry, been unable to discover any evidence of disease of the internal genital organs. It would not make the conclusion more assured to enumerate cases which are not in number or other circumstances sufficient for a demonstration. But I may mention the leading features of one which could not but strike the most careless observer. This patient was brought to me to be cured of sterility, and, as some prolonged treatment was expected, she proposed to reside near me for a time. She was between twenty and thirty years of age, and had been several years living in fruitless marriage, absolute sterility. On two occasions, with at least two years of interval, I declared my inability to do anything against the sterility by local means because I could discover no disorder or disease of the womb or its appendages. Having some suspicion of too liberal use of alcoholic drinks, I recommended teetotalism. After the lapse of a few years the patient, now a happy mother, was again brought to me on account of some trifling complaint, and I was told as follows: Her drinking habits having increased, she was induced to go into seclusion with rigid surveillance, and in this she lived for about a year without any kind of alcoholic drink. When she came home again she had lost much flesh, but was in good health, and she maintained what were now teetotal habits. She immediately became pregnant, and pregnancy recurred. Such cases are not singular, and induce a belief in a special hostility of alcoholic drinking to fertility.

But alcoholic drinking has, in addition to the general or constitutional disorder which it produces, well ascertained power, in certain cases, to induce disease of the internal genital organs. That which is most easily and distinctly made out is chronic ovariitis. It often comes and goes in the presence or absence of the cause. When it is present sterility is not always a result, but frequently so, and its cure is often followed by the disappearance of the sterility.

We have, lastly, to consider the power of various local and chiefly uterine diseases and disorders, which have too much engrossed the attention of the profession hitherto. As I have already remarked, there can be no rational doubt that these local affections have a very limited scope of action; are, indeed, quite subordinate to the great causes of sterility affecting populations or classes. That they should have been the chief study of practitioners, as distinguished from statesmen or medical officers of health, is not only natural but in a sense just; for the practitioner cares not for the population or the class, but for the individual. If he is to do any good to the individual it is by discovering something amiss and providing a remedy that he must work. And where is a practitioner first to look for a special cause of sterility if not in the essential organs of generation? Here he finds several diseases, only in recent years the subject of scientific investigation, so-called ulcerations, displacements, strictures, subinvolution, and others, upon

which he easily finds a theory, generally a mechanical one, of the sterility which he at once proceeds to attempt to cure. If he fails to cure that does not discourage him; for, in the present state of therapeutics, the reputation of remedies is founded more upon faith than upon evidence.

The wisest practitioner is he who, giving due weight to all items of knowledge acquired in regard to a disease or an unnatural condition, sets limits to his faith or his expectations, and scrutinises the evidence on which a treatment is based, and this all the more severely if a certain result of the treatment is gain to himself.

Spasmodic dysmenorrhœa is the most striking morbid condition connected with sterility. It has its seat in the womb or its neighbourhood, and it is by most gynecologists regarded as a purely local affection, having as its cause obstruction to the passage of the menstrual blood from the womb into the vagina by local or general congenital contraction of the canal of the cervix uteri. The nature of the affection and the place it occupies in the theory of sterility make me believe it to be a local affection in only a very limited sense—only in the same sense as irregular action of the heart or of the bronchi is a local affection. Its frequency, apart from numerous other considerations, is enough to make the pathologist hesitate to accept an alleged deformity of the cervix uteri as its cause. Besides, when the very rare alleged cause has really presented itself in rare cases of real pin-point os uteri, dysmenorrhœa has not been always present; in my practice it has been always absent.

When evidence is led in favour of the obstruction theory of dysmenorrhœa the argument from the success of treatment by enlargement of the passage is generally held to be irresistible, and its force to be, if that is possible, increased by the cure of sterility which often accompanies the cure of the dysmenorrhœa, or, at least, follows the enlargement of the passage. The frequent success in curing or relieving dysmenorrhœa by this treatment, and the occasional success in curing sterility, are not matters of doubt. I have, indeed, no hesitation in saying that while many other pieces of advice are of great value in the treatment of the associated conditions of dysmenorrhœa and sterility, and in the treatment of them when not associated, this is the only medical interference that approaches in dignity to a cure. By this means, and chiefly by this alone, have cures such as concern us here been effected. In attestation of this utility we may cite the very great number of much-vaunted means by which the object is effected, by very many kinds of knives, many dilators, many expanders, many scissors, by tents of various kinds, by bougies of various shapes, all of them, when put into use, producing enlargement of a part or of the whole of the passage through the cervix uteri.

For those who deny the existence of contraction it is not necessary to say a word further against the explanation of cure by mere enlargement. For them that is certainly not the explanation. And it is easy to frame theories of the cure of dysmenorrhœa by enlargement of the passages, which may have the great superiority over that founded on obstruction, that they may also explain the cure of the associated sterility. Now, though the very simple cervical obstruction theory has been held sufficient to account for the sterility as well as for the dysmenorrhœa it is plainly in this respect impotent.

While it is doubtful whether any menstrual blood is regularly passed through the internal extremities of the tubes into the uterus, it may justly be held sufficient by the dysmenorrhœal obstruction theorists to consider the passage of menses through the cervix alone. But they, of course, extend their theory of causation and cure to sterility, and here it is semen whose passage has to be studied, not menstrual fluid, and the cervix is not the only narrowed part of the semen's route, for it must pass not only through the cervix, but also through the Fallopian tubes. And if the seminal obstruction theorists find impediments in the cervix with its comparatively considerable dimensions, such as to allow their knives or scissors to work, what will they say of the closed capillary channel of the internal extremity of a tube? Their cure of sterility merely enlarges a passage where there was no apparent mechanical obstruction, and leaves untouched a passage where there is apparent entire impermeability.

That the obstruction theory (in all except its absolutely certain applications, as in imperforate hymen—cases to which we here make no reference) is excessively exaggerated must be plain to everyone who regards the almost imm-

merable cases of fecundation in extraordinary circumstances—cases without penetration; cases of impregnation in peculiar conditions, through the rectum or through the urethra; cases in advanced uterine cancer; cases in proclivity with great cervical hypertrophy; cases in extreme distortion by fibroids; and others. In this matter the appeal to comparative anatomy is most instructive, and the argument from it very evident. The apparent mechanical difficulties in the way of the semen passing the cervix are, in some mammals, increased in an extreme and often a curious manner, without any consequent obstruction. To this matter Kehrler and Lott have paid particular attention, and have shown that the apparent mechanical difficulties affect the construction of the male organ in its relation to the female passage as well as the female passage itself.

To me it appears theoretically reasonable to connect the dysmenorrhœa and sterility with rigidity of the cervix, and the opinion that it is so is confirmed by its being actually discovered in most cases. Anyone familiar with the use of increasingly sized bougies in dilating the cervix must recognise the greater force required in dysmenorrhœal than in healthy women, and the increase of painfulness of the process as the force used, slight though it is, increases. The overcoming of this rigidity by temporary dilatation, not the overcoming of a mechanical obstruction, seems to me in some mysterious way to exert a generally beneficial influence on that part of the process of fecundation in which the uterus is implicated during insemination. For it may be held as almost certain that during the natural sexual orgasm in coitus the internal ends of the tubes, which we almost never see but as absolutely closed passages, are temporarily opened inside, and that the same happens to the cervix; and while it is probable that such wide opening of the cervix is not essential for fecundation, it must be held as facilitating it or rendering it more probable. Besides, this opening is an indication that the whole nervous arrangements as well as the physical organs are co-operating to produce the object in view. The opening here pointed out has, in its natural or healthy performance, and in the obstacle from rigidity, close analogy with similar processes going on during the premonitory and first stages of labour; and the dysmenorrhœal pains have analogy in the irregular painful and useless contractions and pains of these stages of labour, and of the hours immediately following delivery.

No other disease, local or presumably local, has such importance in the theory of sterility as spasmodic dysmenorrhœa. This great place is established by the frequent association of the two conditions, and by the probable connection of the dysmenorrhœal neurosis with profluvium seminis, with disorder of sexual desire and pleasure, and with other derangements of the sexual orgasm of coitus. But dysmenorrhœa has its place confirmed in a unique way, for its cure is universally admitted to be a distinct and direct step towards the cure of sterility, and this can be said of no other local condition.

During recent times no disease has more engaged the attention of gynecologists than the catarrh and peculiar changes of the cervix uteri connected with it, known generally by the name of ulceration of the neck of the womb. To it, even when in a very slight form, has been ascribed a very great pathological importance, and the Croonian Lectures of West seem to have had less effect in bringing the profession to a just judgment of its comparative insignificance than the overshadowing influence of some other temporary novelty. Among other evils which this very prevalent disease has been alleged to produce is sterility; but there is not a tittle of evidence that it has any special influence in preventing conception; and we have, for guidance as to this matter, our best help in the fact that conception and natural pregnancy are extremely common during its continuance. Among twenty-six cases observed by Grünwaldt, with a view to the study of the changes of the cervix uteri in the first month of pregnancy, he found only eleven with a quite healthy state of the cervical mucous membrane. Six had papillary and nine catarrhal ulceration, which no doubt existed before conception.

Almost identical statements may be truly made regarding versions and flexions, and I do not repeat them. But in this department of gynecology increase of knowledge not only tends to diminish importance, but to show that the great mass of versions and flexions are conditions of simple health.

The importance of those diseases which prevent the com-

mencement of uterine pregnancy, or render such commencement improbable or difficult, needs only to be mentioned. To Grünwaldt we owe a careful statement of the extent and potency of this class of diseases, and for them he, as already said, vindicates a morbid superiority over those conditions which prevent conception.

The diseases and disorders of the genital organs, whether they act in preventing conception, in preventing uterine pregnancy, or in interfering with its natural healthy progress, are operative in individual cases, and demand the most careful study of the practical physician, for it is chiefly through his power over them that he can hope to cure sterility. That in the early stages of the study of these diseases their influence should be exaggerated is natural. At all times there can be no doubt their study and treatment will be most important, not only on their own account, but with a view to the improvement of the general health. In the case of those local diseases which may be proved to have no special influence in diminishing fertility, their removal, by increasing the general health, will help towards a removal of sterility.

THE THERAPEUTICAL ACTION OF RHAMNUS PURSHIANA (CASCARA SAGRADA.)

By PROSSER JAMES, M.D.,

Lecturer on Materia Medica and Therapeutics at the London Hospital; Physician to the Hospital for Diseases of the Throat and Chest.

A FEW years ago a somewhat amusing controversy took place respecting an alleged new remedy indigenous to California introduced under the name of Cascara sagrada. This turned out to be the common Spanish name of the Rhamnus Purshiana, which flourishes on the Pacific coast of North America, and possesses properties allied to those of Rhamnus catharticus, and Rhamnus frangula. The plant is also locally spoken of as shittim, and some one has speculated that it is therefore the same as yielded shittim wood for Solomon's Temple. This, however, is a mere fancy. Hebrew scholars now translate shittah as acacia. The Rhamnus Purshiana was named after F. Pursh, who first fixed its botanical position. It is now widely used in the United States, and is becoming known in this country. It seems to be rather milder than the other rhamnins, and not so likely to disagree, although this may partly depend on the preparation. It is well-known that considerable changes take place in the other rhamnins during storage, so that it is better to keep them a year or two before using, and as the chemical qualities are rather similar probably the same rule applies.

Prof. A. B. Prescott separated three distinct resinous substances from the bark, besides a crystallisable body. Their relations to similar bodies found in the other rhamnins have not yet been determined. An extract is sometimes made, and is available for pills. I have used the fluid extract made by Parke, Davis, & Co., as well as an aromatic mixture prepared by them under the name "Cascara cordial."

The drug is recommended very strongly in habitual constipation, and for this purpose is usually given in small doses, once, twice, or thrice a day. In full doses it is an efficient aperient. It takes ten or twelve hours to act, and therefore is most conveniently given at bed-time, when used as a simple purge. It will then act the next morning. Usually, a drachm of fluid extract will act as freely as an ordinary pill or a black draught. Now, many people dislike pills, and have a horror of black draught, and in many cases these doses are unsuitable. A liquid aperient, therefore, is often desired, and a teaspoonful of the fluid extract in water will serve the purpose. The only objection is the bitter taste. This is effectually disguised in the cordial, which is, however, much less active, the dose required being 4 to 6 drachms or more. This can be taken by the most fastidious, and rarely fails to act.

In constipation, quite small doses—sometimes called tonic doses—are recommended, 10 or 15 or 20 minims

twice or thrice a day a little before meals. The remedy is to be continued until the bowels act with regularity, the dose being gradually diminished rather than increased.

With regard to the mode of action, I have no doubt that it increases peristalsis. Yet it does not appear to do this to such an extent as to cause griping as we know buckthorn often will. Perhaps it also increases intestinal secretion. It may claim to be a cholagogue in some sense, for it certainly seems to add biliary colouring matter to the evacuations. It irritates so slightly that it may be given in hæmorrhoids, but I cannot help thinking that much must depend on the preparation, and that a badly made extract from fresh bark would be as uncertain, and as liable to gripe and irritate as some specimens of buckthorn. If the *Rhamnus Purshiana* prove destitute of the acrid resin which probably causes these symptoms, it will be a great advantage. I will add one or two illustrations of its use.

1. A young woman of 23, with laryngo-bronchial catarrh—taking small doses of Dover's powder at bedtime. To counteract the constipating effect cascara cordial also given in two drachm doses. Three doses failed under these circumstances. The next night \mathfrak{zj} . of fluid extract—was followed next morning by two free evacuations.

2. A gentleman with laryngeal catarrh was taking morphia. The bowels became rather confined, acting only on alternate days. The motions scanty, pale, and putty like. He had hæmorrhoids, and the intestinal canal was so sensitive that very small doses of any aperient produced extreme distress. Was therefore unwilling to take them. He tried \mathfrak{zj} . of cascara cordial at bed-time. It acted once, producing a coloured stool of soft consistence without griping. Thus encouraged, he next night took a double quantity, \mathfrak{zss} . This produced some griping in spite of the morphia, but not much. It caused two evacuations, soft, and of deep brown colour. He has often taken a dose since, and can always get rid of the putty or clay stools by one or two doses.

3. An elderly lady with habitual constipation. One drachm of the cordial twice a day. In this case it did not suit—sometimes acted too freely, at others not at all. After a few doses it gave rise to frequent movement for little effect, and she therefore refused to take more.

INDIAN MEDICAL NOTES.

By Surgeon-General C. R. FRANCIS, M.B.,
M. R. C. P. Lond.,

Late Professor of Medicine in the Medical College, Calcutta, &c.

Malpraxis in Native Indian Surgery.

A HINDOO beggar was one morning brought to the hospital of the 37th N. I., then stationed at Nusseerabad, in Rajpootana, in the hope that something might be done for his left leg, which was in a very remarkable condition. From Poupert's ligament almost to the knee, all the skin, with the subcutaneous tissues, had been removed. There being no fasciæ, the several muscles hung loosely in their places; the femoral artery was seen pulsating in its upper and middle third; in fact, it was quite possible, with a pair of forceps, to demonstrate every muscle, nerve, and vessel situated on the front of the thigh.

The poor man told me that he had consulted a native surgeon on account of rheumatism in his leg, and that the man had applied some leaves bruised and made with water into a poultice. This was fixed upon the thigh in front, and allowed to remain for some hours. The part soon became very painful; and, when the poultice was taken off, it was found that the skin had become violently red and inflamed. After a few days it, said the poor man, dropped off. No doubt a huge slough had formed, and become detached. On inquiring for the native

surgeon, he was *non est*. Fearful of consequences, he had either left the neighbourhood, or concealed himself for the time. The beggar did not linger long. I had thought of amputating at the hip-joint, but there was diseased structure above, the mischief from the application having extended; and the state of health was against it. I could not ascertain what plant the leaves belonged to, exactly; though from the description I believe it was the *Calotropis gigantea* (*vern mudar*), one of the *Euphorbiacæ*. An acrid milky juice exudes from every part of the plant if cut into. I have known this milk to be used for toothache, a drop being put into the hollow tooth on cotton-wool. I once met with a case, in a poor native, where it had been rubbed on the outside for an aching tooth, and caused violent pain and inflammation. The bark of the root of the dried plant powdered is sometimes used by European and native practitioners with great benefit in place of ipecacuanha in dysentery.

Fatal Shock from supposed Snake-Bite.

J. B—, an Eurasian drummer attached to the band of the old 37th N. I., of which I was then in medical charge at Nusseerabad, was sleeping on a cane matting outside his quarters in the lines on a very hot night in April. About midnight he was suddenly roused from his sleep by something creeping over one of his naked legs, which were only partially covered by the loose drawers usually worn at night in India. He immediately, having an innate dread of those reptiles, jumped to the conclusion that it was a cobra, and the bystanders who, in response to his cries, began to collect around his bed, not unnaturally thought so too; and he was treated accordingly. Incantations, such as are customary amongst the natives on these occasions, were had recourse to, and the poor fellow was flagellated with twisted cloths on the arms and legs, in view partly to rouse him but principally to drive out the evil influence (spirit!) that for the time being had got hold of him. This practice was continued—the crowd of course increasing—through the night till gun-fire (about 4 a.m.), when I was sent for. With the first light of dawn the cause of the fright was discovered in the shape of a harmless lizard—a species of *lacerta*—which was lying crushed and half killed by the side of the poor drummer. But it was too late. From the moment when he believed that a poisonous snake had bitten him till about an hour after I saw him, he remained in the same state of utter and increasing collapse, from which he never recovered. He died at 6 a.m. The drummer was not a strong lad, and the shock was too much for him.

Clinical Records.

GLASGOW ROYAL INFIRMARY.

Notes of a case of Congenital Malformation of the Heart, Opening between Aortic Valve and Right Ventricle.

Under the care of Dr. CHARTERIS.

Reported by Dr. McNish.

WILLIAM F., itinerant, æt. 53, whose social circumstances were of a most uncomfortable nature, was admitted on December 23rd, 1882, complaining of pain in the right hypochondriac region, and in the pericardial region. A fortnight before admission, while sitting quietly reading, he was suddenly attacked by a sharp lancinating pain in the right hypochondriac region. On admission he was found to be somewhat emaciated, with a yellowish tinge of the conjunctivæ, but the skin showed no appearance approaching that of jaundice. The countenance was anxious. He complained of great thirst and vomited nearly everything he took for the first few days. The respiratory system was normal, but on auscultating over the heart a well-marked V.S. murmur was heard most distinctly at the apex, and fading away as the stethoscope approached the base.

During the whole illness the patient only complained of

pain in the right iliac region, which was increased on pressure and for which he had poultices of conium applied, and afterwards hypodermic injections of morphia. Neither, however, gave relief. He had very little cough, and no expectoration; neither did he complain of any difficulty of breathing. There was no dusiness of the countenance, or swelling of the feet until the last few days. The murmur determined during life and heard loudest at the apex following the first sound seemed mitral in origin, and as such was considered. It was also faintly heard at the inferior angle of the scapula.

Post-Mortem.—Pericardium contained about two ounces of serous fluid, and over the right ventricle there is a localised thickening of the pericardium. There is slight hypertrophy both of right and left ventricle, accompanied by dilatation of both cavities. The pulmonary artery is dilated but competent (3.5 cm.), but there is no evidence of valvular disease. On the anterior wall of the right ventricle there is considerable endocardial thickening occupying an area of a square inch, and nearly corresponding in position to the pericardial thickening above described. The tricuspid valve transmits three fingers easily. The chordæ tendinæ of the tricuspid valves are threatened, and at the attachment to the papillary muscles there is considerable endocardial thickening, which in some instances spreads to some distance from the attachment of the chordæ tendinæ. The left curtain of the aortic valve is considerably enlarged, and the aorta itself is dilated, so that when slit open it measures 3½ inches. The right curtain of the valve is slightly thickened at the line of contact, and immediately under the curtain there is an opening communicating with the right ventricle. The margins of the orifice are rounded and very firm, and there is no indication of any valvular arrangement. It is a point worthy of note, that the endocardial thickening in the right ventricle corresponds in position to the pericardial thickening in the same ventricle. The margins and surrounding tissues of the orifice are firm and rigid, so it appears quite evident that the opening must have been patent at all times.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. OBSTETRICAL SECTION.

A MEETING of the Obstetrical Section of the Academy of Medicine in Ireland was held on Friday evening, Feb. 23, at the King and Queen's College of Physicians, Dr. JOHN DENHAM, President of the Section, in the chair.

Dr. WILLIAM C. NEVILLE, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

EXHIBITION OF SPECIMENS.

Dr. J. S. POOLE showed for Dr. Kidd the uterus, heart, and lungs of a puerpera who died suddenly on the sixth day. The post-mortem conducted by Mr. P. S. Abraham showed a small abscess at the junction of the right Fallopian tube with the uterus opening into the peritoneal cavity. Here the vermiform appendix and an epiploic appendage were seen adherent, the right ventricle of the heart was largely transformed into fat, the left ventricle hypertrophied with but little degenerative change; the valves and auricles healthy. A large clot was seen *in situ* completely blocking a primary branch of the right pulmonary artery for about 1½ inches. Dr. J. S. Poole also exhibited an anencephalous fetus, the second born of slightly premature twins, the first of which was born healthy and living.

Dr. J. R. KIRKPATRICK showed a uterus and appendages with large fibroid tumour in anterior wall.

Dr. WM. C. NEVILLE, Sectional Secretary, exhibited for Dr. H. Macnaughton Jones: (1.) Fœtus and placenta of sixth month, of which delivery complicated by deformed pelvis and transverse presentation was effected by version with removal of detruncated head by perforation and craniotomy forceps. (2.) A large fibroid polypus which sprung from the cervix uteri and filled the vagina. It was removed by the écraseur and obstetric forceps with perineal laceration. There was also a dermoid tumour of bladder from the same patient. (3.) A unilocular ovarian cyst and a multilocular ovarian cyst, both removed by operation.

LIVING SPECIMEN.

Mr. STORV showed a patient who had a symmetrically

placed supernumerary finger growing from each hand. A brother had a similar deformity.

Dr. ATHILL read a paper on

METRIA (SO-CALLED PUERPERAL FEVER).

He commenced by saying that our knowledge of the various affections included by the Registrar-General under the term "metria" was still far from perfect had, of late, been steadily increasing. It was now all but universally conceded (1) that there is no such single disease as puerperal fever properly so-called, that is, a specific disease in the same sense as scarlatina or small-pox; (2) that inoculations and absorption of septic matter conveyed from without formed a not infrequent cause of one form of metria, viz., puerperal septicæmia; and (3) that puerperæ frequently become self-inoculated by poisonous material generated within their own bodies either by the decomposition of retained clots or shreds of membranes or placenta, the resulting fever being by some called puerperal septicæmia. He held that the septicæmic form of metria could only be communicated from one puerperæ to another by the actual transfer of the pathogenic matter either by the hands of an attendant, the nozzle of a syringe, sponges, napkins, &c., but not by the medium of the air. To two points he drew special attention, the frequent occurrence of metria in puerperæ who are preyed upon by remorse or mental distress and the occasional outbreak of a very fatal, infectious, and essentially epidemic form of metria which he believed could not be due to septic absorption. The influence of remorse and mental distress was well seen in the high mortality attending puerperality in women who had been seduced; and if such cases were excluded he thought the mortality of the Rotunda Hospital would only amount to one-half its present rate. Here fretting and a quickened pulse were the earliest symptoms of danger, a severe form of metria manifesting itself after twenty-four hours. These cases of metria were usually due to self-inoculation, the putrid matter finding a ready inlet because of the deficient post-partum contraction of the uterus seen in such patients. Occasional outbreaks of an epidemic and very infectious form of metria were also known to occur, the disease spreading widely among the inmates of a hospital. He could not accept Dr. Evory Kennedy's explanation of these outbreaks as due to the aggregation of puerperæ, nor could he admit of their septic origin, since septic material was not communicable through the air. He held rather that these outbreaks occurring simultaneously with epidemics or other zymotic fevers were really examples of these zymotics specially modified by the physiological state of puerperal women. The infection of erysipelas could thus induce an attack of infectious metria in a puerperal woman, while conversely, such a form of metria could impart erysipelas to her offspring. In the same way scarlatina grafted on a puerpera might result in metria and not in scarlatina. This infectious form of metria tending to assume an epidemic character was therefore to be considered as consisting of specially modified cases of the prevalent zymotic disease. As strengthening this view Dr. Athill noticed the fact that in his experience bronchitis or pneumonia occurring in a puerperal patient was likely to be complicated by abdominal symptoms of the same kind as those which were seen in puerperal septic fever. These views he exemplified by a history of such an epidemic of infectious fever occurring in the Rotunda Hospital in August last, and which, in the author's opinion, depended for its origin and infectious character upon an imported case of typhus fever in a puerperal patient. The outbreak was completely stamped out by closing and thoroughly disinfecting the hospital for a fortnight. The severe symptoms and rapidly fatal course of this epidemic form of metria differ essentially from the more insidious and less painful progress of puerperal septicæmia, on the characteristics of which he dwelt at length, emphasising the good prognostic import of a furrowed, as opposed to a glazed and cracked, tongue during its progress. Diarrhœa, he thought, was in such cases by no means to be considered an unmixt evil. In discussing the treatment of the different forms of metria he observed that, while all but useless in the epidemic form, it was often of great service in the septicæmic cases. He formulated the following conclusions as founded on his experience:—(1) That a disease of a highly infectious nature, differing essentially in its symptoms and course from that the result of septic poisoning, and capable of being propagated in the same manner as other zymotic diseases, occurs

from time to time among puerperal women; (2) that this disease originates from the introduction into the system of a puerperal woman of the infection of some well-known zymotic disease, such as erysipelas, scarlatina, typhus, and probably typhoid fever, the action of the infection being modified by the peculiar state of the system, and of the blood which exists in puerperal women, and that it therefore develops in them an apparently totally different disease; and (3) that the disease thus originating can be stamped out with as great ease, and by the same means as are known to be efficacious in the case of ordinary zymotic diseases. He was satisfied, however, that the majority of cases of so-called puerperal fever are the results of septic poisoning, such form of the disease not being capable of spreading through the air.

Dr. McVIGAN stated he had seen a case in which nervous shock from the sudden news of the Phoenix Park murders had seemed to him to be the exciting cause of puerperal fever.

Dr. POLLOCK had lately been called to see two cases of fatal metria occurring one after the other in the same district, and attended by the same midwife. Both began soon after labour, as an erysipelatous rash over the gluteal regions, and he subsequently learned that the midwife's daughter was suffering from erysipelas during the time in her own house.

Dr. HENRY KENNEDY had formerly seen many cases in the Rotunda Hospital in which the sickness had preceded labour, and he had made *post-mortem* examinations in many fatal cases. He usually found the inner surface of the uterus in a state of slough, with but slight appearance of peritonitis. The tissues mostly attacked were the cellular tissues which, commencing in the pelvis and spreading up behind the kidneys were always in a state of complete slough.

Dr. FRASER recommended that hand, instruments, &c., used about a puerpera should be cleansed first in a solution of Condy's fluid and then in one of oxalic and sulphurous acids.

Dr. KIDD recognised the epidemic, and the septicæmic or pyæmic form of the disease. He had long been aware of the former as distinct from the latter. It usually began outside hospitals and spread into them. The last epidemic in the Coombe Hospital had followed only after the disease had been everywhere prevalent around them. At the same time typhus was very prevalent, the Hardwicke Hospital being unable to accommodate it, and other hospitals being proportionately full. The cases of epidemic metria were very rapid, very fatal, and commonly showed symptoms of the disease before or during labour. He had recently been consulted about a lady who had only survived delivery by a little more than twenty-four hours. She exhibited well-marked puerperal symptoms, abdominal pain, tenderness, vomiting, diarrhoea, and fever. Dr. Atthill had succeeded most remarkably in stamping out the outbreak which he had described so easily, that he (Dr. Kidd) felt some difficulty in thinking that those cases depend on epidemic rather than local, causes. He had always found it very difficult to eradicate a genuine epidemic of metria. During the last Coombe epidemic, that hospital was closed and thoroughly disinfected, yet on re-opening the epidemic again broke out. Again, the newly admitted labour patients were transferred to the entirely separate gynaecological hospital which was fitted up for them. There fever appeared, and deaths occurred; nor did readmission into alternate beds into the freshly disinfected and whitewashed labour wards put a stop to the epidemic, which died slowly away of itself. These facts seemed to him to show that it was not hospitalism which sustained the outbreak. This form often occurred concurrently with epidemics of scarlatina and erysipelas, but he could not state the exact relation between them. When a certain epidemic constitution prevailed, all sorts of zymotic diseases flourished. He did not accept Dr. Atthill's view that these different diseases could result in one another; that if they sowed typhus they would reap scarlatina or metria. As in cholera, the first cases of the epidemic were most virulent, after a time some, and then more patients, beginning to recover. The majority of septicæmia cases were, he believed, autogenetic.

Dr. MACAN said that of late the belief had been gaining ground that this disease arose simply from septic poisoning. He regretted to see Dr. Atthill subsiding into another belief. The connection between puerperal fever and such other fevers

as scarlatina was not proved, and led only to confusion. On the other hand it had been clearly shown that there existed a close connection between it and erysipelas, amounting almost to proof that it was, as Virchow had said, a kind of internal erysipelas. When puerperal fever occurred in a hospital it was carried in a variety of ways from patient to patient, and thus the epidemic broke out. The difficulty of their getting rid of the septic poison became very great. The disease was easily carried and in this way spread. He disbelieved in the miasmatic theory of its spread and held that auto-infection was very rare compared to hetero-infection. The puerperal wounds were closed before the lochia or retained membranes were likely to become foetid. Treatment of acute septicæmia was almost hopeless, though he employed antiseptic washings of the uterus. Prophylaxis was chiefly to be regarded. Doubtless, the capacity for absorbing septic poisoning was greatly influenced by the nervous condition of the woman.

Dr. NEVILLE (Secretary) had difficulty in accepting Dr. Atthill's view that prevalent zymotics might give rise to a peculiarly epidemic form of metria. If typhus or scarlatina gave rise to puerperal fever he saw no reason why lying-in hospitals should ever be healthy, since the students attending them daily, attended also the fever wards of general hospitals. The general practitioner also attended all sorts of cases including midwifery, and although it might be so, it had not been proved that his midwifery mortality was on that account above the average. Could puerperal fever itself derived from scarlatina infect a third person with scarlatina? Such a case would never be recorded. The majority of cases attacked during an outbreak were primiparæ, a fact which could be foretold on the septic theory, but which could not be explained on the modified zymotic one.

Dr. ATTHILL in reply, said that Dr. Kidd had shown cases in which women had been attacked by the fever before labour. He thought that in such cases the fever was caused by the infection of scarlatina, typhus, or erysipelas, specially modified by the woman's physiological condition. He did not say that all these diseases had a common virus, but he did believe that they might all cause an epidemic form of metria. This form of the disease he did not think was more frequent in primiparæ than in others. He believed it spread equally through a hospital as in the example he had given. It was quite distinct from the septicæmic form which chiefly attacked primiparæ, and of which 75 per cent. of cases were autogenetic.

The Section then adjourned.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, MARCH 15TH.

B. WALKER, M.R.C.S.E., President, in the Chair.

THORACIC ANEURISM.

DR. DE BARTOLOME exhibited a patient, the subject of thoracic aneurism. The man was æt. 43; had been in the militia for twenty-one years. About twenty-one years ago he contracted syphilis. The sore on the penis lasted three months, and was accompanied by bubo. He presents no present symptoms of secondaries. He has been twice married. By the first wife he had two children, neither of whom presented any symptoms of being syphilitised. By the second wife he has had no children; she has had several miscarriages. No particulars were given as to her age, or the probable cause of these accidents. Five months before the present notice, he felt pain in his right shoulder. Shortly afterwards a conical swelling was noticed some few inches (two to three) above the right nipple, and a little to the N.E. This swelling, at first conical, has latterly become flattened and diffused; a distinct thrill could be felt in it; a well-marked systolic murmur was heard on placing the stethoscope over it. The voice has changed. The right pulse is distinctly weaker than the left. Throbbing of the vessels of the neck noticeable. Pupils irregular, the right showing marked dilatation, and acting sluggishly to the stimulus of light. The face seemed bloated and congested, and was suggestive of anxiety and some distress. Dr. de Bartolomé described its appearance as typical of the facial appearance in aortic disease. The man had been rather a hard drinker, thus completing a typical history of predisposing causes. Dr. Bartolomé is treating him with five-grain doses of iodide of potassium four times a day. The

man refuses to enter hospital, so that there is no chance of trying the rest and diet treatment. Dr. de Bartolomé thinks that the rapid penetration of the chest wall, with so little previous constitutional disturbance, is a point worth noticing; he anticipates an early and fatal ending. The case was interesting from its well-marked features, and in the existence of alteration of the voice and affection of the eye.

SECONDARY LATERAL SCLEROSIS OF THE SPINAL CORD.

Dr. BANHAM exhibited a man, *æt.* 44, who had recently come under his care in the Sheffield General Infirmary, presenting well-marked features of this form of disease. Twenty years ago he had had fits; eighteen years ago had syphilis, which left cicatricial marks behind. At that time he noticed weakness in the right hand and wrist. Sixteen years ago weakness of the right leg began, sensation becoming impaired in the paralysed limb. Two years later the voice altered, its tone becoming harsh and unpleasant. There are no active movements in the right leg. The forearm is pronated, and flexed upon the arm; the hand is flexed upon the forearm, and the fingers are strongly flexed into the palm of the hand; the limbs are cold. The extensor muscles of the leg prevail over the flexors. The superficial reflexes are diminished, and the deep reflexes are exaggerated on both sides, but mostly so on the affected side. The periosteal reflexes are easily obtained over the tibia and lower end of the radius; ankle clonus is also beautifully marked. Well-marked anaesthesia present on the affected side.

BRAIN THEORIES.

Dr. HARDWICK read a paper on the subject of cerebral circulation, based upon Dr. Moxon's Croonian Lectures for 1881, on "The Influence of the Circulation on the Nervous System," in which the influence of mere congestion in producing disease is called in question, and, in fact, denied altogether. The paper gave rise to a lively discussion, in which the PRESIDENT, Drs. LAW, MARTIN, and Messrs. BROWNING, and JAMES took part. Some of the members exhibited a manifest reluctance to abandon the old and convenient term, "Congestion of the Brain," as an explanation of some pathological conditions.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE PARIS MUNICIPAL LABORATORY.—It occurs to me that a brief description of this establishment may not be uninteresting to those of your readers who may be acting in the capacity of medical officers of health. This institution was erected in 1881, and in it all qualitative analyses are made gratis, the reports being given in the following words, "good, passable, bad (not injurious) bad (injurious)." A tradesman whose place of business is pointed out as one in which adulterated articles are sold, is visited by two officers, (inspectors). They request to be allowed to examine the products on sale, and do so, both microscopically, and chemically, on the spot, with the means they carry with them. If article appears to be adulterated, two samples, one for examination at the laboratory, the other to be preserved in case of dispute, are taken, and attested by the signatures of the tradesman and both officers. Suspected samples can be lodged at the nearest bureau of police where they are placed in a special chest for the purpose, and forwarded to the laboratory at the prefecture of police, by means of the prison van. Every article that enters the laboratory is analysed quantitatively, the result, however, being only made known to the sender on payment of a fee varying according to the nature of the substance, from five to thirty francs. It is upon the figures obtained in this analysis that the chief of the laboratory bases his opinion. Each analysis is registered in a book for the purpose which remains at the laboratory and forms part of an important collection. Photographic apparatus have been provided, affording the analysts the advantage of

putting before the eyes of the jury and judges a palpable proof of the detected adulteration, for instance, in pepper, flour, and confections, or showing them the presence of trichini, cysticerci, &c. The cost of the laboratory amounts to £5,200 thus divided:—

1 Director of the Laboratory	...	...	£240
1 Sub-Director	...	...	180
1 Analyst (1st class)	...	...	96
3 Analysts (2nd class), £72 each	...	...	216
16 Inspectors (1st class), £105 each	...	...	1,680
16 Inspectors (2nd class), £72 15s. each	...	...	1,164
3 Employés, Porters	...	...	200
General Expenses	...	...	192
Total			£3,968

The rest of the sum is applied to the purchase of instruments, books, &c. Drugs are not liable to be analysed at this laboratory. In France *pharmaciens* can only be inspected by members of the School of Pharmacy, who alone have the right of entering into their *officini*. It is interesting to note the report for last year of M. Charles Girard, director of the establishment, as a sorry evidence of misplaced confidence in what the public swallow. In butter alone, there were only eleven samples pure out of sixty-two examined. Preserved vegetables on examination showed the presence of copper in eleven out of 35 samples. Milk showed oatmeal, white of egg, dextrine, sugar, brain matter, oils, and fat. Wines showed oxide of lead, alum, salt, salicylic acid, and sometimes arsenic in liquids coloured with fuchsin. In the matter of wines M. Charles Girard values the loss annually sustained by the Treasury at more than £140,000. Beer showed picric acid, gall, aloes, colocynth, cocculus indicus, cubeb mixed already for use with nux vomica and carbonate of soda, strychnine, box leaves, juniper, &c. The report even mentions amongst various adulterating materials in different articles, *residus of secula manufactory*. It is pleasant to find that the endeavours of the laboratory have brought on a notable decrease in the number of adulterated articles sold in Paris and in France generally. One would like to see the crusade against adulteration and unsatisfactory conditions of food carried out even more rigorously than they are at present in Great Britain and Ireland. Healthy and health giving food is a matter of primary importance to the welfare of the nation. Money spent in securing so important a desideratum should not be spent with a grudging hand, nor should there be any soft-heartedness or leniency shown towards offenders against the adulteration law. Wilful dishonesty is certainly not to the credit of the nation amongst whom it is allowed to flourish. Practically speaking, the difference in cost, between the genuine and the adulterated article, is as much pocket-picking as if the often highly respectable, and possibly even *pious* vendor, were guilty of the felon's act of inserting his hand into his customer's pocket and taking the money itself.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 37, Madras 34, Paris 29, Geneva 26, Brussels 30, Amsterdam 32, Rotterdam 25, The Hague 27, Copenhagen 25, Stockholm 25, Christiania 17, St. Petersburg 41, Berlin 36, Hamburg 29, Dresden 25, Breslau 36, Munich 33, Vienna 37, Prague 41, Buda-Pesth 32, Rome 32, Turin 35, Venice 34, Lisbon 37, New York 29, Brooklyn 23, Philadelphia 24, Baltimore 24.

THE GENERAL MEDICAL COUNCIL.

THE Thirty-fourth Session of the General Medical Council commenced on Thursday last, under the presidency of Dr. H. W. Acland, F.R.S., who said that letters had been received from Mr. Teale, who was unable to attend in consequence of serious illness, and from Prof. Haughton, who was also unable to attend.

Dr. Acland read the following

PRESIDENTIAL ADDRESS.

Besides the ordinary duties of the Council, three special subjects demand your attention at this its thirty-fourth meeting. It is not necessary that any one of these should long detain you. Since it was not desirable to defer their consideration till a later period of the year, I have thought it well to arrange the present meeting so that it might be easily concluded before the Summer Session begins in the several Medical Schools.

The three subjects are as follow:—

- (1) *Alleged or proved misconduct on the part of certain practitioners*, which has been found to demand your judgment under Section XXIX. of the Medical Act.
- (2) *The Report of the Committee on Unqualified Assistants.*
- (3) *The Report on Professional Examinations*, which you directed last year to be forwarded to the Medical Schools.

I. The cases of alleged or proved misconduct of practitioners, which has been found to demand your judgment, are, I regret to say, five in number. They are not alike. The first is the case of Mr. Prosser, M.R.C.S.Eng., L.S.A., against whom the President and Fellows of the King and Queen's College of Physicians in Ireland have made the charge that, should certain facts be proved to be as stated by Mr. O'Leary, L.K.Q.C.P. Ireland (who had been committed for manslaughter on a charge wherein Mr. Prosser had given evidence in June, 1880), then the conduct of Mr. Prosser, socially and professionally, deserves to be termed "infamous." The Branch Council for England, to whom the case was referred on July 6 of last year, acting under Clauses 1 to 5 of Chapter XIV. of the By-laws of the Council, have come to the conclusion that there are not grounds for finding Mr. Prosser guilty of infamous conduct in a professional respect. The Branch Council will accordingly lay before the Council the evidence of the case, together with the opinion of the Solicitor to the Council, and their own resolution thereupon. The second case is one of a different character, and bears upon a subject of wider significance than that of a charge against an individual. This will hereafter come before you in another shape. It is that of Mr. Thomas Gray, M.R.C.S.Eng. and L.S.A., who, having been charged by the Medical Alliance Association with systematically giving false certificates of the cause of death in cases where he had never seen the deceased persons in their illness, was convicted at the Thames Police Court in the single case of a false certificate as to the death of Minnie Lucy Wadsworth. No further evidence can be obtained than that bearing on this one instance, and the case therefore against Mr. Gray rests on this single conviction. The Council will be called upon to decide whether on that conviction they will remove the name of Mr. Gray from the Register, under Section XXIX. of the Medical Act. He has been summoned to appear before you to-morrow. The third case is that of Mr. Hoar, M.R.C.S., who, having been co-respondent in a suit tried before the Divorce Court, was found guilty of adultery, and damages were assessed at £5,500. The co-respondent was in the relation of family medical attendant to the respondent and her husband. This circumstance separates it from the cases in which no such professional relation existed, and which, therefore, are only amenable to the ordinary civil actions at law. Mr. Hoar has been summoned, under Clause 4, Section XIV. of the By-laws, to appear before the Council to-morrow at 2 o'clock. Fourthly, Mr. Arthur Augustus Sadgrove has been summoned to appear to-morrow before the Council on account of a conviction before the Wallingford magistrates, and in respect of an accusation made by the Faculty of Physicians and Surgeons of Glasgow, to the effect that he had claimed diplomas which he was not entitled to use, and in respect of other facts which will be laid before the Council in a report from the Branch Council for England. It will be for the Council to decide whether the facts adduced bring Mr. Sadgrove

within the scope of the 29th section of the Medical Act, and if so, whether the Council will see fit to remove Mr. Sadgrove's name from the Register. The fifth case, that of Mr. Dry, is another which relates to the signing of false death certificates. Mr. Dry has also been summoned to appear. It has to be here noted, in respect of the judicial duties of the Council, that a practitioner whose name had been erased from the Register under Section XXIX. of the Medical Act, has presented a petition by which he seeks restitution to the Register. Up to the present time this power has been exercised by the Council in four out of the thirty-seven cases in which names have been removed from the Register for criminal offences or professional misconduct. Some doubt was, at your last meeting, expressed as to whether it is within the terms of the Act to restore a name so removed. Counsel's opinion, that the power to restore does exist, will be laid before you. It will be for the Council to consider whether it sees fit on this occasion to exercise this power, as it has done in the before-mentioned four cases. I have been led thus briefly to sum up these cases, partly because, in a Bill now before Parliament, changes are proposed in the power and in the mode of procedure in respect of the judicial duties of the Council. The changes are, in principle, these two:—1. It is made certain in the Bill that the Council may remove from the Register for a fixed period the name of a practitioner whom it does not consider to deserve the extreme punishment of permanent civil disability, as such; whereas, as I have said, it has been held to be doubtful under the existing Act. 2. A power of appeal is granted against the decision of the Council to the High Court of Justice, in such manner as may be determined by rules of Court. These changes will, I doubt not, approve themselves to the Council. I mention them here because if, on the contrary, the long experience of the Council should seem to call for any modification in the proposed amendments in respect of an onerous office of peculiar delicacy imposed on us by Parliament, it would be clearly the duty of the Council to make such conclusion known to the Government, for the improvement of the clauses in question.

II. The next business to which your special attention is this year invited is the Report of your Committee on Unqualified Assistants, appended to which is a statement of the documentary evidence on which it is mainly based, with a letter from Dr. William Ogle, of the Registrar-General's office. This subject is closely connected with that of false death certificates, just now alluded to in the case of Gray. It is a many-sided question, affecting largely the health and well-being of the poor throughout the country, and one which has to be handled with great care. That grievous abuse exists cannot be doubted. The case of Mr. Gray, which has been alluded to, is, without any reasonable doubt, only one of many the particulars of which are never known. The statement which has been prepared by the Chairman of the Unqualified Assistants' Committee teems with evidence as to the relation which the habit of employing unregistered practitioners bears to the safety of the sick, to the education of medical students, and to the habits of a certain number of registered practitioners. It is easy to see that the three special subjects which come to-day before the Council in the ordinary discharge of its duties are closely connected. They will hereafter demand dispassionate inquiry and careful consideration with respect to the methods of instruction and the opportunities afforded in the several schools and hospitals both in this country and abroad in training young medical men. Persons well qualified to judge differ much as to the value, for the purpose of learning the practice of the profession, of apprenticeship, of residence with country practitioners, and of employing students in towns, either during their pupillage, or after it is ended. In one respect probably all will agree, that when pupils and teachers act with singleness of purpose for the real good of the sick, when the pupils have had a good previous education and are of exemplary personal character, when the masters and teachers are conscientious in the care they bestow alike on the pupils and on the patients, the best results for all three—teacher, pupil, and sick—may, and habitually do, follow. Anyone acquainted practically with the conscientious labour and benevolence of many teachers and students in the great cities of England, Scotland, and Ireland, knows that good untold is hourly done, and blessing poured on giver and receiver alike, by sending students among the sick poor. Witness, as examples, the well-known lives of Alison and Stokes, both when they were youths and when they were men. The subject, therefore, of employing "unqualified men" as assistants will have to be fully weighed before pronouncing against carefully directed

methods of employing students, on account of the misconduct of some few legally qualified practitioners. On the other hand, the Council will not be deterred from considering such changes in the law as the important letter from Dr. William Ogle seems to suggest.

III. Copies of the Report on Professional Examinations, drawn up by Professor Gairdner, Mr. Stokes, and Mr. Teale, together with the remarks of the bodies visited, and the resolution of the Council thereon, as directed by you, were sent by the Registrar to all the medical authorities and medical schools of the United Kingdom immediately after your last meeting. Under this third head I am led to observe that a considerable change of power is proposed in the Bill to which I just now referred, in respect of the teaching in the medical schools. By Clause 21 of the Bill it will be the duty of the Medical Boards in the three branches of the Kingdom to inquire into the sufficiency of the arrangements for teaching, by inspection or otherwise, in all recognised medical schools. It is impossible to exaggerate the importance of the provision contained in these few words. Those schools only will be recognised which reach the adopted standard of educational requirements; and those which do not reach it will cease to be recognised. It is well known to members of the Council that the opportunities are very different in different institutions, and that when once a so-called school is established it may attempt to teach over a range of subjects for which it has not adequate means, and which are better taught elsewhere. Small schools even undertake functions of scientific teaching which are best performed in the Universities. They may also profess to have the clinical opportunities which can only belong to hospitals that, either from size or situation, have large choice of varied and typical cases, or, as in Germany, have special relations to the municipalities. I venture to say that a combination of some Schools, like the combination of Colleges recently adopted in the University of Oxford, might be easily effected and be of the greatest service. The power of inquiry, distinctly given to the Medical Council by the new Bill, into the plant and method of schools, was held not to exist under the Medical Act of 1858. The Committee appointed last year to inquire into and report upon the deficiency of subjects for anatomical and surgical teaching and examination has not completed its inquiries. The subject of the Preliminary Examinations will be brought before you in a Report by a Committee appointed for the purpose at the last meeting. It is not without interest to note here that, in the Returns from the Army and the Navy Medical Departments, it appears that whereas in the year 1864, out of 49 candidates for the Navy, only 28 passed, and 21 failed, 16 being found deficient in anatomy, 4 in medicine, and 14 in surgery, none who went in for the examinations last year were found to be deficient in any subject; and whereas in the year 1864, out of 151 applicants for places in the medical department of the Army, 31 failed, 12 having failed in anatomy, 14 in surgery, and 23 in medicine, in 1882, 60 out of 69 candidates passed so as to qualify. Before quitting the subject of our educational arrangements, I had intended to have called to your notice some points connected with the conjoint scheme of examination, which, after many difficulties and much discussion, had been elaborated by all the licensing bodies in England; which received your sanction in 1877; and which has never come into operation—and then to have named other and more recent attempts made in the same direction. But circumstances have arisen which make it undesirable thus to occupy you on the present occasion—nor is this to be deplored—since, if the Bill, which is this day to be considered in Committee of the House of Lords, become law, all such agreements will be of no effect, and they will leave behind them nothing save the lessons of experience, and therefore of much labour, expended not wholly in vain. The Pharmacopœia Committee will present a report stating the steps which have been taken in the revision and preparation of a new edition of the Pharmacopœia.

IV. The Council will have noticed that allusion has been made more than once to the Medical Bill introduced into Parliament by the Government. Copies of the Bill were forwarded to me for the use of the Council. I therefore beg to be allowed to say a very few words, on presenting it to you, in relation to the progress of legislation in respect of the Department of Medicine. The disjointed and unsatisfactory state of medical education in the first half of this century had long baffled the endeavours of many honourable men who desired to remedy its defects. After years of discussion the present Council was formed in 1858. At least one great advantage immediately followed. Men who

were supposed to represent conflicting interests met together, and after a short time set themselves to the national task of securing a more uniform and better education for all medical students in each branch of the kingdom, of establishing uniformly wise and good examinations, which are the key to modern education, and of diminishing the number of the examining boards in the kingdom. Two Governments carried through the House of Lords Bills which would have completed these and other required improvements. A collateral issue as to the construction of the Council raised in 1871 obstructed further progress. In the Council and in the several licensing bodies any complete combination and any finality for examination arrangements have been paralysed by this question. For thirteen years students, teachers, examiners, and institutions have been hindered in the attempts they were making at securing in one way or another a sound, permanent, national standard for medical training. Those who have followed the progress of modern biology in all its branches, normal and abnormal, can alone estimate the evil of this suspense. It is quite sufficient to remind you of the names of Brodie, Green, the two Pagets, George Burrows, Thos. Watson, James Arnott, Cæsar Hawkins, Rolleston, the two Woods, Syme, Allen Thomson, Lister, Stokes, William Baly, Sharpey, Parkes, William Lawrence, Teale, Christison, Begbie, Hastings, Rumsey, to recall to your thoughts what a variety of force, what power of goodness, what devotion, what intellect, what public spirit, what self-sacrifice have been during the last twenty-five years thrown within this Council alone into the task of aiming to secure for the next generation, by improved medical education, the welfare of the sick, the health of the nation, the strength of our soldiers and sailors, the progress of natural knowledge, the higher general culture of the medical student, and the social position to be reached by all educated medical practitioners, without distinction of place or station. That great improvement has taken place in all these respects, no one who knows our medical students will for a moment question. But until the settlement of various disputed questions, which Parliament alone can settle, the Council is unable to ensure for either teachers or students the stability of any sound methods of education upon which agreement can be obtained. It remains for us, as I said last year, until Parliament see fit to relieve us from the labours imposed upon us twenty-five years ago, to continue to labour as faithfully and efficiently as circumstances permit, and, when relieved, to hand over to our successors such work as we have been able to accomplish for the public good, wishing them, with additional powers and the experience of the past, a hearty God speed. It is possible that this may be the last time that I shall be called upon to address you, except for the most formal business; and in this case I would wish my very last words to be the expression of gratitude for kindness accorded to me for twenty-five years from the whole Council, for support during nine years as your President, and to leave a record of strong personal affection to many whom I have for so long owed so much.

The following committees were then elected:—

Business.—Dr. Pitman (Chairman), Dr. Aquilla Smith, and Dr. Haldane.

Finance.—Dr. Quain (Chairman), Dr. Pitman, Dr. A. Smith, and Dr. Scott Orr.

On the motion of Dr. Pitman, a table showing result of examinations held in 1882, was received and entered on the minutes.

DR. AQUILLA SMITH pointed out the increased proportions of rejections shown in these tables as compared with former years, and which showed a vast increase in the severity of examination tests.

MR. MACNAMARA urged the importance of this subject, and thought the percentage referred to by Dr. Aquilla Smith ought to be entered on the minutes. The small number of rejections at the College of Physicians of Ireland was explained by the fact that candidates first passed the examinations of the College of Surgeons. The rejections at the latter were numerous. On the motion of Mr. Macnamara, percentage tables of this kind were directed to be prepared for publication with the tables, and covering the years 1879, 1880, 1881, and 1882, thus continuing the series already completed as far as 1878.

Various returns relating to examinations conducted by the Army and Navy and other bodies were received and entered on the minutes.

THE CASE OF MR. PROSSER.

The case of R. A. Prosser, whose conduct had been considered by the Branch Council was reported on to the following effect:—

"That the Branch Council, in accordance with the resolution of the General Council of July 6, 1882, having obtained the information contained in the statements relating to the case and considered these statements, and having also heard the opinion of the Solicitor to the Council, resolve that there are not grounds for finding Mr. Prosser guilty of infamous conduct in a professional respect."

To this Dr. Lyons moved an amendment, to the effect that Mr. Farrer, solicitor to the Council, be requested to attend the Council and state the grounds on which his opinion was based. Considerable discussion took place on this amendment, in which Mr. Simon, Prof. Humphry, Dr. Aquilla Smith, Mr. Macnamara, Prof. Turner, and the President joined. On a vote being taken the amendment was lost. Dr. A. Smith next moved an amendment to refer the report back to the Branch Council. Dr. Lyons seconded this amendment, which also proved the subject of discussion by several members of Council, and was eventually lost, when the original motion was carried by a considerable majority.

PETITION FOR RESTORATION TO REGISTER.

A petition was considered from George Stratten Symmons for restoration of his name to the Register, from which it had been erased in 1877. In connection with this case counsel's opinion was read, in which it was stated that the Medical Council had power to restore names erased from the Register. It was pointed out that the applicant sought to have only the L.S.A. restored to the Register, this qualification not having been taken from him by the corporation which granted it, notwithstanding, as was stated by Mr. Bradford, that the Apothecaries' Society was empowered to deprive licentiates of their qualification by the Act of 1874.

Dr. CHAMBERS moved that counsel's opinion, as read by the Registrar, should be entered on the minutes.

Dr. PYLE seconded the motion.

Dr. STORRAR opposed it on the ground that last year a similar course of action was strongly opposed by the solicitor to the Council.

The motion was lost.

Strangers were then requested to withdraw while the Council proceeded to consider the circumstances of the case before it, and as a result of the deliberations it was subsequently announced that "the Council do not feel that they would be justified in complying with the application. The qualification of M.R.C.S. Eng. formerly held by Benthon Puynter Morison having been taken from him by the College of Surgeons, the Council directed its erasure from the Register."

SECOND DAY.—FRIDAY, APRIL 20TH.

The first subject considered on the second day's meeting was that of a rejected medical practitioner named William Hoar, who was found guilty of adultery in 1882, the act having been committed under circumstances which brought the conduct of Mr. Hoar within the province of the Council as infamous conduct in a professional sense. Mr. Hoar having been summoned to attend before the Council, the latter body considered the matter, and resolved that Mr. Hoar had been guilty of conduct infamous in a professional sense, and directed the removal of his name from the Register.

THE CASE OF A. A. SADGROVE.

The next case was that of Mr. A. A. Sadgrove, who had been prosecuted in 1881 for having employed titles to which he could lay no claim. The facts are briefly as follows:—

Being appointed surgeon to a company, and possessing only the qualification L.A.H. Dublin, he made use of the titles L.R.C.P. Lond. and L.R.C.S. Edin., and was prose-

cuted and fined at the instance of the former body. There was a further suspicion that Mr. Sadgrove had exhibited a diploma of the Faculty of Physicians and Surgeons of Glasgow as proof of his being a licentiate of that corporation, but which, it was contended by the accused, was a Latin diploma of the "Knights of Malta," an order in Freemasonry, admittedly employed with a view to retaining his post. The similarity of this document with the diploma of the Faculty was insisted on by witnesses at the trial in 1881, and the Secretary to the Faculty testified to abstraction of such a diploma from the office in which they were preserved at the time Mr. Sadgrove was present as a candidate (unsuccessfully) in Glasgow.

The circumstances following on the exhibition of the document to the manager of the company were somewhat remarkable. This gentleman intimated to Mr. Sadgrove his intention to write to the Faculty on the day of his interview with him with the object of satisfying himself with regard to the genuineness of the document shown to him. A letter was written and posted on that day addressed to the Faculty of Physicians and Surgeons, Glasgow, inquiring whether Mr. Sadgrove held the licence of the Faculty. This letter never reached the Faculty, nor was it received by any person connected with the Faculty. Nevertheless, a letter in reply was in due course received by the manager of the company, having the printed heading "Faculty of Physicians and Surgeons, Glasgow," and purporting to be signed by Mr. Duncan, the Secretary of the Faculty, to the effect that Mr. Sadgrove was a licentiate of the Faculty and duly qualified to practise surgery. That letter was a forgery, and was not written by anyone connected with the business of the Faculty. The paper on which it was written, the heading, the handwriting, and the signature were of a kind foreign to anything known in the office of the Faculty.

In view of the above facts, and of others pointing in the same direction, the Council of the Faculty were of opinion that they would be chargeable with a dereliction of duty towards the public and the profession did they shrink, at whatever cost and with whatever result, from instituting a criminal prosecution against Mr. Sadgrove.

He was accordingly charged at the instance of the Faculty with forgery and fraud at common law. He was arrested in the office of the Secretary of the Faculty in Glasgow, on presenting himself a third time for examination, and was brought before the Justices of the Peace for the county of Berks at Wallingford, and was committed for trial at the Reading Assize. He was tried at those Assizes in January, 1882. A considerable part of the indictment was thrown out on technical grounds, and the verdict was one of acquittal.

The Branch Council for England having investigated the case, and being of opinion that though Mr. Sadgrove was acquitted of the charge of forgery and fraud, there are other circumstances in his conduct of which the General Medical Council can take cognisance, but in respect of which he is not amenable to a court of law, the Council proceeded to consider the case fully.

Mr. Sadgrove appeared in person before the Council in answer to a summons, and addressed it in his own defence, which was mainly that he had abstained from using any but his registered qualification after he had been served with a notice requiring him to do so from Somerset House, and which notice preceded his prosecution by the Faculty of Physicians and Surgeons of Glasgow. He further pleaded ignorance of the provisions of the Medical Act, and of the fact that he had incurred the penalties named in it. He concluded by making a direct appeal to the clemency of the Council, and submitted numerous testimonials as to character and conduct.

Dr. SCOTT ORR questioned Mr. Sadgrove on various points in connection with the circumstances under which he was prosecuted. He elicited that the accused had made use of the degree of M.D. which had been employed by his predecessor, but whether rightly or not, he was unable to state.

Mr. MACNAMARA asked for information concerning the

letter purporting to be from the Faculty of Physicians and Surgeons of Glasgow, and which stated that A. A. Sadgrove was a licentiate of the Faculty. Mr. Sadgrove said he had never seen the letter, but explained that, having mentioned the fact of his being unsuccessful at the examination for the licence of the Faculty to a Mr. Duncan, that gentleman wrote a letter which might have been the one referred to; but he could not further explain the matter.

Dr. LYONS asked if Mr. Sadgrove could offer any means of identifying the Mr. Duncan he referred to, and thus assist in explaining away the mystery, to which Mr. Sadgrove said he could give only the address in the letter received from this Mr. Duncan.

The Council then proceeded to deliberate on the case in private, and, strangers being readmitted, the following resolution was announced:—

"That the further consideration, in Mr. Sadgrove's case, of the subjects of the offence for which he had been summoned to appear, be adjourned till Tuesday, April 24, 1883, at 2 o'clock p.m., in order that he may have an opportunity of satisfying the Council as to the two following points:—

"(a) As to a letter of date September 10, 1881, stated to have been written by A. Duncan, Secretary to the Faculty of Physicians and Surgeons of Glasgow.

"(b) As to the allegation that he had falsely claimed to be a Licentiate of the Faculty of Physicians and Surgeons of Glasgow."

THIRD DAY.—SATURDAY, APRIL 21ST.

UNQUALIFIED ASSISTANTS.

Dr. CHAMBERS moved the first resolution appended to the report of the committee on unqualified assistants as follows:—

"That the Council ask for legislation to the effect that any registered practitioner, practising for gain, who knowingly and wilfully deposes a person not registered or qualified to be registered under the Medical Act, to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person, shall be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner: but with a special proviso that such enactment shall not hinder any duly regulated training of pupils by qualified teachers, nor any legitimate action of nurses, midwives, or dispensers."

And in doing so took the opportunity to explain the scope and object of the inquiry on which the committee had been engaged. It had included consideration of the uses and abuses of the system, and the committee speedily discovered that numerous classes of unqualified assistants existed. There were actual students *in statu pupillari* under the direction of a practitioner, receiving no salary, or even paying a premium. Another class was that of actual salaried assistants who helped their employers by performing small acts of professional practice, but in no case acting other than as subject to their master. A third class saw and treated patients entirely on their own responsibility, calling in the employer as a sort of consultant in serious cases. A fourth class employed the qualified man as a "cover" for their operations, and paid him for the service. The committee had considered these various classes of unqualified assistants in their report; the educational question had been considered also; the committee believed that, as a rule, due amount of supervision was maintained by the qualified master, but still cases did occur which showed the necessity for careful consideration. The committee had not thought it right or politic to interfere with the ministerial functions of pupils, but only with the question of deputation of responsibility by men qualified to unqualified assistants.

Mr. SIMON seconded the resolution.

Dr. AQUILLA SMITH moved an amendment to substitute "practitioners" for teachers at the end of the resolution.

Dr. COLLINS spoke as one who had experience of apprentices and assistants. He thought the terms of the resolution too stringent, and that they would apply unjustly to many practitioners who legitimately employed pupil assistants. The resolution ought not in any case to come into law immediately, but time should be allowed for substitution of properly qualified for unqualified assistants. He said that the plan of sending students from hospitals to midwifery cases without previous experience was itself an abuse as bad as that of employing unqualified assistants.

Mr. SIMON moved that the Council go into committee on the report; which being seconded and carried, he proceeded to explain that the committee had no intention of interfering with any legitimate employment of unqualified men, but to draw the line at *deputing* such assistants to take charge of important cases.

Dr. AQUILLA SMITH thought ample precautions had been taken to legitimise the purely ministerial duties of unqualified assistants.

Dr. PITMAN asked if the Apothecaries' Society did not grant certificates to assistants to apothecaries? Would these persons be punishable under the suggested rules, or would they be regarded as qualified.

Mr. BRADFORD said the Act of 1815 imposed the duty of licensing assistants to apothecaries as dispensers and compounders of medicine only, and not as practitioners of medicine. They possess legal status as assistants.

Mr. MACNAMARA felt with Dr. Collins the proposal that of the committee was very stringent. It was very important to repress the abuses of the system, but the clause as it stood might be misconstrued, and he would move the introduction of these words in the resolution: "And the partial employment of such in the treatment of the sick under the direct supervision of a duly registered practitioner."

Dr. COLLINS seconded the amendment.

Mr. TURNER felt that it was due to the committee to express admiration at the thoroughness and excellence of the report. He felt, however, that the resolution under discussion required careful consideration. There were two classes of assistants, viz., those who were apprentices receiving instruction, and possibly paying for it, and others who gave their services in return for a salary. It might be necessary to put these two classes on different footings. Mr. Macnamara's amendment covered the distinction. He felt that amongst the poor, unqualified assistants might be indispensable. He referred to the wholesale manner in which "medical herbalists" granted certificates of illness which were accepted as valid by societies and companies knowingly, as shown in the evidence given before the Royal Commission. If the Council increased the difficulty of employing unqualified assistants it would force the artisan classes more and more into the hands of "herbalists," and so do an injury to the sick poor.

Dr. STORRAE urged the case of country practitioners whose practice extended over large areas, and who employed an unqualified assistant, and in whose absence the latter might easily be called on to act in a position of responsibility on an emergency. To deny him this right would be to take from him privileges conceded to the chemist and druggist. Herbalists did not confine their practice to the poor. In 1857 a member of Parliament had told him that he himself was under treatment by a herbalist. Dr. Storrae wished to see the power of retaining the services of duly qualified students and pupils reserved to practitioners.

Mr. SIMON insisted that the committee had been most anxious to act fairly in both interests concerned, and pointed out the difficulties under which its labour had been carried out. He suggested to add after "such enactment" the words "shall not hinder any duly regulated education of students in medical schools or otherwise by legally qualified practitioners, nor the use of trained pupils in partially treating the sick under the direction and responsibility of such qualified practitioner, nor any

legitimate employment of nurses, midwives, or dispensers."

Mr. MACNAMARA withdrew his amendment.

Dr. HALDANE said that the system was unknown in Scotland.

Dr. AQUILA SMITH contended that any inconvenience arising from adoption of the resolution would be experienced only by those who were undeserving of being considered. There was no lack of duly qualified men to take the place of unqualified assistants. He supported the resolution.

Prof. HUMPHRY expressed the assistance he had derived from his own pupils at various times. The introduction of a Bill like that pressed for would do much to make medical practice more difficult. Substitution of young qualified for old unqualified assistants would cause much inconvenience and mischief, because it would intensify the difficulty of country practice. Such a measure should be introduced most carefully, and not suddenly. Something was required to be done in the way suggested, but the manner of doing it was not easy to determine. As a rule, qualified young men were much less fit for practice than experienced unqualified men. It would be desirable to acquaint young men with the conduct of practice before qualification.

Mr. SIMON said the committee had given careful consideration to the question of inconvenience arising from loss of unqualified assistance, but, as the report stated, it was not deserving of the importance given to it.

Dr. CHAMBERS was of opinion that the inconvenience alluded to would be only of a passing kind, and would be followed by advantages of an important description.

The PRESIDENT expressed his sense of the sterling value and importance of the report, which was on a subject of the utmost gravity, and was evidently so regarded by the Council.

The amended resolution was then put and carried.

The second resolution, to the effect

"That communications be entered into by the Council with the Registrar-General with the view of procuring such amendments of the Registration Act as will diminish the present frequent evasions of the Registration Act in the certification of causes of death."

was then moved by Dr. Chambers and seconded by Mr. Simon.

A letter from Dr. Ogle was read, in which the writer severely criticised the action of the Medical Council in omitting to deal severely with cases of infamous conduct, and repudiating the charge that the Registration Office encouraged violation of the Registration Act by its unwillingness to prosecute.

Dr. LYONS believed the present mode of registering deaths could never be made perfectly satisfactory. Some better plan needed to be devised. By throwing the duty of stating the cause of death on practitioners they were called on to perform a task that was oftener than not almost impossible. Dr. Lyons recommended adoption of the French plan of registering deaths by agency of a special officer, who ascertains that death has occurred, and learns from the attending physician what was its cause.

The motion was then put and carried.

Dr. CHAMBERS next moved :—

"That the Council record on its minutes, for the information of those whom it may concern, that charges of gross misconduct in the employment of unqualified assistants, and charges of dishonest collusion with unqualified practitioners in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the Council, regarded by the Council as charges of infamous conduct under the Medical Act."

Dr. Chambers pointed out that the Council had already so stigmatised this conduct, but it should be more generally known that this was so.

The resolution was carried.

The Council having then resumed, the resolutions, as

endorsed in committee, were submitted severally, voted on, and carried.

PRELIMINARY EXAMINATIONS.

A committee appointed in July, 1882, to consider and report on the list of bodies whose examinations in general education are recognised by the Council, presented a report, in which it was recommended that all but four of these examinations should be retained. The report was adopted.

From this it will be seen that two examinations in medical colleges of Michigan and Halifax, Nova Scotia, had been struck off as a result of the committee's work.

The resolution was carried.

THE PHARMACOPŒIA.

A report presented by the Pharmacopœia committee, appointed July 8, 1882, was read and received, but discussion on it deferred.

ERASURE FROM REGISTER.

On the motion of Mr. Macnamara, seconded by Dr. Collins, the name of Robert Gray, L.R.C.P.I., was removed from the Register.

DENTAL BUSINESS.

A table showing results of professional examinations held in 1882 for qualifications under the Dentists' Act, was received and entered on the minutes.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 25, 1883.

THE GENERAL MEDICAL COUNCIL.

On Thursday last commenced what many persons feign to believe will be the last session of the General Medical Council; and the feeling of approaching dissolution might almost be considered to have tinged the reflections of the members who have so far joined in the

deliberations of the assembly. With every desire to think kindly and sympathetically of a body situated in the delicate position the Council occupies at present, we are nevertheless compelled to utter the opinion that its latest achievements are but a degree less somnolent than its previous performances. It is, perhaps, a little unfortunate that at this time, of all occasions, peculiar opportunities should have presented for the exhibition of that sleepy legislation which has been reduced to a species of fine art by the efforts of the Council; but so, at any rate, it is. Immediately following after the delivery of Dr. Acland's Presidential Address, and the despatch of certain formal business, the Council proceeded to consider a report sent to it from the English Branch Council, which concluded with a resolution to the effect that there were not grounds for considering a certain member of the profession had been guilty of infamous conduct in a professional sense. It should be understood that the General Council had remitted to the Branch the duty of carefully and fully considering all the details connected with the case, with the desire, presumably, of saving time which must otherwise have been devoted to it by the whole assembly. To an ordinary understanding this course presents the appearance of being reasonable and proper; and it would have been supposed that in due time the report as presented would have been received as final. Not so, however, did certain members of the Council view the matter; and a very considerable amount of time was occupied by them in prosecuting an endeavour—first, to force a full consideration of the whole affair by the Council in the face of its own mandate to the Branch assembly; and on this failing, secondly, to have the matter referred back again to the Branch Council. These proposals were too openly obstructive to secure a majority in their support, even in the General Medical Council, which accordingly, after much valuable time had been thus foolishly wasted, agreed to the original motion.

Then came one of those private entertainments indulged in by the Council whenever opportunity presents, and from participation in which "strangers" are excluded, to the end that the Council may secretly deliberate and lengthily in the judicial capacity which so mightily pleases many of its members. Practically, this concluded the business of the first day, with the exception of a little more formality in the way of reading and receiving reports and letters. The second day offered even less of interest to report. Commencing with the familiar direction that "strangers should withdraw," a long discussion ensued on the case of a registered practitioner who, as co-respondent in a divorce suit last year, was adjudged guilty of adultery and condemned to pay damages amounting of £5,500. The facts of the case admit of no extenuation or mitigation as regards the defendant, who had, if anyone ever has, forfeited all title to professional respect. Apparently, however, there was something connected with it which public trial had failed to elicit, and on which the Council found it necessary to expend about ninety minutes of time before deciding to erase the offender's name from the *Medical Register*.

The next business was similar in kind to that already transacted, and comprised consideration of the case of a practitioner who, two years ago, was charged with using certain qualifications to which he was not entitled, and further, with having falsely issued a diploma of the Faculty of Glasgow. After hearing the accused in his own defence, the Council again entered into secret discussion; and after a long interval the public were informed that further consideration of the case would be deferred till Tuesday. This concluded the second day's business, with the exception that the report of the committee on unqualified assistants was received and ordered to be entered on the minutes.

We have been thus particular in dwelling on the indefensible waste of time indulged in by the Council when acting in a judicial capacity, because at this moment its most recent action may properly serve to point the weaknesses which distinguish it. It is not too much to say that, with the exception of the time occupied in delivery of Dr. Acland's opening speech, less than half-an-hour out of the nine hours nearly over which the first two days' sittings extended, was spent in discussing legitimate business. It seems intolerable that such flagrant waste of time should be indulged in as was exhibited on these two occasions; but even were a special judicial committee of the Council empowered to consider and report on such cases as are above referred to, there is too good reason for assuming that strenuous attempts to nullify the saving thereby effected would emanate from at least a section of the Council.

Not before Saturday was any beginning with actual business of interest to others than those immediately concerned, as judges and criminals, made. On that day the first agenda proceeded with was the report of the Committee on Unqualified Assistants; and in connection with it a long and, in many respects, instructive discussion ensued. With the report itself we shall have occasion to deal at greater length subsequently, especially as it embodies the information given in a series of articles published in our columns last year, and arrives at exactly the conclusions there insisted on.

It was not, of course, to be expected that the Council would give unhesitating acceptance to a resolution couched in such terms as the following:—"That the Council ask for legislation to the effect that any registered practitioner, practising for gain, who knowingly and wilfully deposes a person not registered or qualified to be registered under the Medical Act, to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person, shall be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner: but with special proviso that such enactment shall not hinder any duly regulated training of pupils by qualified teachers, nor any legitimate action of nurses, midwives, or dispensers." The modification, however, which this underwent ere finally being accepted, does not deprive it materially of the power it will possess to reduce a vast and serious evil, and one which it is passing strange to find that such acute observers as Professors Turner and Humphry should regard almost in

the spirit of apologists. Perhaps the most remarkable incident in connection with the debate, however, is the fact that a member of the Council—Dr. Chambers—should have pointed out, by implication, the farcical nature of the Council's action in first stigmatising certain conduct as infamous, and then at once forgiving the delinquent. This, it will be remembered, occurred last year in the case of an East-end practitioner; and it is now more an excellent joke than any real evidence of wisdom that the Committee on unqualified assistants advises the Council to record on its minutes, *for the information of all whom it may concern*, that it will regard such conduct as it has called infamous in the past as infamous in the future also. This, in effect, is all that the third resolution of the Committee amounts to, and its influence in staying improper proceedings will be *nil*, even when supported by the other resolutions, until the Council endows its decisions with a backbone that will not give way the moment its strength is tested.

This matter of unqualified assistants, however, will demand further consideration from us; but we may at once record our sense of the carefulness and thoroughness which characterises the report, the preparation and execution of which reflect the utmost credit on the Committee, and especially on its accomplished chairman, Dr. Thomas King Chambers.

CLAIMS FOR PRIORITY IN OBSERVATION AND IN THE INTRODUCTION OF NEW METHODS OF TREATMENT.

FROM time to time unseemly wrangles appear in the columns of our medical journals in connection with the claim to priority in bringing forward what is regarded as a new observation or a new method of treatment. That such should be the case is a matter of regret, and springs from the ungenerous side of our nature on the one hand, and a want of true largeness of spirit, and of wisdom, on the other. The one desires to belittle another's efforts, taking pride in displaying the extent of his own reading; the other should certainly not allow himself to be disturbed or put out by the fact that what to him is new has been known before. That such should be the case does not rob him of the credit of originality, as far as he is concerned, since his conclusions are the result of original observation and thought, on his own part, and to him are a fresh departure. Indeed, there is no reason why he should not welcome the proof, that to others had occurred the same idea as to himself. That two men should arrive independently at certain conclusions is more or less evidence of the truth of those conclusions, or, at least, lends additional colour to the likelihood of their being true, and in so doing tends to heighten the value of the observations made or conclusions arrived at. It is true that the longer we live the more clearly we find that those who have gone before us have been acute observers and close thinkers, fertile in therapeutic resource, and careful in watching and recording the results of the remedies employed, or the methods of treatment adopted by them in their medical and surgical management of the cases under their care.

Modifying the old adage, we may safely say that much that is true is not new, and much that is new is not true. *What is true*, and occurs to one man as the result of original observation and thought, may just as well occur to many; and the credit of the observation is just as great for all as for one, provided the work is original; *in that alone lies the credit*. There is good reason why old truths should be rediscovered as new ones. The opportunities and scope for the clinical study of disease is limited to the human body itself; therefore the same problems which are presented to us now were presented in the days gone by to eyes and minds of highly cultivated men, and men who were thoroughly accustomed to the close observation of symptoms and the effects of remedies, since they were not acquainted with the various methods of physical examination that are now in every-day use, and are looked upon as almost essential to the proper study and treatment of disease. The study of symptoms and of therapeutics, and the knowledge of *materia medica*, was almost greater in former days than it is at present. Many methods of treatment were initiated in those days which were sound in principle, but which were greatly abused in practice, and the effects of which were explained manifestly upon false grounds, when brought to the test of advancing knowledge of physiology, in the study of which the last half century has seen such immense strides. Erroneous explanation of their *modus operandi* and abuse led to their disuse, and finally they sank into obscurity, and practically became unknown. Here and there the fact that such methods had been in use is known; but the knowledge is confined to the few, and the practice is ignored by all until once more brought to light as the result of clinical observation and research by a new worker in the same field. Empirically the idea itself has been found true, though wanting the additional force and support of a scientific explanation, that possibly increased knowledge of the laws of life may be able to give it.

Again, there is at all times a decided tendency to fashion in the treatment of disease—*vide* the changes that have taken place in the various forms of stimulants recommended; now port, then sherry, then claret, then whisky and water, and so on through the whole range, of hocks, burgundies, sparkling wines, beer, porter, brandy, gin, &c. Again, we recall to mind venesection, leeching, blistering, moxas, issues, the use of mercury, iodide of potassium, salicylates, and a host of remedies, every one of which are in themselves most useful when used with proper discrimination and judgment, but which, each and all, have had their day of popularity, until brought into disrepute by being used without judgment, and, one may say, as a matter of routine in the treatment of cases for which they were altogether inapplicable. Even in the present day there is a wide and general abuse of the drug quinine, which is frequently prescribed by men who never take into consideration the fact that it is not always the most suitable tonic that can be given.

Of making books there is no end. Work succeeds work, edition follows edition; the works of the past are shoved almost out of existence by those of the present.

Those who are busily engaged in active practice find it hard to keep abreast of the work of the present day, and would certainly find it almost impossible to dip deeply into the literature of the past, or possibly may not have even the opportunity for doing so; he would be indeed a remarkably clever man whose knowledge of the literature of his profession embraced all that has been written concerning disease and its treatment; it is not wonderful, then, that much ignorance of past methods of treatment should prevail, or that old ideas should be again brought forward as new truths by those who may fairly claim to be original workers in the practice of their profession. All generous minds will take pleasure in encouraging those who think they have discovered something new; whilst among the latter, all who are truly wise and large-hearted will not grudge the credit due to those who have gone before, even if the idea in question has been only dimly shadowed forth, rather than seen clearly, as it may be, in their own case.

To have the credit for original work is a laudable ambition enough, but at the same time it is not free from the taint of selfishness and self-seeking; the highest and most laudable form of ambition is to have at heart the true interests of the profession; to seek after truth for truth's own sake, and for the benefits it may confer upon suffering humanity; to put away small jealousies, and to encourage those who are earnestly making the most of their opportunities to relieve suffering and cure disease; and to be careful at all times to promote union and kindly feeling amongst the members generally of our noble profession. The kind and encouraging word is as easy to give as the bitter criticism and sneer: it ought to be the earnest desire of all to give it, when at all possible to do so. Unity and good feeling amongst the members of the profession will lead to increased respect and an improved position in the eyes of the world at large. Dissension and bitterness have an entirely opposite effect.

Notes on Current Topics.

Retrogression.

ON Friday evening the House of Commons, by a majority of 72 out of 292 votes, expressed agreement with a motion introduced by Mr. Stansfeld, to the effect "That this House disapproves of the compulsory examination of women under the Contagious Diseases Act." It is, of course, impossible to ignore that in this the Anti-Contagious Diseases Association has scored an important victory, or to be oblivious of the fact that a direct and necessary consequence of the vote must be to reduce the Act to the position of a meaningless and valueless statute. The Government assisted the result arrived at in a great measure by treating the question as an open one, and in the debate which ensued on Mr. Stansfeld's proposition the most striking feature was the exhibition of disagreement afforded by speeches from members of the Cabinet. Mr. Osborne Morgan and Lord Hartington supported the Acts as they were, but Mr. Childers, while admitting their efficacy, proof of which was too strong to enable him to vote for their repeal, was nevertheless con-

vinced that compulsory examination was not an essential part of their administration. He accordingly voted for Mr. Stansfeld's motion. The attitude of the Government towards the whole question was not inappropriately characterised by Sir Stafford Northcote, who regarded it as "most feeble;" it will, however, be incumbent on it now to pursue some definite course of action in response to what has all the value and force of a mandate from the House, and some curiosity will be felt to know exactly what form of proceeding will be adopted in the emergency. In reply to Lord Randolph Churchill, Lord Hartington said he was unable on Friday to state how the Government would act; and even at a later period there will be some difficulty in the matter after the evident signs of inharmonious relations between the members of the Cabinet already apparent. For the present, it must be accepted that the reign of unchecked contagion is about to recommence in the Forces; for any check to infection consequent on voluntary submission to examination on the part of women it is hopeless to anticipate.

Mr. Spencer Wells.

UNIVERSAL satisfaction will be felt at the announcement that Her Majesty the Queen has been pleased to grant the dignity of a baronetcy to the President of the Royal College of Surgeons of England, Mr. T. Spencer Wells, "in acknowledgment of the distinguished services he has rendered to suffering humanity by a life-long devotion to the duties of his profession." Though such a distinction might have been offered with more gracefulness at the time when moneyed claims to consideration swayed the distribution of titular honours to the exclusion of scientific worth, still it is satisfactory to find that even now the Government is awakening to a long-neglected duty; and, with the exception of Mr. Lister, there is no living surgeon more deserving than Mr. Spencer Wells of having recognition paid to the advantages conferred on humanity by the exercise of his skill and knowledge. Perhaps it may not be entertaining too sanguine a view of returning appreciation of worth on the part of our rulers, to anticipate that the time is approaching when scientific and intellectual eminence shall be held of equal importance with the faculty of money-making, and shall exert as weighty a claim to especial reward. The roll of names distinguished by titular honours in this country has hitherto been singularly deficient in those of persons whose eminence in the profession of medicine has been consequent on the performance of labours having for their result preservation of life and amelioration of suffering to an extent wholly incalculable.

The London College of Physicians and the Bill.

THE committee appointed to examine and report on the new Bill on behalf of the College of Physicians of London, has done its work and presented its report, which is mainly drawn up in the interests of the Colleges of Physicians and Surgeons, and contains little to excite comment or criticism.

The Conjoint Examination Scheme.

THE scheme entered into between the two Colleges of Physicians and Surgeons in London has apparently met the fate we predicted for it in these columns, and has been abandoned even by its inventors. This, at any rate, is the only construction possible to be placed upon the action of Mr. Marshall, who, when the time for discussing his motion in the General Medical Council on Thursday arrived, announced that he had no intention of proceeding with it. This motion was couched in the following terms:—

“That the proposal of the Royal College of Physicians of London and the Royal College of Surgeons of England to unite or co-operate, under clause 19 of the Medical Act, in conducting the examinations required for the qualifications of Licentiate of the Royal College of Physicians of London and Member of the Royal College of Surgeons of England, be sanctioned by the General Medical Council.”

There were not wanting signs that the matter would have excited criticism, however, for Dr. Quain had given notice of a motion to the effect—

“That when the proposal of the Royal College of Physicians of London and the Royal College of Surgeons of England to unite or co-operate, under section 19 of the Medical Act (1858), comes before the Council for its sanction, he will ask certain questions in relation thereto.”

In consequence, however, of the withdrawal of Mr. Marshall's resolution, that standing in Dr. Quain's name naturally fell through also; and there the matter ended, except that a deputation from Owens College, headed by Dr. Arthur Gamgee, which was to have attended the Council on Saturday morning in reference to the same question, did not appear, the cause for its doing so having been thus removed. It is to be hoped this is the last we shall hear of a proposal as unwise as it was unwarrantable and ill-conceived.

The Quacks' Clauses of the Medical Bill.

THESE clauses, which, as we have already said, do not profess to be directed against the illegitimate practice of medicine and surgery, and which prohibit nothing except fraudulent assumption of medical titles, are—in this respect—the worst part of the Bill. In the passing of the measure through committee in the Lords the following change was made in clause 28, which will now be worded as follows: “If any person, whether a registered medical practitioner or not, *who practises for gain, or professes to practise, or publishes his name as practising medicine or surgery, or receives any payment for practising medicine or surgery,* takes or uses a medical title which by this Act is not permitted to be entered on the Register, he shall, on summary conviction, be liable to a penalty not exceeding £20.” By the amendment the italicised words were added. The object and effect of this addition has been misconceived by the *British Medical Journal*. It was not intended to enlarge or strengthen the clause, but rather the contrary, for it confines the operation of the law to those who practise “for gain.” In other words, it allows anyone to use an unregistered and unregistrable title if he does not practise to earn money by it, and is no doubt intended to allow holders of an unregistrable title to use it if they are not in active practice as a means of livelihood.

Notification of Infectious Diseases.

A SPECIAL meeting of the Metropolitan Counties Branch of the British Medical Association was held on Tuesday last, to consider Mr. Hastings' Bill for the Compulsory Notification of Infectious Diseases. The subject occupied the greater part of the time of the meeting. Dr. W. Carter, of Liverpool, whose labours in regard to the subject are well known, was present by invitation, and, in an able speech of nearly an hour's duration, pointed out the objections to enforcing on medical men the public notification of cases of infectious disease occurring in the course of their practice. Remarks were also made by the President, Mr. Sibley, Dr. E. H. Vinen, Mr. Nelson Hardy, Mr. Ernest Hart, Dr. Hare, and other members; and, finally, the meeting authorised the President to append his name, on behalf of the Branch, to a petition against Mr. Hastings' Bill, based on that adopted by the Parliamentary Bills Committee of the Association.

At the annual general meeting of the North-Western Association of the Medical Officers of Health, held on the 12th inst., Dr. J. M. Fox, who was elected president for the ensuing year, speaking of the official position of medical officers of health, objected to the attitude of the Local Government Board with regard to the notification of infectious diseases as unwise. He said that it was not necessary to import the medical attendant into the question at all, and suggested the desirability of enlarging the functions of officers already existing, such as those of the registrars of births, deaths, and marriages, and the relieving officers, rather than the creation of fresh machinery.

The Election of Examiners in the Irish College of Surgeons.

THE annual election will take place, in accordance with the Charter, on the first Tuesday in May, *i.e.*, next Tuesday, and will be conducted by seven chosen by lot from amongst the twenty-one Members of Council. Mr. H. G. Croly, surgeon to the City of Dublin Hospital, has resigned his seat at the College Council in order to seek an examinership, and we understand that Mr. Kilgariff, of the Mater Misericordiæ Hospital, Dr. Lambert Ormsby, of the Meath Hospital, and Dr. Kendal Franks, of the Adelaide, will also be candidates. Should the Medical Bill pass, the functions of the collegiate courts of examiners will be somewhat reduced in extent; but, as the primary examinations of the College will still be held, it will be necessary to maintain the same number of examiners as at present.

Twelfth Congress of the German Society for Surgery.

THIS Congress was held in Berlin from the 4th to the 7th of the present month. Its president was, as usual, Herr von Langenbeck, who has filled this office from the institution of the society. As usual, also, some of the more distinguished foreign members had the honour of being presented to the German Emperor. Those upon whom this mark of distinction was conferred were Herrs Thiersch, Schoenborn, Maas, Roth, and Gussenbauer.

The Tubercle-bacilli War in Germany.

WHAT is called the tubercle-bacilli war,¹ and to which we devoted a leading article a fortnight since, still rages in Germany; but as the position and importance of the micro-organism in the realm of medicine will not be decided by a paper warfare, it is scarcely necessary to follow it through all its stages. It matters little to us whether the victory falls to the lot of Vienna or Berlin, but it does matter that whenever gained it shall be decisive, and we watch with intense interest the experimental researches now being carried on by the rival schools, and shall not fail to keep our readers *au courant* with the results.

The Liverpool Infirmary for Children.

A NEW departure in hospital management has been signalled by the action of the medical board of this institution last week in carrying the following resolution:—"That the members of the medical board now present, learning that Dr. Oxley's term of office as Physician to this institution is about to expire, and being unwilling altogether to lose him as an active colleague, hereby beg to suggest to the committee that, when in accordance with rule 23, Dr. Oxley becomes Honorary Consulting Physician, the trustees be invited to sanction the committee's placing six beds in the institution under Dr. Oxley's care." This resolution has, we learn on undoubted authority, been endorsed by the managing committee, and for the first time in hospital management a consultant is to have beds as though he were a member of the active staff. Something will undoubtedly be said against the general adoption of such a practice, as opposed to the legitimate aspirations of the junior members of a staff; but as in the present instance the step was taken at the earnest request of the medical board itself, no possible objection can be entertained, and the hospital will be all the stronger by the retention of so valued a member on its executive.

Medical Charity.

At a quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men, held a few days since, Dr. Pitman, V.P., in the chair, applications were read from 58 widows, 5 orphans, and 3 orphans on the Copeland Fund, and the sum of £1,227 was recommended to be distributed among them in July next. The death of a widow was announced whose first grant had been made in 1857, and who had received a total of £1,056 10s. from the Society. Another widow no longer required assistance. Three new members were elected. It was resolved that the following gentlemen should be recommended for election at the annual general meeting, as officers to supply the vacancies occurring—viz., Dr. George Johnson as Vice-President, in the place of Sir Thomas Watson, deceased; Mr. Cooper Forster, Mr. Garman, Dr. Garrod, Dr. Grigg, Mr. Freeman, and Mr. Warrington Haward to be directors in place of the six senior directors who retire. It was also resolved that Mr. J. R. Upton, honorary solicitor, and Mr. John Croft, F.R.C.S., a benefactor, be recommended for election as honorary members. Legacies to the amount of £280 were reported as having been received since the commencement of the present year; £200, less duty, from Mr. Henry

Sterry, V.P.; and £100 from Mrs. Allnutt, part of a sum left by Dr. Allnutt, her late husband, for charitable purposes.

A Resuscitated Medical Society.

THE Medical Society of Wigan having died out some time since for want of adequate support, a determined effort by the profession throughout the district has resulted in its re-establishment, and last week the first general meeting was held in the Mechanics' Hall, when the following office-bearers for the ensuing year were elected: Mr. W. Croudson Barnish, president; Mr. Elisha H. Monks, vice-president; and Mr. R. Prosser White, hon. sec. and treasurer. An alteration in the time of meeting and amount of subscription having been passed, the President gave an address upon "Recent Advances in Scientific Medicine." Two papers were read by Dr. Webster, on "Double Apical Pneumonia," and the other, "Excision of the Knee." Microscopical specimens of bacilli were exhibited by Mr. Barnish. Mr. Jackson showed a recent preparation of traumatic perforation of the orbital plate of the frontal bone. The following members were present: Messrs. Barnish, Monks, Williams, Webster, Brady-Withington, Jackson, Berry, Wood, White, E. H. Monks, Shepherd, W. M. Boocroft, and R. P. White. Wigan is an important town of a hundred thousand inhabitants, with about thirty medical men, besides those in surrounding districts, and should certainly be in a position to support a local society. We counsel cohesion, and success will be assured.

WE understand that H.R.H. the Prince of Wales has consented to preside at the anniversary festival of the Royal Hospital for Diseases of the Chest on June 1st.

HER Royal Highness the Princess Christian has consented to open the new wing of the North-West London Hospital some time in June.

THE action of Convocation of the University of London, in electing Sir James Paget as Vice-Chancellor of the University in the place of the late Sir George Jessel, will give great satisfaction to the profession.

THE Governors of the Sheffield General Infirmary have just received the magnificent contribution of £10,000 from Mrs. Overend, of that town. The interest of the gift is to be devoted to sending convalescent patients to homes at the seaside or elsewhere.

SOME sensation has been caused at St. Petersburg by the announcement of Professor Sorokin, in the course of one of his lectures at the Medico-Surgical Academy, that, judging by certain signs which he had noticed in several bodies lately examined, there was the possibility of cholera appearing in Russia during the present year.

JUDGMENT has at length been given in the Appeal Court of the Queen's Bench in favour of Abrath, in the case of Abrath *versus* the North-Eastern Railway Company on the ground of misdirection by the judge. A new trial will now take place, in accordance with their lord-

ships' opinion that the verdict was against the weight of evidence.

We regret to announce the very serious illness of Dr. B. Wills Richardson, of Dublin, Chairman of the Court of Surgical Examiners in the Royal College of Surgeons in Ireland, and Senior Surgeon of the Adelaide Hospital, Dublin. Dr. Richardson is, we understand, suffering from alarming cardiac symptoms, and has been ill since Saturday, the 14th.

We are asked by Dr. Ludwig Loewe, of Berlin, to announce as a matter of interest to members of the profession who propose to visit the Berlin Hygienical Exhibition that the Berlin Polyclinical Institution, in which clinical lectures on otology, rhinoscopy, dermatology, syphilography, laryngology, neuropathology, electrotherapy, ophthalmology, &c., are given daily, will be open to them during the said Exhibition.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Bristol, 16; Leicester 18; Newcastle-on-Tyne 19; Derby, Plymouth 20; Edinburgh, Bolton, Bradford 21; Wolverhampton, Portsmouth 22; London, Brighton, Cardiff, Norwich, Salford, Birmingham 23; Birkenhead, Nottingham, Sunderland, Oldham 25; Sheffield, Halifax 26; Huddersfield, 27; Leeds, Preston 28; Liverpool, Manchester 30; Dublin 32; Glasgow, Blackburn 33; Hull 34.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From whooping-cough, 2·8 in Plymouth, and 4·7 in Hull; from scarlet fever, 2·1 in Leeds and 2·5 in Sheffield; from measles, 1·2 in Sheffield, and 1·6 in Liverpool; and from "fever," 1·4 in Blackburn. The 36 deaths from diphtheria included 20 in London, 7 in Glasgow, 3 in Liverpool, 2 in Edinburgh, and 2 in Birmingham. Small-pox caused 2 deaths in London, one in Leeds, and one in Sunderland, but not one in any of the other towns.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE GLASGOW MEDICO-CHIRURGICAL SOCIETY AND THE UNIVERSITY.—Judging by the letters which appear at present in the Glasgow daily newspapers, touching medical matters, there must be some highly inflammatory compound in the atmosphere. Dr. Gairdner, as chairman of the meeting which we reported in our last, wrote a letter to the *Herald* explaining the anomalous position which he then occupied, and animadverting somewhat on Dr. MacVail for certain of his statements. Dr. MacVail replied, and a rejoinder comes from Dr. Gairdner the terms of which, considering that want of gentlemanly courtesy has certainly not hitherto been imputed to him, surprise us not a little. *Inter alia*, Dr. Gairdner says, "It is of no use arguing reasonably with Dr. MacVail, so with an apology to your readers for occupying so much of your space, I have done." Had the learned and usually courteous Professor acted on this intention the matter would not have been so bad, but he

unfortunately added the following rider:—"I have every disposition to think well of Dr. MacVail, and have never once failed, as he knows very well, in respect for him, whether in private or in public; but when he makes a grievance, and once again constructs a base imputation out of the undoubted fact that the academic element in Glasgow did not rush to his meeting and reply to and demolish his wild and reckless speech 'then and there,' I must take the liberty of pointing out to him that there are reasons why gentlemen, not to speak of professors, do not choose to run-a-muck of every passing chimney-sweep in the streets, much less at a public meeting." Such is the analogy which "a gentleman, not to speak of a professor," unfortunately permits himself to employ in criticising the opinions, upon highly important public questions, of a professional brother. We frankly admit that it is not often that any fault of this description is chargeable against Professor Gairdner, and consequently the transgression is all the more remarkable and regrettable.

GLASGOW SOUTHERN MEDICAL SOCIETY AND THE MEDICAL ACTS BILL.—At a meeting of the Glasgow Southern Medical Society, held on the 19th inst., the following resolutions against the Medical Acts Amendment Bill were unanimously adopted:—(1.) That this meeting approves of the Bill so far as it provides for a conjoint scheme of examination for medical qualification. (2.) That this meeting is of opinion that the profession should have direct representation not only on the Medical Council, but also on the medical boards; and that in Scotland the profession should elect four of the eleven members of the board, thus giving to the universities four members, to the corporations three members, and to the profession four members. (3.) That, in so far as annual fees for the maintenance of registration are concerned, it is the opinion of this meeting that the Bill should not be retrospective in its operation. (4.) That this meeting is of opinion it should be enacted so that the examination for qualification of a student on any subject by his teacher on the same subject be illegal. (5.) That it be remitted to the council of the Society to draw up a memorial embodying the resolutions passed by this meeting, and to forward it to the proper authorities.

PROFESSOR MARSON ON THE UNIVERSITIES BILL.—In an able address to the Edinburgh University graduates last week, Prof. Marson said: "Our Scottish universities, as you know, are once more in the crucible. A Bill is now before Parliament for the appointment of an Executive Commission, with powers to frame regulations for 'the better administration and endowment of the universities of Scotland.' It is not for me here to speak of this Bill in other than the most general terms, or to speak for any one else than myself. My own impression is that the Bill, in its main intention and drift, is a good Bill, and that a wise exercise by well-selected Commissioners of the powers which it proposes to entrust to them can hardly fail to lead to important results that will be both beneficial and acceptable."

THE PROPOSED FEVER HOSPITAL AT CATHCART.—A public meeting of the ratepayers of Cathcart, Langside, and Mount Florida was held on the 18th inst., for the purpose of taking steps to prevent the erection of the proposed fever hospital near Cathcart. The Chairman, Mr. Philip Newton, said the meeting had been called to protest against the proposed erection of a fever hospital in the locality for the burghs of Cambuslang, Rutherglen, Govanhill, and Crosshill. If the movement were permitted to go on without a protest, the result would be that they would soon have fever vans with patients from all the burghs in the combination traversing their roads, and the infected clothing

would be carried along their streets. That would have a detrimental effect upon the district. The new railway was expected to cause a great increase of building, but if the hospital were proceeded with, of course building would entirely cease. Mr. J. W. Swan moved a resolution pledging the meeting to take every legitimate step that it possibly could against the erection of the hospital. Mr. G. W. Muir seconded, and the motion was unanimously agreed to.

EDINBURGH UNIVERSITY COUNCIL.—ELECTION OF AN ASSESSOR.—At a meeting of the General Council of the University of Edinburgh, held on the 17th inst., Principal Sir Alexander Grant presiding, on the motion of Prof. Annandale, seconded by the Rev. Mr. Williamson, Dr. Rutherford Haldane was unanimously appointed Assessor.

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 14th inst., the mortality in Edinburgh was 92, and the death-rate 21 per 1,000. There were 19 deaths under 1 year and 21 above 60, of which 7 were above 80, and 1 above 90 years. Diseases of the chest accounted for 50 deaths, and zymotic causes for 14, of which 1 was due to fever, 2 to scarlatina, and 1 to measles, the intimations of these diseases for the week being 1, 24, and 18 respectively.

UNIVERSITY OF EDINBURGH GRADUATION CEREMONIAL.—The degree of LL.D. of this University was conferred upon the following gentlemen at the annual graduation ceremonial on Friday last, April 20th:—Robert Berry, Professor of Law, University, Glasgow; William Tennant Gairdner, M.D., Professor of Practice of Physic, University Glasgow; the Hon. Sir Alexander Galt, High Commissioner for Canada; Richard Grunett, of the British Museum; Edward Sang, C.E., Edinburgh; W. C. Williamson, Professor of Botany, Victoria University, Manchester; John Hislop, Secretary to the Education Department of New Zealand; J. O. Halliwell Phillips, of Hollingbury Copse; the Right Hon. George O'Connell Trevelyan, M.P., Chief Secretary for Ireland.

Medico-Parliamentary.

HOUSE OF LORDS.—THURSDAY, APRIL 19TH.

THE MEDICAL ACT AMENDMENT BILL.

The House went into Committee on this Bill.

Clauses 1 and 2, relating to its short title and the Medical Register, were agreed to without discussion.

On Clause 3, referring to the title to

REGISTRATION,

Viscount POWERSCOURT moved an amendment, providing that before any person could be registered under the Act, he or she must have obtained a diploma from one or more of the medical authorities recognised by the Act, and should have become attached to one or more of such authorities.

Lord CARLINGFORD said he could not assent to the amendment, believing that the object which the noble viscount had in view would be sufficiently met by the Bill as he had proposed to amend it. He understood and fully appreciated the object of his noble friend—namely, that under the operation of the Bill the medical bodies should not suffer or lose their *status* and means; and he (Lord Carlingford) certainly did not desire that they should do so, and, as he had already said, that object had been already attained by the amendments he had himself placed on the paper.

After some discussion, the amendment was put and negatived without a division.

Clauses 3 and 4 were then agreed to.

On Clause 5,

Viscount POWERSCOURT, at page 2, line 20, after "hundred," moved to insert "barony."

The amendment was agreed to without a division.

Clauses 5, 6, 7, and 8 were then agreed to.

On Clause 9, which deals with the establishment of

MEDICAL BOARDS,

Lord CARLINGFORD thought it might be of convenience to the Committee if he stated at this point the views of the Government with respect to this matter. And first he would say, that the constitution of the joint boards, as they were commonly called, was a matter of extreme difficulty; it was one of the most complicated parts of the Bill, and one which would require the most careful consideration. But over and above that there was also the question of the comparative representation and influence of the Universities on the one hand, and of the combined medical corporations on the other, and it was no easy task *tantas componere lites*. As regards the Scotch medical boards, the numbers would stand precisely as they were. But with regard to England, it would be seen that although the Royal College of Physicians of London and the Royal College of Surgeons of England returned three members each, while of the Universities some returned two and some one member only, yet in combination the Universities returned a larger number of members than the great medical corporations. He had obtained all the information in his power on this question, and had come to the conclusion that the proportion did not represent the comparative importance in the system of medical examination and licensing, and that the Universities, taken as a whole, were somewhat overrated, while the great medical corporations were somewhat underrated by this distribution. (Hear, hear.) Therefore his proposal was—although it was absolutely impossible to do more than roughly estimate the comparative influence and importance of these various bodies—that the five English Universities should return one member each to the medical board. The result of that would be to give a small majority to the medical corporations, who did so enormous a work in the way of medical licensing. With respect to Ireland the case was different, and so it was in Scotland. There could be no doubt whatever as to the superior claims of the Scotch Universities, but in Ireland the two sets of authorities were rather more equally balanced; but, on the whole, he thought a majority should be given to the Irish Universities. There was an amendment on the paper dealing with the vote proposed to be given to the Apothecaries' Hall of Ireland, and upon consideration he had come to the conclusion that that vote must be withdrawn, for, even if the Government decided to leave the Bill as it then stood, the Medical Council, under the powers proposed to be conferred on them by the Bill, would probably take it away. He proposed that each of the Irish medical authorities, with one exception, should return two members to the joint board. The two authorities which would have returned three members—the Royal College of Surgeons in Ireland and the King and Queen's College of Physicians in Ireland—would return two members. The Royal University of Ireland was to have two members. Trinity College was to have one more member than the Royal University, and the result would be that together they would return five members to the board, and the two Irish medical corporations four. That was the proposal he had to make to their lordships.

The Marquis of SALISBURY thought the action of the noble lord a little extraordinary. He had announced on the second reading the manner in which these different corporations were to be represented on the Council, and, after careful consideration and deliberation on the part of those bodies, they had assented to the course proposed. Now the noble lord came down to the House, and, without any notice, proposed to revolutionise the former scheme as regarded the entire constitution of the Council. What did he think would have been the consequence if Paris had said at the last moment to Venus that she must give up the apple to Juno? (Laughter.) As to the representation of the English Universities, he thought that in striking down their influence the Lord President had not increased the value or dignity of the Council to be constituted. The noble lord also made the strongest possible proposal with respect to the relative values of the Universities themselves. Oxford, Cambridge, London, Durham, and Victoria were all to rank the same. Why did the noble lord stop there? Why was not the nascent Welsh University included as well as another which he believed was in Yorkshire? The proposal of the noble lord appeared to him most unfair to the corporations concerned, and based on an utter misconception of the relative values of the Universities towards each other.

Lord CARLINGFORD pointed out that his present proposal was based on information which he had received since the Bill was printed.

Lord EMLY was astonished at the proposal of the noble lord to give the Royal University and Trinity College, Dublin, two and three members respectively. Out of 880 medical students in Ireland, only 230 were at Trinity College, and the remainder at the Royal University.

Earl GRANVILLE said the discussion proved almost conclusively the impossibility of arriving at any theory of representation which would exactly be justified in all its particulars. He admired the manner in which the distinguished Chancellor of the University of Oxford resented that University being put in the same position as Durham. But with the greatest respect for the University of Oxford, to which he himself belonged, he would say that as a medical University it had not the slightest ground for standing in the same position as the London University, either as regarded the distinction of its medical degrees or the number of its students. He merely mentioned that in order that their lordships might not be led away by considerations of that kind.

The Earl of GALLOWAY said he had received petitions from the Faculty of Physicians of Glasgow, in which they pointed out that the Bill, so far as Scotland was concerned, rather exaggerated the privileges conferred by the Act of 1853.

Earl CAIRNS said that those interested in the English Universities were taken quite aback by the proposal of the noble lord. One of the suggestions of the noble lord was that they should have an even number on the board. He thought that course would be attended with great inconvenience.

The Earl of MILLTOWN thought that the Royal University ought not to be put on the same footing as Trinity College, Dublin. Properly speaking, that University had no students. They merely came up for examination.

The Earl of CAMPERDOWN said he was unable to concur in a great many proposals contained in the Bill as originally drafted. The clause dealt with three Boards—English, Irish, and Scotch. He would suggest that the question of the English Board should be postponed for discussion on report, and that their lordships should now go on with the discussion on the Irish and Scotch Boards respectively.

The Duke of RICHMOND and GORDON preferred dealing with the clause as it stood. The question had not been discussed on the second reading, and those connected with England had no idea that any alteration would be made. Oxford and Cambridge had made of late years enormous strides in all matters connected with medical science, and it would be unseemly to place them upon an equal footing with other Universities which had not done as much for medical science. He suggested that the Medical Board for England should be allowed to remain as it was in the Bill. If his noble friend behind him went to a division he should feel obliged to vote against the proposition of the Lord President.

Lord O'HAGAN and the Earl of BELMORE thought it a great mistake to make any distinction between the two Universities of Ireland.

Lord CARLINGFORD said he was most anxious to take any course that would bring the matter to a fair conclusion, and he would therefore accept the proposal of the noble earl. (Hear, hear.) He would, consequently, strike out the provision that the Apothecaries' Hall should have a representative on the Board, and he would give to the University of Dublin and the Royal University of Ireland three members each instead of two. He also agreed that the College of Physicians should have three representatives, and the Royal College of Surgeons two. As to England, he was very unwilling to take any one by surprise, and therefore he would not press any amendment on the subject at present, but at the same time he reserved his right of placing any amendments on the paper at a future stage.

Lord EMLY thought that the College of Surgeons, as being the teaching body, ought to have three members instead of two, while the College of Physicians, which was not a teaching body, but only a body of trustees, should be content with two.

After some further conversation the clause was amended as to the constitution of the Medical Board for Ireland. Three members are to be chosen by the University of Dublin, three by the Royal University, two by the College of Physicians, and three by the College of Surgeons.

Some further amendments having been made, clause 9 was agreed to.

On clause 10, giving power as to

THE REGULATION OF EXAMINATIONS,

Lord BALFOUR of BURLEIGH proposed the insertion of a proviso to the effect that "such final examinations in medicine, surgery, and midwifery may, for the purpose of this Act, be held at each University by the examiners of the Medical Board, in conjunction with the examiners of the University, or in each division of the kingdom, in conjunction with the examiners of a board formed by the combination of two or more corporations." The object of the amendment, he explained, was to insure, if possible, that it should not be necessary for each candidate to go through two final examinations, and he proposed therefore that the final examination of the divisional board, and that of the University for the degree, shall be held at one and the same time. The reason for the amendment was that the examinations of the Scotch Universities for degrees were very long, tedious, and somewhat expensive affairs, and he thought it might be a hardship if students were asked to go through two such examinations.

The Duke of RICHMOND and GORDON said he could not agree with the proposal of the noble lord. The amendment was designed in the interests of the Scotch Universities, and he advised the noble lord to bring it up at a later stage if he was not then satisfied as to the position to be given to those Universities under the Bill. But even then he could not promise to support him.

Lord CARLINGFORD was quite unable to agree with the Scotch Universities which the noble lord represented upon this point. In his opinion the amendment was absolutely vital to the Bill. The proposal was made mainly in the interests of the Scotch Universities, which were most valuable bodies, but if he were to put the Scotch Universities in a special position, it would be absolutely impossible to carry out a joint scheme affecting the three kingdoms. He was convinced the fears of the noble lord and those whom he represented with regard to the effect of this part of the Bill on the Scotch Universities were quite unfounded.

UNIFORMITY IN EXAMINATIONS.

The Earl of MILLTOWN proposed the insertion in the next sub-section of words with the object of establishing uniformity of standard in the final examinations of the Medical Boards of the different parts of the kingdom.

Lord CARLINGFORD agreed that practical uniformity ought to be attained, but absolute identity of curriculum and everything else would be going too far. They might safely trust the Medical Council and the Privy Council to prevent anything like that undue competition or underbidding between different Universities which had been at times a great blot upon the present medical system.

The amendment was withdrawn, and the clause was agreed to.

Clause 11, enabling a medical board to delegate certain powers to a committee of their body, was struck out.

Clauses 12 and 13, relating to the election of the chairmen and vice-chairmen and to the proceedings of boards, were agreed to without discussion.

Clause 14, referring to the establishment of the Medical Council, was agreed to with some verbal amendments.

Clauses 15, 16, 17, 18, and 19 were then agreed to.

On clause 20, an amendment was moved by Lord BALFOUR, standing in the names of Earl Cairns and Lord Balfour, to this effect:—Page 11, line 4, after "elsewhere," insert "Provided always that examinations passed at a University preceding the final examination required by this Act, if satisfactory to the Medical Council, shall be received by the Medical Board in lieu of like examinations conducted by the Board."

Lord CARLINGFORD pointed out that a satisfactory provision was already made in an earlier portion of the Bill.

The amendment was then withdrawn.

On clause 21,

The Earl of MILLTOWN moved at page 11, line 22, after "authority," to insert "the order of the Board on this behalf being subject to appeal on the part of such examining authority or medical school to the Medical Council."

The amendment was agreed to.

Clause 21 was then agreed to.

FOREIGN COUNTRIES AND THE COLONIES.

On clause 22,

Lord CARLINGFORD proposed several verbal amendments with the object of taking care that foreign countries, or

colonies, should not make use of the powers contained in the Bill for the purpose of obtaining the advantages therein without giving this country corresponding advantages.

The Marquis of SALISBURY said he was much struck with the reference to the principle of reciprocity. He had no doubt they would get to fair trade in time. (Laughter.) He also wished to point out a great grievance in the fact that some drugs were absolutely prohibited in foreign countries, not because they were bad, but because they were prepared out of the country. He thought it might be possible to remedy this defect.

Lord CARLINGFORD said he did not think they had anything to do with drugs in the Bill. If he had charge of a Pharmaceutical Bill in the course of the session he would bear the matter in mind.

Clauses 23 to 26 were agreed to.

Clauses 27 and 28 were agreed to with some verbal amendments.

Clauses 29 to 32 were then agreed to.

Clause 33 was struck out.

Clauses 34 to 37 were agreed to.

On clause 38,

THE PAYMENT OF FEES.

Lord BALFOUR of BURLEIGH moved the following amendment:—"The fee to be paid by University graduates, or persons holding University certificates of having passed the examinations at their University qualifying for admission to the final examination of the Medical Board in medicine, surgery, and midwifery, shall not exceed their proportion of the sum sufficient to cover the cost of the final examination of the Medical Board."

The Earl of CAMPERDOWN said that the noble lord had partly adopted one of the recommendations of the Royal Commission. He thought it ought to be taken in its entirety, and therefore moved to add to the amendment the words "and other expenses aforesaid."

Lord CARLINGFORD agreed with the principle that persons coming from a University to a final examination ought not to be expected to contribute by their fees to support the libraries and museums of institutions with which they had had nothing to do.

Earl CARNS thought that if the amendment were amended as suggested by the noble lord, "the other expenses" might be held to include those which admittedly University candidates ought not to pay.

Some further conversation ensued, which resulted in the amendments being withdrawn on Lord Carlingford's assurance that he would give the question careful consideration before report and amend the clause if necessary in accordance with the principle he had stated. If the noble lord's amendment were adopted *simpliciter* it would, he said, prevent University candidates being charged anything more than the bare expenses of the examination.

Clause 38 was agreed to.

Clause 47, referring to the powers of Colonial Legislatures to make such regulations as they think fit with respect to the operations of the Bill, was struck out.

The remaining clauses were agreed to, in a few instances with verbal amendments, and the Bill was reported with amendments to the House.

HOUSE OF COMMONS.—THURSDAY, APRIL 19TH.

MEDICAL APPOINTMENTS (IRELAND).

Mr. SEXTON asked the Chief Secretary to the Lord Lieutenant of Ireland what was the reason of the delay which had taken place in filling up the vacancy in the medical officership of the Cashel and Grange Dispensary districts, county Tipperary, notwithstanding the regulation that each such vacancy must be filled up within 18 days.

Mr. TREVELYAN—The Local Government Board inform me there is no order in force prescribing that such vacancies shall be filled within 18 days. They further report that in the case of the appointment which was made at Cashel on the 14th February particulars as to age and qualification were not transmitted to them until the 3rd of this month, although the hon. secretary to the committee was pressed to forward them without delay. On receiving the particulars the Board found that the gentleman selected had not reached the prescribed age, and they refused to sanction his appointment, instructing the committee to proceed to a new election. The Local Government Board have no power under the

circumstances described to take the appointment into their own hands under section 8 of 14 and 15 Vict., cap. 68.

VACCINATION IN INDIA.

Mr. P. A. TAYLOR asked the Under Secretary of State for India whether it was the fact that the High Court of Madras had lately decided a case on appeal, to the effect that compulsory vaccination was illegal, the Judges declaring that it was quite optional to a parent whether his children should be vaccinated, and that it was not unlawful to dissuade others from suffering their children to undergo the operation.

Mr. CROSS, in reply, said the decisions of the High Courts in India were not usually reported to the Secretary of State, and he could find no trace of the case referred to by his hon. friend. If he would give him his authority for the facts on which his question was founded he would inquire into their accuracy.

Literary Notes and Gossip.

DR. MURRELL'S "What to do in Cases of Poisoning" (Lewis), seems a success, for it has already reached a third edition. It is much increased in bulk, but even now may almost be called a vest-pocket book.

THE Literary Copyright Convention between Germany and France has been signed at Berlin, and contains, we hear, similar provisions as to the rights of authors as now exist between those countries and Great Britain.

THE ninety-fourth anniversary dinner of the Royal Literary Fund will take place in London at Willis's Rooms, on Wednesday, May 2, when General Lord Wolseley, G.C.B., will occupy the chair.

DR. RICHARDSON'S long-expected work on subjects connected with preventive medicine is, we understand, nearly ready for publication. The volume extends to about 1,000 pages, and includes a history of the phenomena, causes, and prevention of the common diseases affecting mankind. It will be entitled "The Field of Disease."

A REVISED edition of the United States Dispensatory, edited by Dr. H. C. Wood, Dr. Joseph P. Remington, and Dr. S. P. Satler, has just been published by Messrs. Lippincott. The revised edition was rendered necessary by the recent issue of the United States Pharmacopoeia.

FEW names are better known in the profession of the United States than Oliver Wendell Holmes, and as author of the "Autocrat of the Breakfast-table," he is probably equally well known in this country. On Friday last the medical profession in New York gave a banquet in his honour, and the proceedings were of a most enthusiastic character.

A SYSTEMATIC work on hospital construction and management, illustrating the most important pavilion hospitals of various countries, is in the press, from the pens of Dr. F. J. Moutat, Local Government Inspector, and Mr. H. Saxon Snell, architect of several metropolitan infirmaries. The work will be extensively illustrated, and will be issued in sections shortly.

DR. KIRBY'S "Pharmacopoeia of Selected Remedies" (Lewis) has reached a sixth edition, and is much enlarged. It now appears as a quarto of 134 pages. This form is well adapted for the prescriber's table, and so to be ready for reference. There are many useful therapeutical hints, and hundreds of working formulae.

DR. W. H. VAN BUREN, whose death is announced in New York, is best known in this country for his works "On the Surgical Diseases of the Urinary Organs," and that "On Diseases of the Rectum." Dr. Van Buren, remarks the *American Medical News*, was one of the courtly medical men of the old school, who are rapidly passing away, and was

respected not only for his great talents, but for his personal nobility as well.

* *

Health, a new weekly journal, devoted to the popular exposition of sanitary matters, and to the education of the people in the laws of health, has just made its appearance, under the editorship of Dr. Andrew Wilson, who is well known in Scotland as a popular lecturer on health matters. Its programme includes Original Articles, Essays on Personal Health, and departments in which the interests of the family circle, of recreation, and of correspondence on health topics are duly considered.

* *

A SECOND edition of Morton's "Refraction of the Eye" has just been issued by Mr. H. K. Lewis. This little manual of sixty pages is intended to furnish a basis for observation, and to enable the practitioner to diagnose and correctly estimate the value of the phenomena indicating the state of his patient's refraction. In this edition a change has been made in its plan, and some few portions have been partially re-written, and thereby its usefulness has been increased.

* *

"THE new departure" undertaken by the British Association for the Advancement of Science, in holding its next annual gathering out of Great Britain, is meeting with encouraging success. We hear that no fewer than 350 members have already signified their intention of crossing the Atlantic in the autumn, and this number will probably be increased to 500 before the meeting takes place at Montreal. A considerable section of the promises come from medical members chiefly the younger aspirants to fame.

* *

By the death of Dr. Farr the ranks of health and statistical literature have sustained a severe loss. Although never the nominal head of the Registrar-General's office, he was virtually so for a period of forty years, doing the principal work, and controlling the censuses of 1851, 1861, and 1871. His first essay with the pen was as Editor of the *Medical Annual*, and later the *British Annals of Medicine*. In 1838 he was appointed Compiler of Abstracts, and up to within a year or two of his death continued to discharge his duties to the nation, and especially to the profession, by his contributions to the medical and scientific press.

* *

THOUGH comparatively unknown to the present generation, Professor Marcet, whose life ebbed out in London last week at a very advanced age, was held in great repute some fifty years ago. His work on Physics, and his researches in conjunction with Dr. de Candolle, on the action of poisons on plants, were among the best scientific text-books of that period. He will also be remembered by some for his discoveries concerning the boiling point of water, the determination, by freezing, of the specific heat of solids, and the temperature of waters, which gained for him the Fellowship of the Royal Society.

* *

THE *Official Report of the Smoke Abatement Committee* has appeared (Smith, Elder, & Co.), and, by the aid of advertisers' wood-cuts, makes a handsome volume. The results of some of the testings require further corroboration, but many details are given, so that, with a little trouble, much information may be extracted from the tables. We regret to find that gas-stoves without flues are not condemned as they should be in a work of any pretension to sanitary science. The blandishments of advertisers ought not to blind anyone to the danger of any gas-stove from which there is not ample provision for carrying away the products of combustion. It is true that the abatement of smoke was the first object of the exhibition, but that should not be obtained by diffusing poisonous gases through a room.

* *

PROFESSOR MCALPINE, of Edinburgh, in his preface to "Practical Lessons in Elementary Physiology and Physiological Anatomy," just issued (Baillière, Tindall and Cox), remarks that, as physiology is now so commonly taught in schools other than medical, it is worth while trying to make it attractive as well as instructive. In this we think he has fairly succeeded, and the large coloured plate of a frozen section of a child, full size, should alone sell the book at its moderate price. We can hardly say that the drawing and

colouring are anatomically correct, but they are sufficiently so for teaching purposes, and the section is so designed and lettered as to at once impress the student in elementary physiology and anatomy with the relative positions and connections of the internal organs.

* *

THE same work contains a full-size plate of a longitudinal section of a frozen rabbit in the middle line, and by its aid he purposes teaching his subjects by contrast and comparison of the human and animal economies, in pictorial illustrations and simple language. Besides these plates, there are ten others, containing about a hundred drawings of the nervous, muscular, and alimentary systems. The attempt is a commendable one, and we have no doubt that the book will become a favourite one for high schools and science classes. Objection will be taken by some to the size of the book—large oblong quarto—and we are inclined to the opinion that the author might have equally well effected his object with half instead of life-size figures; but time will probably solve this question, as a new edition will doubtless soon be demanded.

* *

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, March 7th:—What to do in Cases of Poisoning (3rd edition), by W. Murrell, M.D. Gout in its Protean Aspects, by J. Milner Fothergill, M.D. A Treatise on Fractures, by Lewis A. Stimson, M.D. How to Examine the Chest, by S. West, M.D. The Hunterian Oration, 1883, by Spencer Wells, F.R.C.S. Dental Vade Mecum, by Jas. Hardie, L.D.S. Plumbing and House Drainage, by W. P. Buchan. Vaccination: its Place and Power, by T. M. Dolan, F.R.C.S.E. Student's Guide to Dental Anatomy (2nd edition), by Henry Sewill, M.R.C.S. Formulaire des Maladies des Voies Urinaires, par F. Mallez. On the Pathology of Bronchitis, Catarrhal Pneumonia, Tubercle, and Allied Lesions, by D. J. Hamilton, F.R.C.S., F.R.S.E. Clinical Lectures on Diseases of the Urinary Organs, by Sir Henry Thompson, F.R.C.S. Manuel des Injections, par les Drs. Bourneville et Bricon. Dr. G. Beck's Therapeutischer Almanach. Annual Report of the Cumberland, Westmoreland, Gloucester, and Derbyshire County Asylums. Elementary Meteorology, by R. H. Scott, F.R.S. Text-book of Physiology, by M. Foster, M.D., F.R.S. (4th edition). Student's Manual of Venereal Diseases, by Berkely Hill and Arthur Cooper (3rd edition). Transfusion: its History, Indications, and Modes of Application, by C. Egerton Jennings, L.R.C.P.Lond. Practical Lessons in Elementary Physiology and Physiological Anatomy, by D. McAlpine, F.R.C.S. Lectures on Cataract, by George Cowell, F.R.C.S.

Obituary.

WILLIAM FARR, M.D., F.R.S.

By the death of this esteemed gentleman the profession has lost a more than ordinary member from its ranks, and the public a faithful guardian of more than forty years' service. No matter who might be the nominal Registrar-General, Dr. Farr was the actual working registrar, and his labours have probably had a greater and more lasting effect upon the last two generations in sanitary and health matters generally than all the laws on the subject that preceded him. His name, in fact, became a household word in its truest and most acceptable form, and England may well feel proud of a son whose teachings have formed the basis of the sanitary enactments of almost every civilised nation.

William Farr was born at Kenley, Shropshire, in 1807, and was educated at the Shrewsbury Grammar School, and subsequently at the Universities of London and Paris. In 1832 he took his first diploma, L.S.A. Lond. In 1867 Trinity College, Dublin, bestowed on him the distinction of M.D., and the King and Queen's College of Physicians in the same year elected him to the Honorary Fellowship of their body; and subsequently the Blue Ribbon of Science, the F.R.S. of Great Britain, fell to him, as well as the Hon. D.C.L. Oxon. From 1836 to

1839 he was editor of *The Medical Annual*, during which period he contributed various articles to current literature on "Vital Statistics," "Life Assurance in Health and Sickness," "A Method of Determining the Danger of the Duration of Diseases at every Period of their Progress," &c. Since then his essays have been of the most voluminous description, and as valuable as they were many; space does not permit of our chronicling these in detail, as a bare list would occupy several columns of type; but in all matters concerning the censuses, the health or sickness of the community at home, or the importation of plagues from abroad, Dr. Farr was the guiding spirit of the health office of this great Empire, and well and faithfully did he discharge his responsibility. Upon his retirement some three or four years since from the Assistant Registrar-Generalship the Government voted him a handsome retiring pension, and a considerable sum was also subscribed for him by the profession and the public; and many sincere mourners outside the family pale were to be seen at his funeral on Saturday last, to show their last mark of respect to his memory.

Correspondence.

LISTERISM.

We have received for publication the following correspondence:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I lately addressed a letter to Professor Lister (a copy of which I enclose), asking him if he still uses the spray in his operations, dressings, &c. I enclose his reply, which I consider important, to avoid any misapprehension on a subject of so much importance as the "antiseptic dressings" demand from the hands of all modern surgeons. I also wish to correct any errors in the minds of students who may be misinformed on "Listerism." Your inserting this and the distinguished Professor's reply will oblige

Yours truly,

HENRY GRAY CROLY,
Senior Surgeon, City of Dublin Hospital.
7 Merrion Square, Dublin, April 20, 1883.

My dear Mr. Lister,—Will you kindly inform me if you still use the spray as part of the dressings in your operations, and also if you use it at your operations as heretofore? There are a few persons here who state that you have long since given up the use of the spray, and I wish to have an answer from the "fountain head."

Faithfully yours,

HENRY GRAY CROLY.

Dear Mr. Croly,—I have not given up the use of the spray, although I certainly regard it as the least important part of our antiseptic arrangements. Whatever other good it may do, it is a very mild form of antiseptic irrigation, and tends to keep the *entourage* of the wound, including the surgeon's hands and instruments, pure. But if I had not a spray-producer at hand, I should not on that account omit other elements of antiseptic treatment. I still use the spray in changing dressings, so long as the wound is not merely superficial. But far more important than using the spray is it to make a point of covering the wound with some pure aseptic material before beginning to wash the parts which were covered with the edge of the dressing only, and were therefore impure. In other words, I believe one of the commonest causes of failure is dabbing alternately the impure surrounding parts and the pure wound with the same piece of rag, which, though moistened with carbolic lotion, cannot work miracles.

Believe me, yours very truly,

JOSEPH LISTER.

REDUCTION OF PARAPHIMOSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with interest Mr. Ormsby's able lecture on phimosis and paraphimosis. I would, however, wish that he and your readers would give a trial to my method of re-

duction of paraphimosis—viz., by winding round the constricted part closely and firmly from before backwards ordinary strong twine, so driving the exuded serum through the constriction, and then pulling forwards the prepuce on unwinding the twine. They will find it nearly painless. I have always found it successful.

Yours, &c.,

M. R. O'CONNOR, M.D., M.Ch.

Limerick Union Hospital, April 19, 1883.

Royal College of Surgeons of England.—The following candidates, having passed the required examinations, were admitted Members of the College at a meeting of the Court of Examiners on Monday, April 16th:—

Barley, David H., M.B. Durh.
Betts, J. Howard, M.D.
Byant, Sidney W., M.B. Edin.
Evans, Owen H., L.K.Q.C.P. Irel.
Hartley, Isaac, M.B. Durh.
Johnson, Geo. A., L.R.C.P. Lond.

Maxwell, Patrick W., M.B. Edin.
Money, Percy F., L.R.C.P. Edin.
Munckton, Alfred, L.S.A.
Rowland, John Jones, L.S.A.
Smith, Pysent C., L.R.C.P. Edin.
Vinrace, Edward Dennis, L.S.A.

The following were admitted on Tuesday, April 17th:—

Floyer, Frederick A., L.S.A.
Head, Hugh.
Herbert, J. W. Chambers.
Johnson, George David,
Littlewood, Harry.
Marten, Robert Humphrey.

Meyer, C. H. Louw.
Pinching, Horace Henderson.
Pucin, Septimus Tristram.
Thompson, Charles Herbert.
Williams, David Lewis.
Williams, J. H. Hywell, L.S.A.

The following were admitted on Wednesday, April 18th:—

Bentley, John W., L.R.C.P. Edin.
Bloxam, Geo. E., L.R.C.P. Lond.
Bostock, John Yates.
Braine, G. M. P., L.R.C.P. Lond.
Crago, W. H., L.R.C.P. Lond.
Cresswell, Francis, L.R.C.P. Lond.
Groom, Harry, L.S.A.

Humphreys, Chas. Style, L.S.A.
Jordan, Thos. Luckman.
Rudd, Walter Edgar.
Stone, F. W. S., L.R.C.P. Lond.
Vogan, J. N., L.R.C.P. Lond.
Whitcombe, Philip P., L.S.A.
Winter, Thomas Bassell, L.S.A.

The following were admitted on Thursday, April 19th:—

Anderson, L. McEwan.
Bartlett, Benjamin Pope, L.S.A.
Blampied, John William, L.S.A.
Cater, John R.
Cree, Herbert E.
Dabbe, Charles J.
Hind, Alfred F.
Malcolm, John D., M.B.
Manley, J. H. Hawkins.
Merces, James.

Rabbeth, Samue.
Robson, W. W. C., L.R.C.P.
Ryle, Reginald John.
Slater, Druce John.
Square, Edward Herbert, L.S.A.
Wat-on, William.
Welster, William Frederick.
Wilson, Thomas, L.S.A.
Wright, Holland Hodgson.

King and Queen's College of Physicians in Ireland.—

At the usual monthly Examinations for the Licences in Medicine and Midwifery, held on Monday, Tuesday, Wednesday, and Thursday, April 9th, 10th, 11th, and 12th, the following were successful:—

For the Licences to practise Medicine and Midwifery.

B-y', Campbell.
Boyd, Bhepherd.
Curr, Michael.
Hall, Thos. Gibson Henry.
Ho-y, Patrick.
Kelly, A. J. Garvey.

Lemson, Edw. Emmanuel.
McIeerney, Thomas.
McQuaid, M. Joseph.
Morier, C. G. Drummond.
O'Brien, H-nry Joseph.
Ryan, James Dwyer.

For the Licence to practise Medicine only.

Hudamith, Powell.

Mackenzie, Alex. Linton.

The following Licentiate in Medicine of the College, having complied with the by-laws relating to membership, has been duly admitted a Member of the College:—

O'Reilly, George J., Licentiate, 1875.

At a special Examination for the Licences in Medicine and Midwifery, held on Monday and Tuesday, April 2nd and 3rd, the following candidate passed:—

Morgan, George John, M.R.C.S. Eng., 1868.

University of St. Andrews.—The following registered medical practitioners, having passed the required examinations, had the degree of Doctor of Medicine conferred upon them on April 18:—

Andrew, J. Lawton, L.R.C.P. Ed., M.R.C.S. Eng., Mossley, near Manchester.
Astles, Harvey Eustace, F.R.C.P. Ed., Adelaide.
Brown, Andrew, M.R.C.P. Ed., L.R.C.S. Ed., London.
Fisher, Henry Francis, L.R.C.P. Ed., L.F.P.S.G., Liverpool.
Gambier, Thomas, M.R.C.S. Eng., St. Leonard's-on-Sea.
Giddings, W. Kitto, M.R.C.P. Ed., M.R.C.S. Eng., Calverly, Leeds.
Jamieson, James, F.R.C.S. Ed., Edinburgh.
Jay, Frederick Fitzherbert, L.R.C.P. Lond., M.R.C.S. Eng., Slough.
Kempster, William Henry, L.R.C.P. Ed., M.R.C.S. Eng., London.
Smith, Thomas, F.R.C.P. Lond., F.R.C.S. Ed., Woodley, Stockport.
Hanson, John Edward, M.B. and C.M. St. And., Huddersfield.

At the same time the following gentleman passed the first professional examination for the degree of Bachelor of Medicine and Master in Surgery:—Martin, John, L.R.C.S. Ed., L.A.H. Dublin, A.M.D., Cork.

Notices to Correspondents.

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

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

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

MR. F. E. W.—Three cases of gastrostomy for cancer of œsophagus are reported in a recent number of the *St. Petersburg Med. Woch.* One died shortly after the operation from perforation of the bronchus by extension of the carcinomatous ulceration. The other two recovered from the operation—one dying eight months afterwards from the original disease and the other being still under observation.

A CANDIDATE FOR THE FELLOWSHIP.—Gross's "System of Surgery" will be found a thoroughly reliable guide: the sixth edition is quite up to date, and the author has adopted the plan of Gant's "Surgery," by enlisting a number of collaborateurs to write chapters on special subjects and operations.

THE INFLUENCE OF ELECTRIC LIGHT ON THE EYES.

PROF. MAUTNER, in a communication to *Allgemein. Wien. Med. Zeitung*, says that in estimating the influence of the electric light on the eyes, three factors must be considered:—1. The constancy of the light. 2. Its brightness and illuminating power. 3. The colour. As to the first point, the electric arc gives an inconstant or unsteady light, and is therefore injurious to the eyes. The illuminating power is too intense, and is on that account injurious; and, finally, the colour is not purely white, and on this account also it may prove injurious.

EXAMINATION IN SANITARY SCIENCE.—At the Examination in Sanitary Science held on the 12th and 13th inst. at the King and Queen's College of Physicians, Thomas Lane, L.R.C.S.I., L.K.Q.C.P.I. & L.M., son of the late Thomas Bagot Lane, M.B., F.R.C.S.I., of Tullow, co. Carlow, obtained the Certificate granted by the College.

MR. H. C. B.—We look at the matter from quite another point of view, and are not willing to give a gratuitous advertisement of what is no more than a common commercial article.

CHLOROFORM BREATH.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—As a corollary to your French correspondent's remarks in last week's *Medical Press*, I may mention that this phenomenon is not confined to gastric disturbance. It is at times common immediately after sexual connection, and during the act a naturally foul breath may become quite sweet and of a distinct chloroform odour.

The explanation is to me a mystery, but I am positive as to the fact. I am, yours faithfully,

A MARRIED M.R.C.S.

SOUTH-EASTERN.—Probably a case of well-water contamination. The water from the main from which your district is supplied was reported last month by the Government water examiners as absolutely pure, bright, and well filtered.

G. A.—Nobody but the dispensary medical officer is entitled to fee for examining dangerous lunatics. See Lunacy Act, Irish "Medical Directory," page 510, sec. 10.

AN URGENT APPEAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I venture to appeal on behalf of the widow and three children of Benjamin T. Moore, M.D., who died at Kineton yesterday, leaving his family in the most complete and utter destitution. They are totally unprovided for in any way, and are literally penniless.

Any subscriptions, however trifling, to tide Mrs. Moore over the present until some steps can be taken for her, will be thankfully received by the Rev. F. Miller, M.A., Kineton, Warwick.

I am, yours faithfully,

Kineton, Warwick, KENNETH W. MILLICAN, M.R.C.S.
April 21st.

STATIST.—Our sole reason for not including Madrid amongst our weekly returns of mortality of the principal foreign cities is because the figures are unattainable. Spain, unfortunately, is not on a level with the sanitary teachings of the age, and no reliable record of the death-rate of Madrid or other large city in that country ever finds its way to this.

MR. WILKINSON.—The objects of the Society are very praiseworthy, and deserve support. The work is carried on quite gratuitously by its officers, and much good has resulted from its operations.

DR. R. D. NICHOLS will receive a private note on the points about which he is anxious.

THE PROFESSION AT THE LEVEE.

By command of the Queen a levée was held on Monday last at St. James's Palace by H.R.H. the Prince of Wales, on behalf of her Majesty, when the following medical officers of the Army and Navy Departments had the honour of presentation:—

Surgeon Major J. M. Beamish, M.D., on promotion and return from Egypt; Surgeon H. Charlesworth, on return from active service; Fleet Surgeon M. A. Harte, R.N.; Surgeon G. H. Le Motteé; Surgeon Major G. F. Hume-Spry, M.D., on return from active service; Surgeon Major F. B. Scott, C.M.G., on return from active service; Surgeon Major Edric Selons, M.D., Indian Medical Service.

A MEMBER OF CONGRESS.—We understand that a second edition of the picture, with additional portraits, was published recently. We would advise you to communicate with the publishers on the other points referred to in note.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, APRIL 25TH.

HUNTERIAN SOCIETY.—At 8 p.m., Adjourned discussion (to be opened by Dr. Stephen Mackenzie) on a paper by Dr. Stowers, On the Nature and Treatment of Infantile Eczema.—Dr. Bedford Fenwick, On Medical Common Sense in the Treatment of Chest Complaints.

FRIDAY, APRIL 27TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Tyson (Folkestone), On a Case of Tubercular Leprosy. (The patient will be exhibited.)—Mr. Barwell, On Removal of Large Portions of the Upper Lip without deformity of the face.—Dr. Southey, On Tachetée, or Erythema Gangrenosum.—Dr. Stephen Mackenzie, A Case of Subcutaneous Nodules occurring in a patient the subject of Syphilis, and with very indefinite Connection with Rheumatism.—Dr. Duckworth, A Case of Rheumatism, Cutaneous, Subcutaneous, and Periosteal Nodules.

ACADEMY OF MEDICINE IN IRELAND (Obstetrical Section).—At 8.30 p.m., Specimens exhibited by card: Dr. Macan, Dermoid Cyst of both Ovaries, removed by Operation.—Papers: Rev. Dr. Haughton, F.R.S. (for Surgeon W. C. Ashe, B.A.), On a Remarkable Case of Protrusion of the Uterus with Ovarian Disease in a Cingalese Woman, near Kandy.—Dr. T. More Madden, On some of the Nervous Diseases peculiar to Women.—Dr. Macan, Notes on the Specimens exhibited.

MONDAY, APRIL 30TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. McKendrick, Physiological Discovery.

MEDICAL SOCIETY OF LONDON.—At 8 p.m., Various Communications.

Vacancies.

Eastern Dispensary of Bath.—Resident Medical Officer. Salary, £100, with furnished apartments, &c. Applications to be sent to the Hon. Sec. before May 7th.

Royal Westminster Ophthalmic Hospital.—Assistant Surgeon. Honorary. Applications to the Committee before May 2nd. (See Advt.)

Wexford Union, Bridgetown Dispensary.—Medical Officer. Salary, £100, and £15 s. Medical Officer of Health. Election, May 7th.

Western General Dispensary, Marylebone Rd., N.W.—Resident House Surgeon. Salary, £120, with furnished apartments, &c. Applications to be sent to the Secretary on or before May 7th.

Westminster Hospital Medical School.—Chair of Anatomy. Particulars may be obtained on application to the Dean. Applications will be received up to May 1st.

Appointments.

CAVERHILL, T. F. S., M.B., M.R.C.P.E., Assistant Surgeon to the Edinburgh Eye Dispensary.

COLMER, P. S. H., M.D., L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer for the Second District of the Yeovil Union.

FARMER, S., L.R.C.P. Ed., M.B.C.S., Medical Officer for the Western District of the Redruth Union.

JONES, J. E., M.B., C.M. Glas., Medical Officer for the Aberdaron District of the Pwllhell Union.

KNIGHT, F., M.R.C.S., House Physician to the General Lying-In Hospital, York Road, Lambeth.

MARSH, J. J., L.R.C.P., Honorary Surgeon to the Ardwick and Ancoats Dispensary and Ancoats Hospital, Manchester.

O'KELLY, T., M.D. Q.U.I., Medical Officer for the Second District of the Chipping Norton Union.

PAXTON, J., Jun., L.R.C.P., L.R.C.S. Ed., Medical Officer for the East Northamptonshire District of the Berwick-upon-Tweed Union.

Births.

BARKER.—April 19th, at 87 Harley Street, Cavendish Square, W., the wife of Arthur E. Barker, F.R.C.S. Eng., of a daughter.

BROWNE.—April 9th, at Frankford, the wife of Thomas H. Browne, L.R.C.S.I., L.K.Q.C.P.I., of a daughter.

CADELL.—April 12th, at 4 Buckingham Terrace, Edinburgh, the wife of Francis Cadell, M.B., F.R.C.S. Ed., of a son.

HEGARTY.—April 17th, at Clonbur, co. Galway, the wife of J. Hegarty, M.D., of a daughter.

TWINING.—April 17th, at the Knoll, Salcombe, South Devon, the wife of A. H. Twining, M.B.C.S., of a daughter.

Marriages.

HUSBAND—BRADSHAW.—April 19th, at St. Mary's, Charlcombe, Bath, Walter Edward Husband, L.R.C.P., of Manchester, to Lucy Everlina Augusta Berkeley, only daughter of the late Captain Bradshaw, B.A.

Deaths.

BATT.—April 16th, at Bournemouth; Augustine Batt, M.D., of Witney, Oxfordshire, aged 64.

BRENDON.—April 19th, at 75 Inverness Terrace, Hyde Park, Peter Brendon, F.R.C.S., formerly of Highgate, aged 85.

CAREY.—March 31st, at Hauteville, Guernsey, Robert Gledstanes Carey, M.D., aged 70.

DUFF.—April 15th, at Gray's Inn Road, London, after a short illness, William Henry Duff, M.R.C.S., L.S.A., aged 67.

FARR.—April 14th, at Forton-road, Maiden Vale, W., William Farr, M.D., C.B., D.C.L., late of the General Register Office, Somerset House, aged 75.

HOLLOWAY.—April 19th, at Notley, Surgeon-General James Lewis Holloway, C.B., A.M.D., aged 57.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 2, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
On the Winter Health Resorts of the Alps. By K. Symes Thompson, M.D., F.R.C.P., Senior Physician to the Brompton Consumption Hospital	375	TRANSACTIONS OF SOCIETIES.	LEADING ARTICLES.
Rheumatismal, Cutaneous, Subcutaneous, and Periosteal Nodules. By Dyce Duckworth, M.D., F.R.C.P., Assistant Physician to St. Bartholomew's Hospital, &c.	377	CLINICAL SOCIETY OF LONDON—	THE MEDICAL BILL
Subcutaneous Nodules occurring in a Patient the subject of Syphilis, and with very indefinite Connection with Rheumatism. By Stephen Mackenzie, M.D. Senior Assistant Physician and Physician in charge of Department for Skin Diseases, London Hospital	378	Case of Lepra Tuberculosis	THE TENURE OF OFFICE OF POOR-LAW MEDICAL OFFICERS
CLINICAL RECORDS.		Removal of a Large Portion of the Upper Lip without Deformity of the Face	NOTES ON CURRENT TOPICS.
St. Vincent's Hospital, Dublin—Tetanus.—Recovery. Under the care of Dr. Napother. Reported by Mr. C. Kelly..	378	Tachetic Symmetrical Gangrene	Prostitution and its Regulation
FRANCE.		ACADEMY OF MEDICINE IN IRELAND—	Dr. B. Willis Richardson, of Dublin
Gastrostomy	379	Pathological Section—	British Medical Association and the Medical Bill
Glycerine	379	Hæmorrhæia Facialis—Abdominal Aneurism—Dysidrosis—Atheroma of the Pulmonary Artery	The Royal Society
Boric Acid in Treatment of Cystitis	379	GENERAL MEDICAL COUNCIL—	Medical Union Society
		Fourth Day—	Fashionable Malthusianism
		Medical Acts Amendment Bill	Parkes Museum
		Dr. Jacob's Letter on the Attendance on Lectures by Medical Students in Ireland	Prevention of Bleorrhœa Neonatorum
		Fifth Day—	Midwives' Registration Bill
		False Death Certificates	Election of Examiners in the Irish College of Surgeons
		Case of Mr. Saigrove	Night Lecture Sham Certificate System in Dublin
		Sixth Day—	A Richly merited Distinction
		Course of Professional Study	Proposed Hospital for North London
		Dr. Jacob's Letter	Anti Vaccination Controversy
		Seventh Day—	New Association of Fellows of the Royal College of Surgeons of England
		The Medical Bill	Prolonged Intestinal Obstruction
			SCOTLAND
			Medico-Parliamentary
			NOTICES TO CORRESPONDENTS

Original Communications.

ON THE WINTER HEALTH RESORTS OF THE ALPS.

By E. SYMES THOMPSON, M.D., F.R.C.P.,
Senior Physician to Hospital for Consumption, Brompton.

It is a fact now generally accepted by the profession and by the public, that a winter spent in the High Alps is often productive of great benefit in cases of chest disease. Hitherto it has been deemed needful to reach the selected health resort in September or October before the snows and frosts of winter have set in, and travelling has become dangerous. It is, however, my object in this paper to point out from personal experience, that travelling is seldom if ever dangerous, that it may easily be accomplished at any time with due precautions, and by suitable patients, and that not only chest complaints but many others may be benefited by a winter sojourn in the Alps. The long winter journey of which the very *idea* alarms our patients at first sight, is really a simple matter. Leaving London at 10 a.m., and Dover at 12, you take luncheon at Calais, coffee at Amiens, and dinner at Tergniers, soon after which you settle down for a night in the train. This is a fatigue to some, but a large proportion of travellers quickly fall asleep, especially those who have been living at high pressure to enable them to get free for the much needed change, and the railway carriage is kept comfortably warm by a somewhat too frequent supply of hot water tins. At six in the morning you are ready for a wash and breakfast at Basle, and at about half-past seven the glories of the journey begin. Zurich and the Lake of Wallenstadt are seen in a flood of sunlight, such as we Londoners have not enjoyed since August, and on arriving at Chur at 2 p.m. it is almost impossible to believe that only 28 hours before you were wearily driving to

Charing Cross through the foggy London streets. Still more refreshing is it to exchange the iron horse for *Swiss* horses of flesh and blood. The three hours drive from Chur to Thusis seems to break off the links that bind to artificial life and land one in a region of peace, not yet, however, quite snow begirt, for the roads are thus far passable for wheels as well as for runners. At Thusis warm bed-rooms, a good dinner, and a hospitable English-speaking host await you at Hotel Rhoetia. Above this point sledges only are used. The drive over the Julier Pass to St. Moritz, some parts of it in open sledges and some in a diligence on runners, is full of incident; and, notwithstanding the cold, marvellously free from discomfort. It commences at 7 a.m. and occupies the greater part of the day, and I can speak from experience not only as to its freedom from chill and suffering, but for the renovation and refreshment it brings even to the invalids. It so happens that four of my patients crossed this Pass during storms, the two chief storms of the season; although the sledges were several times upset in the snow the patients were none the worse, but all the better for the trip.

In the journey to Davos the destination is reached before 3 o'clock, a consideration this, for those who are weak, as will be shown presently. Davos is better suited for the more fragile, and St. Moritz for those who can bear a long day in the free air. As regards meteorological data the information is incomplete and somewhat conflicting. Theory would lead me to suppose that as the two valleys of the upper Engadine and of Davos are similarly placed the diversities would not be great, especially as the distance between them is scarcely fifteen miles, and the mountains on either side allow a similar amount of diurnal sunshine. The Engadiner Kulm is however nearly 1,000 feet higher than Davos, and is raised farther above the level of the valley, which, in the first case is occupied by the St. Moritz Lake, and in the latter by a flat plain, marshy in summer, but snow covered in winter.

The rainfall is about the same; when south winds prevail there is more snow at St. Moritz, but in north winds more at Davos. I have before me the wind gauge observations at Davos and St. Moritz but they are conflicting, and I am assured by competent authority that no reliable figures exist by which the two places can be compared. The last column in the table shows the number of absolutely windless days at Davos during the last four winters. The Föhn wind from the south, which is sometimes compared to the Sirocco, is described by the Davosians as relaxing and trying to invalids, whilst at St. Moritz its influence is less depressing.

elevation, may be too great for many invalids with whom it may be wise to begin with an experience of the lower levels before making trial of the upper, and to ascertain how 5,000 feet is borne before trying a 6,000 feet elevation. Then, again, the usual habits and tastes of the invalid must be considered. The life at Davos is suited for those who enjoy strolling up and down the main street, amid a crowd of other loiterers, admiring the shops and sleighs, and listening to the band at the Curhaus. There is not much stimulus to over-exertion there, as the skating rink is at a distance of nearly half a mile below the hotels, and is not always well kept. At St. Moritz the skating-rink is flooded daily by the

Winter Weather at Davos, 1879—1883.

	CLOUDLESS DAYS.				FINE, BUT NOT CLOUDLESS.				CLOUDY.				RAIN OR SNOW.				WINDLESS.			
	1879-80.	1880-81.	18-1-82.	1882-83.	1879-80.	1880-81.	1881-82.	1882-83.	1879-80.	188-81.	1881-82.	1882-83.	1879-80.	1880-81.	1881-82.	1882-83.	1879-80.	1880-81.	1881-82.	1882-83.
October	18	6	0	4	4	2	14	14	3	15	7	2	6	8	10	11	24	16	2	8
November	5	10	18	7	4	6	8	11	7	9	1	2	14	5	3	10	19	23	25	13
December	14	8	10	8	6	7	14	11	6	6	2	2	5	10	5	10	23	27	24	20
January	15	10	20	10	7	9	10	14	5	10	0	3	4	2	1	4	29	26	21	17
February	8	7	18	9	7	7	6	13	8	6	1	2	6	8	3	4	21	24	16	11
March	16	10	16	6	5	3	6	8	3	11	4	1	7	7	5	5	17	18	11	3
April ... ..	...	...	10	...	...	...	8	...	...	...	7	...	...	...	5	...	...	9	10	...
Totals for the Winter ...	76	51	82	44	33	35	58	71	32	57	15	12	42	40	27	44	133	134	109	72

Mr. Waters, whose observations at Davos in the winter of 1881-2 were made most carefully, and who is now carrying out a series of elaborate investigations, finds that this Föhn wind contains more moisture at St. Moritz than at Davos; this he attributed to the fact that before it reaches Davos the moisture is deposited in the form of snow on the intervening mountains.

In the Alps, as on the Riviera, the fine seasons are not the most favourable to invalids, who are then tempted to exert themselves over much, and so set up catarrh, hæmoptysis, or some intercurrent affection. More progress is made when occasional bad days keep the invalids indoors, and show them the necessity for avoiding undue exposure and exertion.

Last winter was exceptionally fine, and had this disadvantage; that at Davos the snow was frequently melted and in a state of slush, and thus the dryness was lessened, and mists promoted.

The elevation of St. Moritz being greater, it may be assumed that the influence of the rarefied air is also greater in expanding the chest, increasing its dimensions, and furthering replacement of damaged and cicatrising parts by neighbouring healthy lung. One of my cases afforded a good example of the expansion of the sound lung replacing the contracted lung.

For the same reason it might be expected that those who, having extensively damaged lung, suffer from dyspnoea at Davos would do so more painfully at St. Moritz. I have met with several cases of this kind in summer. This winter, however, the only cases I saw, in which breathlessness was complained of, happened to be at Davos.

The exhilarating quality of the air is more apparent at St. Moritz than at Davos, owing partly to the greater elevation, and partly to the surpassing beauty of the surrounding scenery. This exhilaration, and the 6,000 feet

hotel keeper, and the toboggan runs are at the very door of the Hotel. There is also a well kept lawn tennis court in the grounds of the hotel. The life, therefore, at St. Moritz is like that of a large country house in England, where all have like interests, aims, and pursuits.

With the exception of an occasional treat of glee-singing by the villagers, every entertainment given is designed, executed, and appreciated by the hotel guests. There is no temptation to seek evening amusement under any other roof.

Although the weather of the Alps is more steady and reliable in winter than in summer, we cannot compare one winter with another without observing many great variations. Taking the figures and throwing them into the form of a comparative table, we find on adding together the two first columns, the fine days are 109, 86, 140, 115, giving an average of 112. Even the worst of these rouses in the breast of the Londoner a longing for the Alps.

In favourable winters the invalid at Davos has more out-door air than in the Riviera, and can enjoy much more fresh air in his room than in most warm resorts. The air at Davos is drier than either that of the Riviera or of Egypt (a) and being cold as well as dry, it can, when inspired and so raised nearly to blood heat, absorb a great deal of moisture from the lungs. The amount of moisture absorbed from the skin is also very great. Besides the dryness of the air, its rarefied nature facilitates the interchange of oxygen and carbonic acid to and from the blood.

Davos gained its early reputation when a simple mountain village. Now it is quite a town, with its baths,

(a) "Mr. A. W. Waters' Observations at Davos, 1881-2." "Proceedings of the Manchester Literary and Philosophical Society, 1902."

gas works, and large shops, curhans, and hotels. Eleven years ago, the hotels were filled only in summer, and in winter afforded ample accommodation for the small number of guests who ventured to frequent them. This is now reversed. The hotels are more than adequate for summer visitors, and overcrowded in winter.

St. Moritz is now in the position that Davos was eleven years ago. The hotel built for 300 summer visitors is more than sufficiently large for the requirements of its 100 guests, who are able to enjoy abundant breathing space, large, well-warmed room, and spacious corridors for exercise.

The position of the Davos valley, enclosed and protected from the north and east, becomes, as the town enlarges, a source of danger, the smoke caused by lighting fires in the morning often hangs over the town for the whole day. Overcrowding has spoilt many a haven on the Riviera, but overgrowth is far more to be feared in an enclosed valley than on the sea coast. The drainage, the defects of which have kept many away is about to be improved by deepening the course of the Land wasser stream, and making it more direct. The warming of the hotel is effected entirely by stoves, and no sufficient provision exists for the extraction of the air; it remains, therefore, for each person so to manage the ventilation of his room as to secure adequate interchange. This may be effected by having a portion of the window open, and thus obtaining a constant admission of air. The atmosphere is so still and dry that no draught is thus occasioned, and no sudden chilling of the room. The admixture of inner and outer air is secured, not by currents of air or draughts, but by a gradual and unnoticed interchange.

If at bedtime the temperature of the room is 58°, and the window kept partially open all night, the morning temperature seldom falls below 48°, and the stove being lighted before the invalid gets up, there is no danger.

In England, with a similar access of air, and an open fireplace, the moisture contained in the outer air, and the draught from the window to the fire would give a serious chill. The ordinary French windows are double, and it is usual to open the outer window to the extent of three or four inches, and the upper fan light of the inner window to a similar extent; thus, the outer air mixes with the air between the inner and outer windows and then enters the room in an upward direction.

The Engadine is acknowledged to be one of the most enjoyable places in which to spend a few weeks in summer, but it is even more renovating and refreshing in winter to persons in ordinary health. The weather is more reliable and unvarying, there is no risk of enervation from excessive heat during the journey, the sky is cloudless, there is no rain, and snow falls but rarely.

If the hard-worked man of business can secure a month for rest and change, he may gain the needed benefit in any of the favoured health resorts of our own island, but if a week or two can alone be obtained, he should seek out a mountain station sheltered from wind and having the proper aspect and necessary comforts. The journey may be considered as forming part of the pleasure, and its cost (about £10 the return fare) is fully repaid by the rapidity of convalescence and speedy return home.

Overworked schoolmasters and professional men needing rest can do nothing better than make a short trial of the Engadine, and Davos in winter. From the southern health resorts the friends of the patient are apt to return debilitated and unstrung; it is quite otherwise in these mountain stations. I knew of no place so good for a schoolboy and his sisters in the winter holidays as the Engadine.

Those in health need few restraints, but for those with active lung disease, sudden exertion on arrival should be discouraged lest it lead to hæmorrhage. It is not easy to regulate exercise. If there is active disease

or hæmorrhagic tendency, or moist sound in the lung, the patient should sit out in the sun till dry sounds replace moist ones. He may then walk on the level, or skate, or gently stroll up and down hill, thus causing deep inspiration. Quiet skating can be indulged in by almost all. "Tobogganing" is more severe, as patients are apt to talk and laugh when walking together up hill. This is very good for the vigorous, as it expands the chest. Lawn tennis is suited only for the strongest, in whom lung disease is quiescent.

The journey home! Here the difficulty meets us where to go when the snow is melting, and some stay at their winter quarters till they can safely return to England, and others try Switzerland, Italy, the Black Forest, or the Rhine. No hard and fast line can be drawn for all, but when the patient is too ill to enjoy the incidents of a tour, and is too tender to be exposed to the risks of hotels and railway platforms, the best course is to travel as directly and rapidly as possible from the winter haven to the English home. Leaving Davos one morning you can be in London on the afternoon of the following day.

A winter passed in the South of France renders a return to England unsafe till the middle of May, but if spent amidst frost and snow, the ability to bear extremes is strengthened, and the dangers of our English climate are scarcely to be feared. One of the advantages indeed of a winter in the snow is this increased power of enduring bad weather on the return home.

To gain full benefit from St. Moritz a patient should be well and strong enough to maintain his circulation by his own exertion, even in rough weather the air is dry and very bracing, and the patient returns to the hotel in good spirits and with an appetite for his dinner. There are many people, especially those who live in the country and come daily to town for business who might do well without leaving home, or even their work, during the summer when the days are long enough for ample open air exercise (besides the hours spent in the office or place of business), when the foggy and short sunless days of November and December come, then is the time to be off to Biarritz, to the Riviera or to the Alps. Such a plan as this, would, I believe, prove of permanent benefit to many, would arrest deterioration and premature decay, and, as regards the children, a winter holiday at St. Moritz is, as I have said, of unparalleled advantage. While advocating the direct journey home in certain cases, it must not be forgotten that, where there is a hæmorrhagic tendency it is wise to make the change gradually, to this end a few days may be wisely spent on the Lake levels and at an intermediate level, at Thusis, for instance.

Cases in which there is marked arterial degeneration do not bear the change well, and need especial care in accomplishing the journey by gradual ascents.

(To be continued.)

RHEUMATISMAL, CUTANEOUS, SUBCUTANEOUS, AND PERIOSTEAL NODULES. (a)

By DYCE DUCKWORTH, M.D. Edin., F.R.C.P. Lond.,
Assistant Physician to St. Bartholomew's Hospital, &c.

M. F., æt. 38, a married woman with one child, came under Mr. Langton's care at St. Bartholomew's Hospital, in December, 1882, for the treatment of multiple fibrous nodules on the arms and legs. She was active and robust, with fresh, rather florid complexion, and fair hair. Teeth nearly all decayed and lost. The history was that "a lump" first came on the right elbow in September, 1879, another on the right knee soon followed, and others have

(a) Abstract of paper read before the Clinical Society of London, April 27th, 1883.

appeared on the limbs from time to time. They were found in the several positions hereafter mentioned. *Right Ulna*—A large tumour (size of a penny), freely movable, not adherent to the periosteum. Below this, two others, much smaller, adherent to the periosteum. None over the radius. One firmly attached to the anterior ligament of the wrist; one in the palm of the hand; and one on the third phalanx of little finger. *Left Ulna*—One four inches below olecranon, small, slightly movable, not adherent to the skin. None on the radius. On the palm of the hand six small nodules, adherent to the skin. *Right Leg*—One over lower angle of patella, movable, not attached to the bone, about the size of a penny. Another, two inches below patella, much firmer, freely movable, and adherent to the skin. Numerous small ones on the crest of the tibia, to within five inches of the ankle, firmly adherent to periosteum. Several over upper part of fibula, firmly adherent to periosteum. No nodules found on the scalp, scapulæ, spinous processes of vertebræ or feet. The tumours were very painful, and ached more in cold weather. There was no personal history of rheumatism or of chorea in this patient. Her mother, however, was rheumatic, and a sister had had three or four attacks of rheumatic fever. Examination of the heart revealed nothing worthy of note. There was perhaps doubtful roughness of the first sound of the apex. Iodide of potassium was given, and during the past three months there has been a gradual reduction in the size of the nodules, and some of them have become softer. Having regard to the clinical features of this case, and to the family rheumatic predisposition, Dr. Duckworth ventured to call these nodules rheumatic in their nature, and he believed that further study of these cases showed that there are several types or varieties of them. This case, as well as that one exhibited by him at the beginning of this session to the Society, illustrated a form met with in adults in which the nodules are very persistent, and are also attached to the skin and periosteum. Amongst the first cases brought forward by Drs. Barlow and Warner, the nodules were found to be commonest in children and young persons, to be subcutaneous, not to have any periosteal attachment, and not to last more than a few weeks or months. In this instance, the nodules have lasted for two years and six months, and in the other for one year and six months.

SUBCUTANEOUS NODULES OCCURRING IN A PATIENT THE SUBJECT OF SYPHILIS, AND WITH VERY INDEFINITE CONNECTION WITH RHEUMATISM. (a)

By STEPHEN MACKENZIE, M.D., F.R.C.P.Lond.,
Senior Assistant Physician and Physician in charge of Department for
Skin Diseases, London Hospital, &c.

THE patient is a married woman, æt. 40, who had never had any important illness till three years ago, when she apparently had syphilis. She came under care for a tertiary syphilide, and during examination it was discovered that she had several subcutaneous nodules. In all, eight have been detected, which vary in size from a hemp seed to a split pea. The skin over them is natural, and they are all movable. They cause no pain, except when pressure is made on them. Two are situated along the posterior border of the ulna, and the remainder, with the exception of one in the gluteal subcutaneous tissue, beneath the skin of the thumbs and fingers.

(a) Abstract of paper read before the Clinical Society of London, April 27th, 1883.

The first she noticed about two years ago, and it has increased in size. None that she has observed have disappeared. As regards rheumatism, the only symptoms which could be in any way construed as due to this disease were some pains in the legs eight years previously, for which she used a liniment. She has never had chorea. There is no evidence of heart disease, nor of arthritis, present or past. The physical characters of the subcutaneous nodules are exactly those of the nodules described by Drs. Barlow and Warner in connection with rheumatism and allied affections. The interest in the case lies in the very indefinite, if at all existing, connection between the nodules and rheumatism. The patient had not suffered from any distinct rheumatic symptoms, nor is there any family tendency to that affection. The association of the nodules with the syphiloderm may be fortuitous. The duration of one of the nodules is greater than in any of the series of cases recorded by Drs. Barlow and Warner. The longest time they noticed nodules to persist without diminution was five months.

Clinical Records.

ST. VINCENT'S HOSPITAL, DUBLIN.

DR. MAPOTHER'S WARDS.

Tetanus—Exciting Cause doubtful—Recovery.

Reported by Mr. CORNELIUS KELLY.

J. McD., a tall, muscular corn-porter, æt. 22, on 23rd of February, suffered a severe strain in the back in lifting a great weight. To dull the pain he drank heavily, and during the ensuing night he lay stripped on the outside of his bed. On March 1st tetanus began, and he was admitted on the 6th. There was marked risus sardonius on the right, and a much lesser degree on the left, side of face, trismus which allowed the incisors apart for about one-third of an inch; severe opisthotonos and extreme epigastric pain. He had got some relief by lying on his front. Constipation was not throughout a pressing symptom, and the bladder gave no trouble. On the 10th day life was threatened by accumulation of pulmonary mucus. Some of the most severe fits of spasm occurred on the 23rd day, and the last, also very severe, took place on the 32nd. Subsequently he was well, with the exception of slight stiffness of the limbs.

The treatment adopted was 5 grains of chloral, and 10 of bromide of ammonium every hour he was awake. From the 8th day these drugs were only given in one dose at night. Free nourishment with strong beef extract and beaten egg with whisky. Quinine in 5 grain doses thrice daily was begun on the 8th day. External warmth.

Amongst clinical remarks it was noted that the patient's brother, a fine lad of 17, had been lately treated for excessive chorea. In tropical countries, strains and contusions are frequent exciting causes, and Rosenthal ignores idiopathic tetanus, asserting that some local lesion may always be found. Injuries to organs in which sympathetic nerves abound more than cerebro-spinal rarely excite tetanus; there was, however, in the obstetric wards at the same time an unmarried woman, æt. 50, who was seized with the disease seven days after the removal of a uterine polypus by the écraseur. The spasms did not extend beyond the head and neck. The same treatment was adopted, with the result only of lessening suffering, for death occurred on the 6th day. Great external warmth, and small frequent doses of alcohol were enjoined for the purpose of aiding free arterial supply to the muscles. That such was wanting in tetanus might be inferred from the induction of spasm in the allied malady, tetany, by pressure on the main artery of the limb (Trousseau's symptom), from Liston's observation that during amputation of a tetanised limb, the cut arteries did not project a drop of blood, and from the controlling effects of belladonna and calabar bean, which were vaso-motor depressants. The Turkish bath was an agent worthy of trial.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

GASTROSTOMY.—M. Tillaux entertained the Société de Chirurgie with an account of an operation which he practised lately at the Hôpital Beaujon, and which for its variety merits more than a passing notice. The operation, which was that of gastrostomy, was performed for an obstinate stricture of the œsophagus. The patient, a man of fifty-two, presented himself at the hospital complaining of difficulty in swallowing. On being interrogated, he declared that the pain commenced when the food was about midway in the œsophagus. A few days' treatment with the sound produced a good amelioration, and the man left the hospital. A year after he returned, looking very pale and dejected, and utterly unable to swallow. The sound refused to pass the stricture, even one of the smallest size, and the patient having demanded relief at any price, M. Tillaux decided on making an artificial mouth in the epigastrium. An incision was made parallel to the border of the false ribs on the left side, and the peritoneum having been reached, it was cut through, when the anterior wall of the stomach came to view, and was drawn forward, slit for a certain distance, and then attached to the external wound by seventeen sutures. The immediate results were satisfactory. On the fifth day the patient got up, and the strength was returning rapidly, when, on the fifteenth day, the man from some unexplained motive refused to allow any more food to be introduced into the stomach by the aperture, and he succumbed two days afterwards. M. Tillaux believed that, were it not for the obstinacy of the man, he would have lived a considerable time. The autopsy showed that the operation was fully warranted. M. Berger has also practised (last month) a similar operation, but, unfortunately, the necessity for the operation did not arise from a fibrous stricture of the œsophagus, but from cancer, and the patient died a few hours afterwards. M. Sée observed that actually he is attending a woman upon whom a Vienna surgeon had made an artificial mouth in the month of November last; further, before the gastrostomy, tracheotomy had to be performed, so that she is actually wearing two tubes, one in the trachea and the other in the stomach. At present she was regaining strength and getting fat. The operator had a method of his own which succeeds very well: he first makes the incision of the abdominal wall, and then leaves the patient quiet for eight days, at the end of which time he opens the stomach by means of the thermo-cautery. No chloroform is given, and the patient is standing up during the operation.

GLYCERINE.—Glycerine for a long time has been almost exclusively used in surgery for dressing wounds, in the treatment of cutaneous diseases, eye diseases, those of the ears, mouth, and nose, in some affections of the genito-urinary organs, and as an excipient in a great number of medicines. To Démarquay, in France, is due the credit of introducing it to medical practice. However, before the publication of the work of Démarquay, another had made experiments with it in gastro-intestinal affections with most satisfactory results, and its marvellous effect upon bleeding piles and fissures of the rectum is now well known. Recently M. Jaccoud and M. Ferrand have been trying it as a substitute for cod-liver oil in phthisis, and with so much success that the former orders it in every case where the oil is not borne, and under its use the patients increase in weight, the cough diminishes, and the dyspœnia is in many instances considerably ameliorated.

BORIC ACID IN TREATMENT OF CYSTITIS.—Boric acid as an antiseptic is eminently preferable to phenic acid in the

treatment of cystitis; and as to blennorrhagia, injections of a five per cent. solution have been followed by cure complete in less than a week. In the former affection injections of a three per cent. solution have been attended with the happiest results. The frequency of micturition is greatly lessened by its use, and the urine becomes quite clear and limpid. A pomade of boric acid is almost a specific for the erythema of infants.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 27TH.

The President, ANDREW CLARK, M.D., in the Chair.

DR. W. J. TYSON ON

A CASE OF LEPRA TUBERCULOSA.

R. C. S., æt. 16, was born in Ireland, and when two months old went to India, and remained there until he was six, then returned to Ireland, and has not been abroad since. His family history gives us no clue to his case. Was quite well until two years ago, when present condition of face first began to show itself. *Present Condition.*—Is physically strong and fairly well made, height 4 ft. 8½ in., his hair is reddish and his eyes are blue. Mentally does not seem dull. The appearance of the face is characteristic of the disease, and has, which many do, a somewhat lion like appearance; the skin is soft to the feel, thickened and of a brownish red colour; on his chin and just underneath it are about a dozen small elevations (tubercles) varying in size from a mustard seed to a pea. On the trunk in front and behind there is a yellowish-brown mottling. The chest and abdomen are healthy, no albumen in urine. Just below right buttock there is a patch of flattened tubercles, and over left olecranon a softish mass of the size of half a walnut. The hands are generally cold and the skin of each is thickened; around each wrist joint there are a few tubercles; skin over feet is red, thickened and scale-like in appearance. All joints are sound. The voice is hoarse, but this has only existed quite recently. There is no anaesthesia of skin. His diet does not seem to have been abnormal.

In reply to the President, the reader of the paper said that he had not been able to trace any history of nervous disturbance in the case.

Dr. SOUTHEY observed that the case was one of great interest. The boy presented the general tubercular nodules with thickening of the skin over the wrist usually associated with this form of leprosy. Two or three years later he would be found to lose sensation at the tops of his fingers; the digits would become immobile and less flexible, and it was not uncommon, as he himself had observed, for such patients at this stage of the disease to mutilate themselves by cutting off their fingers, owing to the little sense of feeling in them. Such a form of leprosy should be distinguished from anaesthetic leprosy, in which red and thickened patches of skin were observed, the insensibility commencing at the centre and proceeding peripherally to gradually greater and greater extent. This form never resembled tubercular leprosy, nor were its sequelæ so regularly manifested. Albuminuria in the latter form was sequential to the changes denoted as occurring in the fingers, and afforded indication of granular degeneration of the kidneys.

Mr. JAMES STARTIN drew attention to the presence of slight ulceration at the edge of the ears in Mr. Tyson's patient, and remarked that any information as to syphilis or diet in connection with the case would be of interest. The thickening of the ulnar nerve found in the case was commonly seen in the subjects of the disease. He had seen a patient so afflicted after ten years residence in India.

The PRESIDENT inquired if any search for bacilli had been instituted by Dr. Tyson.

Dr. SOUTHEY further asked if frequent micturition had been a symptom of the case, and explained that he ascribed the existence of granular kidney to a prevalent development of intercellular tissue in the body of the patient.

Dr. DYOR DUCKWORTH remarked on a similar case.

Dr. TYSON expressed great doubt as to being able to find

out any further details of the history of the case. He did not regard the slight ulceration of the ear adverted to by Mr. Startin as of any significance; such ulceration in this situation was common among children. He had not himself noticed the thickening of the ulnar nerve, nor had he made any investigation in respect to bacillus. Frequent micturition had not been noticed as a feature of the case.

On the motion of Dr. Andrew Clark, Drs. Southey, Thin, Dyce Duckworth, and Tyson were nominated a committee to inquire into the presence of, or absence of, bacilli in this case.

Mr. RICHARD BARWELL on

A CASE OF REMOVING A LARGE PORTION OF THE UPPER LIP WITHOUT DEFORMING THE FACE.

George S., *et. 61*, much addicted to smoking short clay pipes, came under Mr. Barwell's care with that singularly-rare disease, epithelioma of the upper lip. The growth was close to the corner of the mouth, but did not involve the commissure; and was so extensive that at least two-thirds of the lateral half of the lip would have to be removed in eradicating the disease. Such extensive excision must have disfigured the man very considerably unless means of prevention had been adopted. The following operation was devised and performed, 4th November, 1882: The base line of the triangle requiring removal was measured, and an equal line marked by a superficial incision extending from the corner of the mouth directly outward. The other sides of the triangle, also measured, were similarly traced from this line downward towards the ramus of the jaw. Thus was traced outside and below the mouth a triangular space exactly like that to be removed from the upper lip, but reversed. The first—the horizontal—incision was now deepened down to, but not into, the mucous membrane; then the two lateral limbs of the triangle were incised through all tissues into the mouth, and some bleeding vessels were twisted. The thick tissues of the flap were dissected from the mucous membrane, left hanging to the horizontal incision, to which, the extreme point being sacrificed, it was stitched, thus giving to that part a red border. The next step was the excision of the epithelioma along the lines already traced and measured. The edges of the lower of what may be called the complementary triangle were now brought together with twisted suture. In doing this it is to be noted that the horizontal base line of the complementary triangle was necessarily shifted inwards, and coming to lie above the lower lip took the place of that part of the upper lip which had been removed with the cancer. The new red border, made by turning up the mucous membrane of the cheek, imitated the natural red of the lip. The edges of the wound in the upper lip were now brought together with hare-lip pins, and the new mucous edging sewn with horse-hair, both to where it joined the old and at the commissure of the mouth. When all was complete, no deformity was left. The man recovered rapidly; and when seen two months after operation his mouth was as nearly perfect in form as previous to operation, nor did its movements appear in any way irregular or constrained.

Dr. ANDREW CLARK suggested the possibility that the appearance of cancer in the lower lip after the operation was due to the irritation induced, and which he said might be taken as an instance of successful triumph of growth over development.

Dr. SOUTHEY on

A CASE OF TACHETIC SYMMETRICAL GANGRENE.

Frank Nash, *et. 9* (admitted into Matthew Ward, St. Bartholomew's Hospital, November 25, 1881), was much emaciated, his hair thin and falling off, abdomen empty and retracted; skin dry, and he was in a curious, excitable, semi-delirious mental state. He presented a gangrene of the tip of his right index finger, all his extremities felt cold, and he had insomnia. His pulse was 143, very feeble. Respiration 32. Temperature 99°. His heart beat with feeble impulse in normal situation. There was no increase of normal cardiac dulness; no cardiac murmur; no physical signs of lung disease. Neither liver nor spleen transcended its normal limits. His appetite was bad; he had had no sickness; bowels acted once daily; tongue clear and moist; micturition gave no pain; urine scanty, not abnormal; chiefly passed with his stools. *Course and Progress.*—After a few days the thumb and second finger of the same (right) hand were

similarly involved, became first red and throbbled, then livid, and finally gangrened. On December 5th, an exactly similar spot occurred on the pinna of the right ear, and on the extremity of his nose, and the tip of the middle finger of his right hand. A little later, subcutaneous mottlings (*tachetés*) appeared all over his trunk and limbs, and developed into a raised rash, like urticaria tuberosa, or erythema tuberculatum. The spots first itched, then became painful and tender, but gradually subsided, leaving only some pigmentation to mark their sites. Finally, all the fingers and thumb of the right hand gangrened and slowly separated, and the thumb, index, and little finger of the left hand. He passed into a condition of most extreme prostration, with broncho-pneumonia of both lungs, and only very slowly and gradually recovered from it. In January, 1882, a new and interesting clinical feature was manifested, namely, intermittent true hæmaturia, bloody urine being passed alternately with normal-coloured, non-albuminous urine. Some days distinct blood cells were passed with the urine; on others, blood colouring matter without blood cells; on others, albumen with blood enough to give the blood reaction only. Oxalate crystals were present in great abundance when the hæmaturia was abundant, and *vice versa*. No tube casts were ever noticed. All symptoms of urinary disorder disappeared in July, 1882, when the child was discharged well, but with the loss of his fingers. He has been seen several times since. The author next cites some parallel examples of this malady, which he refers to vaso-motor disturbance.

Dr. ANDREW CLARK asked if any history of rheumatic gout could be traced in this case? He was familiar with such forms of gangrene in this connection.

Dr. SOUTHEY said he knew of nothing in the history to justify him in an affirmative reply, and referred to the account of a very similar case to his own, published in 1804 from the pen of a French physician—Raynaud.

Dr. BARLOW said he had never seen so severe a case of the disease as that described by Dr. Southey, but he had seen several which were less severe. As Dr. Southey had observed, the most important feature they presented was not the gangrene, but the vaso-motor disturbances. In one case, within his own experience—that of a man, *et. 35*, who had been generally regarded as rheumatic—the attacks, which usually occurred during winter, were ushered in by pain in the extremities, which was followed by the appearance of bluish red patches on the integuments. When first seen by Dr. Barlow, he had just suffered an attack, and there was a distinct patch on one trochanter, while one toe was the subject of local gangrene. In two other cases observed, in female children, 3½ years old, the attacks occurred between September and April, being rare in summer, and were in the latter case associated with sudden changes in temperature. In one child the lower limb affected was black from above the ankle to the toes when seen, and presented a most alarming appearance. It remained thus for about three hours, and then passed off, the child seeming quite well again. The attacks occurred on cold days in the other case also, and on several occasions were accompanied with violent stomach-ache, while two or three hours subsequently dark-coloured urine, containing hæmatin, oxalate crystals, and albumen, would be passed, but only once after each attack. Dr. Barlow considered that the disease presented many points in common with that known as paroxysmal hæmaturia. It was a disease of winter, and was usually preceded by a condition of sleepiness; its resemblance to ague attacks was not well marked, for there was no sweating stage observable, the cold stage being the principal one. He had elicited from the mother of the patient presenting typical paroxysmal hæmaturia that the child's finger ends grew distinctly blue during the attack, and so familiar was the appearance that no heed was paid to it especially. Dr. Barlow quite agreed that application of cold was a more rational treatment than the employment of warmth, being led to this opinion from his knowledge of the effects produced by cold in the treatment of frost-bites. He mentioned the case of a child which, a sufferer from paroxysmal hæmaturia, and accustomed to be washed in warm water, was submitted to the influence of cold water, with good results. The constant current applied down the back had been employed by Raynaud, with a view to diminish the irritability of the vaso-motor centres, and with success. A patient of his own had described how this treatment had done him much good while in St. Bartholomew's Hospital, and the method was

certainly worthy of extended trial. There was no confirmation forthcoming of the association of rheumatic gout with the disease. Mr. HUTCHINSON, however, had described a connection between end-joint arthritis and Raynaud's disease, and a patient under his (Dr. Barlow's) care might be taken to confirm this opinion.

Mr. CRIPPS took exception to the definition of Dr. Southey when calling the affection a "blood" disease. He, himself, regarded it as an essentially local complaint, and the gangrene as its principal feature. Such cases were analogous to frost-bite, to the production of which no special bodily condition was necessary, but simply exposure. Children who were attacked by symmetrical gangrene would be found to have suffered from chilblains, which were an indication of enfeebled circulation dependent on a weak heart. He cited the case of a young woman who had been affected with chilblains, and who being suddenly in reduced circumstances, gave birth to a child, after which event she developed symmetrical gangrene, with the result that she lost both lower extremities. He did not agree that it was right to apply cold or evaporating lotions to gangrened limbs. Brodie's treatment, by wrapping the limb in cotton wool and keeping it covered was wiser. Opium was the most reliable drug to employ.

Dr. BARLOW pointed out that he had not recommended the application of cold in the treatment of gangrene.

Dr. MAHONEY had seen two cases similar to that mentioned by Dr. Southey. In one intermittent hæmatinuria had existed, and crystals of oxalates were found in the urine. He explained that this frequent association of intermittent hæmatinuria with symmetrical gangrene effectually separated such cases from those dwelt on by Mr. Cripps, and moreover, the patients in those cases were not necessarily endowed with a feeble circulatory apparatus. A female patient of his own had suffered from the disease in a more or less chronic form for seven or eight years. The fingers presented a gangrenous appearance, which varied with the weather, but was not improved by treatment. The tips of two or three fingers had been quite lost. In summer time the hand was quite useful.

Mr. SYMONS referred to several cases within his own experience which possessed features having resemblance with those previously discussed.

Dr. SOUTHEY accepted Mr. Cripps's correction of the term "blood disease," and substituted for it the description of a general disease with local manifestation. Raynaud's account of it as being a vaso-motor disturbance was probably accurate, but the ætiology was very obscure. As a rule, local asphyxia was the final stage arrived at as the result of the disease, the tendency to go on to gangrene being unusual. In one case, that of a woman, three fingers were seen, on two separate occasions, to become quite purple, and even during observation, colour and sensibility were restored.

With the consent of the respective authors, the two following papers were taken as read:—

Dr. STEPHEN MACKENZIE ON

A CASE OF SUBCUTANEOUS NODULES OCCURRING IN A PATIENT THE SUBJECT OF SYPHILIS, AND WITH VERY INDEFINITE CONNECTION WITH RHEUMATISM,

which will be found on page 378; and

Dr. DYCE DUCKWORTH ON

A CASE OF RHEUMATISMAL, CUTANEOUS, SUBCUTANEOUS, AND PERIOSTEAL NODULES,

which will be found on page 377.

The following living cases were shown:—Spondylitis deformans; Tubercular ulceration of hard palate; Tubercular leprosy; Rheumatismal nodes.

ACADEMY OF MEDICINE IN IRELAND.

PATHOLOGICAL SECTION.

A MEETING of the Pathological Section of the Academy of Medicine in Ireland was held on Friday evening, April 6, in the Albert Hall, Royal College of Surgeons. Dr. PURSER, Sectional President, in the chair.

Mr. BENNETT, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

SPECIMENS EXHIBITED BY CARD.

Mr. P. S. ABRAHAM—Colloid-like bodies in the medulla and cerebellum, from a case of diabetes.

Surgeon Major HAMILTON—Three specimens of typhoid lesions; ulcers in the ileum.

Mr. THOMSON—Multiple fractures of the lower jaw.

Dr. WALTER SMITH—Abdominal aneurism.

Dr. PURSER—Atheroma of aorta; endarteritis deformans.

Mr. J. DAVISON and Mr. P. S. ABRAHAM—Bones of young lower animals after fracture, showing increase in size.

Dr. J. M. REDMOND—Spontaneous aneurism of the brachial artery; heart showing deposit on aortic valves.

HEMATERPHIA FACIALIS.

Mr. JOHN B. STORY exhibited a young man, æt. 21, suffering from this deformity upon the right side. The patient's mother stated that the defect was congenital, and had been caused by a fright early in her pregnancy from a guinea pig being thrust into her face. In favour of this theory there was undoubtedly congenital deformity of the right auricle on the same side. In the autopsy, all the tissues, skin, muscle, and bones were involved, the skin atrophy being best marked over the eyebrow; and of the bones the superior and inferior maxilla being most implicated.

Dr. McSWINEY asked whether the man was idiotic, or whether he had been delivered at his birth with forceps; and Mr. Story replied in the negative to both questions.

ABDOMINAL ANEURISM.

Dr. WALTER SMITH exhibited an abdominal aneurism taken from a man, æt. 38, who died on the 10th ult. The immediate cause of death was an acute pleuro-pneumonia of the right side. The aneurismal symptoms first declared themselves about two years and three months before his death, by pains in the back, which gradually increased in severity until he was obliged to give up work and seek admission to hospital. Below the ensiform cartilage could be seen and felt a tremulous pulsation, attended with a loud systolic murmur, audible as low as the umbilicus, and posteriorly along the spine from 8th dorsal to 2nd lumbar vertebrae. In December last an eccentric impulse was detected under the 12th rib on left side, and about the middle of February he was seized with intense pain in the right hip, thigh, and leg, and from that date he rapidly sank. The autopsy showed that the right lung was consolidated; weight, 3lbs. 10oz.; abundant flaky lymph on pleura. The left lung was healthy; weight, 1lb. 12oz. A large sacular aneurism sprung immediately below the diaphragm, and extended to within an inch of the bifurcation of the aorta, and laterally from one kidney to the other. Extensive erosion of 11th and 12th dorsal vertebrae; and 1st lumbar vertebra; 11th and 12th ribs on left side detached from spine and adherent to the sac. The sheath of right psoas muscle was the seat of a large fusiform diffuse aneurism, communicating freely with the main sac. Abdominal viscera healthy.

Dr. H. KENNEDY remarked on the exceptional mode of death in this case, and discussed the diagnosis of aneurism of the abdominal aorta and cancer; and Dr. Smith replied.

DYSIDROSIS.

Mr. CORLEY read a paper on the disease to which Tilbury Fox applied this name, and which Mr. Jonathan Hutchinson termed cheiro-pompholyx. He detailed the history of two cases, both following injury of the median nerve, and in one of which, after the eruption had disappeared from the hand of the injured side, a similar eruption broke out on the opposite hand. This, he considered, indicated that the irritation produced in the member first affected was propagated to the spinal cord, and produced there a nervous disturbance which passed across and down the nerves of the opposite limb. From the consideration of these cases, as well as those detailed by Hutchinson and Fox, Mr. Corley was of opinion that the disease was genuine herpes zoster of the hand, due to either centric nervous disturbance or irritation of nerve trunks, and he therefore rejected the name and pathology suggested by Tilbury Fox.

Dr. WALTER SMITH discussed this communication, and illustrated his remarks by the facts of a case recently observed by himself, and Mr. Corley replied.

ATHEROMA OF THE BRANCHES OF THE PULMONARY ARTERY.

Dr. PURSER showed an example of extensive atheroma of the branches of the pulmonary artery. The primary trunk was free from disease, but the smaller divisions of the vessel were much affected. The aorta was healthy. The right ventricle was greatly hypertrophied, without much dilatation. There was chronic pneumonia of both lungs. The patient was a middle-aged woman who died almost imme-

diately after her admission into hospital before any history could be obtained.

The Section adjourned.

THE GENERAL MEDICAL COUNCIL.

In our last we reported the first three days' sittings of the Council. We now proceed to give a brief *résumé* of the remainder of the session, from Monday to Thursday last week. The meetings were resumed as usual, under the Presidency of Dr. Acland, at 2 p.m. on Monday. A new member was introduced at this sitting, in the person of Dr. Matthews Duncan, *vice* Sir William Gull, resigned.

MONDAY, APRIL 23.

REPORT OF PHARMACOPŒIA COMMITTEE.

On the motion of Dr. QUAIN, seconded by Dr. AQUILLA SMITH, it was resolved that the report of the Pharmacopœia Committee be adopted, with the addition, after the figures £800 (see page 837, column 2, line 4), of the words "for which they now ask the sanction of the Council."

THE FINANCES OF THE COUNCIL.

The following report of the Finance Committee was presented and adopted:—The income of the General and Branch Councils for the year 1882 (ending January 1st, 1883) was £7,164 7s. 11d., which exceeds by £655 the income for the year 1881. The expenditure during 1882 had been £4,820 10s. 1d., which was above the expenditure of 1881 by £33 16s. 1d. The committee had, however, the satisfaction of reporting to the Council that the excess of income over expenditure for the year 1882 amounted to £2,343 17s. 10d. The principal item of diminished expenditure for the year 1882, as compared with 1881, was in the visitation of examinations. The sum contributed in 1882 to complete the amount expended on the visitation of examinations was £467 10s. 9d., as compared with a sum of £920 19s. 6d. expended in 1881 on this visitation. The late visitation of examinations had now cost a total sum of £1,388 10s. 3d. In the receipts for the year ending January 1st, 1883, of the Dental Registration Fund, £718 7s. 5d., there was an increase of only £27 11s. 3d. over those of 1881; while the expenditure, £1,227 18s. 10d., had been greater by the sum of £129 11s. 7d., attributable to its share of the increased expenses of General Council's session, leaving the deficiency of income for the year £506 2s. 1d., compared with a deficiency of £457 11s. 1d. in 1881. Pursuant to instructions given to them at the meeting of the English Branch Council in 1883, the treasurers had made an additional purchase of £1,500 Consols, in the names of the trustees of the Branch Council, thus making a total now invested under this trust of £30,500 Consols. During the year, also, a sum of £1,200 had been invested by the Scottish Branch Council, making a total investment of £3,200; and the Irish Branch Council had increased its investments by £150, bringing up its total under this head to £1,869 17s. Thus the total amount now invested by the three Branch Councils was £35,569 17s.

THE MEDICAL ACTS AMENDMENT BILL.

Mr. MACNAMARA, in introducing the resolution of which he had given notice, said that he considered it his duty to bring under the notice of the Council some points in the Bill now before Parliament. He was one of those who entertained a conviction that the Council would be abrogating its functions, and justifying all the adverse remarks that had been made regarding it, if the members shrank from considering certain portions of the Bill. The Bill involved two classes of principles—those having reference to the construction of the Council, and those referring to changes in education and examination. He thought it would be beneath the dignity of the Council to discuss the question of its reconstruction. He thought it highly desirable that legislation on medical reform

should be carried out, and that attempts at improvement in education should not be constantly paralysed by legislative alarms. That the Bill contained some matter that was good and some that was dangerous could not be gained. One thing was clear. If the Bill passed, the power of conferring degrees and licences entitling to registration would be removed from the corporations, whose direct breadwinning function would thus be obliterated. It was the duty of the Council to suggest improvements in the Bill; and Mr. Macnamara proceeded to give in detail the amendments which he considered necessary, and concluded by moving, "That the Council resolve itself into a committee of the whole Council for the consideration of the provisions of the Medical Act Amendment Bill as amended and ordered to be printed on April 10th, 1883."

Mr. COLLINS seconded the motion.

Dr. AQUILLA SMITH supported the motion. There were some clauses in the Bill with regard to which the Council should express an opinion. If the Council allowed the Bill to pass *sub silentio*, there was danger that it would be inferred that they had no just grounds for objection to any part of it.

Dr. HUMPHRY said that to consider the Bill in committee would occupy a great deal of time, and he doubted whether it would do any good. He feared, indeed, that more harm than good might be done.

Dr. HALDANE, Dr. PETTIGREW, Dr. HERON WATSON, and Dr. LYONS supported the proposal to discuss the Bill, and Mr. SIMON opposed it. Mr. MACNAMARA having replied, and the PRESIDENT having stated that he could not support the proposal, the motion was put to the vote, and the votes for and against being equal, it was not carried and the discussion of the proposed Government measure was therefore abandoned.

DR. JACOB'S LETTER ON THE ATTENDANCE ON LECTURES BY MEDICAL STUDENTS IN IRELAND.

A communication addressed to the Registrar by Dr. A. H. Jacob, of Dublin, was next read, of which the following are the principal points:—

"SIR,—Since the last meeting of the General Medical Council, circumstances have arisen which induce me to call attention to practices prevalent in Dublin, which, I believe, are in the nature of an evasion of the requirements of the Council, in regard to the duration and scope of medical study.

"It is probably within your recollection that on the 18th of July, 1879, the Rev. Dr. Haughton moved 'That the Council do . . . inquire what precautions are taken . . . to secure that the certificates . . . guarantee . . . attendance on the part of the holders on lectures, dissections, laboratory work, and hospital work, and are not merely receipts for money paid.' In the debate upon this motion Dr. Haughton is reported to have said: 'It has come to my knowledge that certificates have been issued in cases in which there has been no attendance at all.' On the succeeding day, July 19th, 1879, it was resolved by the Council 'That the Branch Council for Ireland have its attention drawn to the foregoing statement, and that they be requested to inquire . . . and report thereon to the Council at its next meeting.

"The report of the Branch Council for Ireland was presented on July 16th, 1880. It laid before the Council, *in extenso*, the replies of six Dublin medical schools, and ten Dublin clinical hospitals, to the question: 'What precautions have been adopted to ensure the *bonâ fides* of the certificates issued by them to their several students?' but it expressed no opinion, and offered no recommendation thereon, and the Council does not seem to have taken any further action in the matter. . . .

"As a matter of fact, I am in a position to assert that the statement of the Rev. Dr. Haughton, above referred to, was true to the fullest extent, and that it is notorious that in Dublin certificates of 'diligent' attendance could be obtained, and were obtained in any number, from certain schools and hospitals by payment of the fee, and without any real attendance, for confirmation of which statement I beg to refer you to second paragraph of a letter from Carmichael College, and to the fact that the Rev. Dr. Haughton—in his capacity of Medical Registrar of Dublin University

— had, in consequence of these practices, refused, for some years, to recognise the certificates issued by a certain Dublin medical school.

“These practices it is difficult for any licensing body to prevent, because it usually possesses no information respecting the circumstances under which the certificates presented by any individual candidate for its licence are granted to him. Two years ago, however, positive proofs came into my possession that several persons had passed one or other of the examinations of the Royal College of Surgeons in Ireland, to which they had been admitted on production of all the requisite certificates of ‘diligent’ attendance at lectures, dissections, and hospital, they being, in fact, so circumstanced that attendance on any material portion of these courses was physically impossible, inasmuch as they were engaged from morning to evening, for every working day of the medical session, in offices, banks, and shops.

“About this period, the Ledwich School and Carmichael College (the latter of which immediately afterwards discontinued the practice) commenced to advertise that they would provide lectures from 7 p.m. to 10 p.m. in the evening, such instruction being available for clerks, shop assistants, and other students whose entire day was employed in engrossing business avocations, and the Council of the Royal College of Surgeons, having protested against this system, and communicated its protest to the General Medical Council, eventually adopted a code of regulations for the specific certifying of attendances, and passed an ordinance refusing to receive the certificates of any school which gave lectures at night.

“The promulgation of these resolutions by the Royal College of Surgeons disclosed the extent to which fictitious certificates were in use, for no fewer than 94 students, who were stated by their representatives to be all so engaged as to be unable to attend medical study during the day, presented a memorial to the College demanding that the resolution of the Council should be rescinded. I have no reason to suppose that the issue of fictitious certificates has been to any extent discontinued, except with regard to those students who intend to seek their qualifications from the Irish College of Surgeons or Dublin University.

“That the certificates issued in respect of medical study limited to the evening hours must, in many cases, be fictitious, will be manifest on consideration of the hours set apart in all Dublin schools and hospitals for medical instruction. Hospital *clinique* begins about 9.20 a.m., and goes on continuously until after 11 a.m.; operations are performed, and clinical lectures delivered, usually from 10.30 a.m. to 11.30; and the extern department is visited, case-dressing performed, and autopsies made from 11.30 to 1 p.m. It is hardly necessary for me to ask, of what educational value are the certificates of ‘diligent’ attendance on this daily work presented by a student who may, possibly, have written his name in the attendance book at 9.15 a.m., but who must be at his business in office or shop before 10 a.m., at the latest. Again, I would point out that it is hardly physically possible for a student, after the closing hour of his place of business, and allowing time for his evening meal, to give, within three *Anni Medici*, an attendance for an hour each upon the minimum number of lectures required for his licence, even if his attendance upon special studies, his instruction in vaccination, his private teaching, and his reading are omitted from the calculation. . . .

“I therefore respectfully invite the Council to declare that the issue of fictitious certificates is not tolerated by it, and that a nominal attendance, at night, upon the course of medical study, by students who are engaged all day at other engrossing avocations, is an evasion and not a compliance with the recommendation of the Council, which declares, ‘The course of professional study . . . shall occupy four years . . . passed at a recognised school. . . .’”

Mr. MACNAMARA said that in Dublin hospital work was conducted from 9 to 10 a.m., and at 10 a.m. operations were performed. The object was to do the hospital work early, so as to enable the students to proceed to the anatomical hall at 11, and then to the lectures, which went on from 1 to 5 p.m. The gentlemen referred to in Dr. Jacob’s letter were engaged during the day as clerks in banks and other houses of business. The College of Surgeons of Ireland had refused the certificates of several of these candidates; but they were admitted elsewhere, and the only result was a loss to the College. Each professor and lecturer certified for his own class.

The great majority of pupils went first to the College of Surgeons, and afterwards to the College of Physicians. The University of Dublin had tried in every way to secure the attendance of students; but some classes were very large, and it was difficult to ascertain the attendance accurately.

Dr. CHAMBERS said that there was another class of students who, being employed in the day, attended evening lectures: he referred to unqualified assistants. He had known a case in which one of these passed a preliminary examination, continued to act as an unqualified assistant, got some one to instruct him, went to another part of the kingdom, got his schedule signed, and obtained a diploma.

Dr. SMITH said there was a school in Dublin in which it had long been the practice to sign the sheet of attendance at the end of the session without due inquiry.

Mr. SIMON said the question was a very important one. It was, whether it was not a substantially fictitious studentship, when a man, pretending to be a student, was engaged in another career. There might be individual instances in which a man, by long study and distinguished ability, might obtain the necessary knowledge while engaged in other occupations; but the meaning of the recommendations of the Council respecting four years of study was plainly that, during that time, such professional study should be the real occupation of the student. He moved:

“That for the purposes of the Council’s Recommendation 21, and of regulations by which the licensing authorities may desire to give effect to it, the ‘four years’ required to be spent in professional study must be four years during which professional study shall have been adequately followed by the candidate as his true industry and the main-occupation of his time, and that the Council would not be prepared to count as part of their four years’ curriculum any considerable time during which a candidate had given most of his industry to other pursuits, as, for instance, if he had been regularly engaged for the greater part of each day in the duties of some non-medical calling followed by him for a livelihood.”

Dr. QUAIN seconded the motion, the further consideration of which was adjourned.

FIFTH DAY.—TUESDAY, APRIL 24.

FALSE DEATH CERTIFICATES.

THE solicitor to the Council reported a complaint from the Medical Alliance, in which a medical practitioner named Gray was stated to have issued a death certificate in respect to a child whom he had not seen prior to its decease. The same gentleman was further accused of having systematically followed the course complained of, but it had actually been brought home to him in only the one instance named, for which a fine of £5, and costs of two guineas, were exacted in the Thames Police-court. The real attendant in the case had been an unqualified assistant employed by Mr. Gray.

In defence of his conduct, Mr. Gray, through his solicitor, urged that the certificate was signed by his assistant “for Thomas Gray,” this assistant having been in his service ten years, and being thoroughly competent to undertake such duties as he discharged. Since March, 1882, Mr. Gray had refrained from giving such irregular certificates, and he now expressed regret for having done anything which brought him within danger of censure by the Council. He did not, however, regard his conduct as deserving of the title “infamous in a professional respect.”

Strangers having been directed to withdraw, the Council deliberated on the case in private, and the President subsequently announced that the following resolution had been come to as a result of the secret discussion:—

“That Mr. Thomas Gray having been convicted at the Thames Police-court of making a false certificate concerning the death of a child whom he had not seen, but who had been attended by his unqualified assistant, the Coun-

cil intimate to Mr. Gray their marked disapproval of his conduct, but in the exercise of their discretion do not think it necessary now to remove his name from the *Medical Register*."

THE CASE OF A. A. SADGROVE.

Consideration of the case of Mr. A. A. Sadgrove, which had been adjourned on the preceding Friday, and which is sufficiently detailed in our report of that day's proceedings, was next entered on, Mr. Sadgrove again appearing in person. He denied all knowledge of the letter previously referred to, and, having expressed contrition for his wrong-doing in laying claim to qualifications he did not possess, besought the mercy of the Council on the ground of his family's dependence on his efforts to support them.

After privately deliberating on the case, the Council arrived at the following resolutions, which were read from the chair:—

"(a) That Arthur Augustus Sadgrove, Lic. Apoth. Hall, Dublin, 1880, is judged, after due inquiry, to have been guilty of infamous conduct in a professional respect.

"(b) That, as it has been proved to the satisfaction of the General Medical Council that Arthur Augustus Sadgrove has been guilty of infamous conduct in a professional respect, the Council does, by this order in writing, direct his name to be erased from the *Medical Register*, and gives orders to the Registrar to erase his name accordingly."

On the motion of Dr. LYONS, seconded by Mr. TURNER, it was resolved further—

"That it be remitted to the Executive Committee to take such steps as may seem advisable to trace the letters signed 'A. Duncan' which have appeared in Mr. Sadgrove's case."

SIXTH DAY.—WEDNESDAY, APRIL 25.

DENTAL EXAMINATIONS WITHOUT CURRICULUM.

Dr. STORRAR moved, and Dr. FERGUS seconded: "That in the opinion of this Council the Examination in Dentistry *sine curriculo* should cease and determine after December 31, 1883."

To this an amendment was moved by Dr. HUMPHRY, and seconded by Mr. MARSHALL, to the following effect: "That in the opinion of this Council the Examinations in Dentistry *sine curriculo* should be limited to persons already on the *Dentist's Register*." After some discussion the amendment was carried, and becoming then the original motion was agreed to.

COURSE OF PROFESSIONAL STUDY.

The adjourned discussion on this subject held over from Tuesday was next proceeded with, Mr. SIMON moving, and Dr. QUAIN seconding: "That for the purpose of the Council's *Recommendation* 21, and of regulations by which the licensing authorities may desire to give effect to it, the 'four years' required to be spent in professional study shall have been adequately followed by the candidate, as his true industry and the main occupation of his time; and that, in the opinion of the Council, much caution ought to be used in admitting as part of the four years' curriculum any considerable time during which a candidate had given most of his industry to other pursuits, as, for instance, if he had been regularly engaged for the greater part of each day in the duties of some non-medical calling followed by him for his livelihood."

An amendment, proposed by Dr. MATTHEWS DUNCAN, and seconded by Mr. TURNER, was submitted, to the following effect:—"That the Council having had its attention drawn, by the letter of Dr. Jacob (pp. 118-121 of this Volume of *Minutes*), to the use of fictitious certificates, object in the strongest manner to their issue by teachers, and their use by candidates for licence. They recommend that no certificates be granted to a student who has been absent for more than one-fourth of the lectures required in any course, and direct that this be

added to the Council's 'Recommendations on Education and Examination.'"

After some time had been spent in discussion, both motion and amendment were by consent withdrawn.

Another case of false death certificate was investigated, and, after the usual private deliberation, the Council decided in respect of it:—"That Mr. William Henry Dry having been convicted at the Worship Street Police Court of making a false certificate concerning the death of Henry James Ault, a child whom he had not seen, but who had been attended by his unqualified assistant, the Council intimate to Mr. Dry their marked disapproval of his conduct, but, in the exercise of their discretion, do not think it necessary now to remove his name from the *Medical Register*."

DR. JACOB'S LETTER.

Mr. TURNER moved, and Mr. SIMON seconded:—"That Dr. Jacob's letter be referred to the Irish Branch Council for inquiry as they may find needful, and for report thereon."

This was agreed to.

The Executive Committee presented a report on the subject of personation, which merely intimated that they were at that stage of proceedings not in a position to report definitely on the matter to the Council.

Dr. AQUILLA SMITH moved, and Mr. MARSHALL seconded, and it was agreed to:—" (a) That the resolutions based on the report of the Committee on the Employment of Unqualified Assistants by Registered Practitioners, which were passed by the Medical Council on the 21st of April, 1883, be transmitted to the Lord President of the Privy Council.

"(b) That the resolution of the Council, marked (b) in the Minutes of April 21, 1883, be referred to the Executive Committee to communicate with the Registrar-General."

SEVENTH DAY.—THURSDAY, APRIL 26.

THE MEDICAL BILL.

Dr. HALDANE moved, and Dr. HERON WATSON seconded:

(a) "That the constitution of the Medical Board for Scotland, as laid down in Clause 9 of the Medical Act Amendment Bill (as amended in Committee), is unsatisfactory, and should be amended."

(b) "That the authorities should be directly represented in the Medical Council."

Dr. HALDANE pointed out that, if the Medical Bill became law it would be owing to the action of the Council. The power of closing schools and appointing examiners to be conferred on the Medical Boards made it imperative that their election should be of the most impartial character. After referring to the number and mode of election of members of the "Board," he pointed out that the Scotch Universities, being essentially great teaching bodies, were materially interested in attracting students. They were not, however, older tutorial institutions than the corporations, nor was the numerical preponderance of graduates over licentiates remarkable as regarded even single qualifications, while in the granting of double qualifications the corporations were in excess. Although graduates possessed a higher degree of scientific knowledge, they were no better informed than licentiates in the purely medical subjects. He felt that the final examinations were as searching in one case as in the other. He had no hesitation in asserting that the large preponderance, 8 to 3, given to Scotch Universities on the Board was designed to affect the Universities in favour of the Bill. By the influence of the Universities, the College of Physicians, when it obtained its charter, was forbidden to teach, and was compelled to admit every graduate of a Scotch University to its Licence on demand, a condition only removed twenty years ago. The appointment of external examiners by the Universities themselves was not calculated to obtain impartial selections, and worked detrimentally to students' interests. The passing of the Bill would lead to suppression of the Extra-Mural School of Medicine at Edinburgh, and so create a great and serious loss to students and to young medical men. Even now, many University professors felt and expressed a wish to establish the School; its loss would injure the University also. Without urging any special constitution of the Board, he

thought six University and eight Corporate representatives would be fair.

Dr. PYLE corrected a misstatement made by Dr. Haldane, to the effect that Durham University was not a teaching body.

Dr. PITMAN moved as an amendment, "that the Council do not express an opinion on the question." He did so in the wish to find out whether the Council was of opinion that it was wise to discuss questions which were not properly within its province. Dr. Haldane had not succeeded in altering the opinion he (Dr. Pitman) held on this question, for he had not objected to the medical boards, but only to the constitution of one of them, and that only on behalf of two corporations. By proceeding with the matter, the Council would really be deciding between the Corporations on one hand and the Universities on the other, as regarded Scotland. While admitting the right, he denied the propriety of discussing a Bill respecting which the opinion of the Council had not been asked—such action would even be impertinent. The Scotch bodies should have acted as did the English corporations, and laid their objections before the Lord President of the Council.

Prof. HUMPHREY seconded the amendment.

Mr. MACNAMARA felt it incumbent on himself to reply to Dr. Pitman, who had shown singular want of judgment in acting as he had done, a majority of the Council having already decided to discuss the Bill.

Mr. SIMON thought the Council would be quite consistent in agreeing to the amendment. It was enough to have heard Dr. Haldane's objections, and the Council would do well to refrain from voting on a matter about which no unanimity could prevail. The Council might well vote unanimously its hope that success in the best sense might attend the Bill.

Dr. AQUILLA SMITH said Dr. Haldane's suggestion respecting the reason for the preponderance of University representatives on the Scotch Board had struck him as remarkable, and its truth was confirmed by an examination of the constituent elements of the other boards. He imagined that the Council might discuss the principles of the Bill with propriety.

Dr. SCOTT ORE on behalf of the Faculty of Glasgow approved the main principles of the Bill, but objected to the preponderance of university representation on the Scotch Board. If carried out, such preponderance would in time effectually suppress the corporations. At Glasgow three distinct and separate extra-mural schools existed, with about forty teachers. It would be right to have the boards constituted as suggested, viz., universities six, corporations five.

Dr. MATTHEWS DUNCAN while admitting the importance of Dr. Haldane's views would still support Dr. Pitman's amendment. In the best interests of the Universities of Scotland he felt their preponderance on the Board would result in great injury to those bodies themselves.

Dr. STORRAR supported the amendment. Dr. Haldane had stated one side of the question; it was probable Lord Carlingford had acted as he had from knowledge in his possession, but even assuming the Government to be in error, it was impossible that the Council could influence the matter by its vote.

Mr. TURNER supported the amendment.

Dr. HERON WATSON insisted that as a Council of medical education and registration, it was incumbent on the Council to consider such questions as Dr. Haldane had introduced. He could not recognise any special feature in the constitution of Edinburgh University to entitle it to preponderance over Glasgow and St. Andrews in respect to representation on the Medical Board, but it might well be left to these bodies to fight out their differences on another platform than the Council. After sketching the history of the treatment of St. Andrews by its sister Universities, he said he could not admit any claim of Edinburgh, Aberdeen, and Glasgow to the preponderance given them on the Board. The evidence before the Royal Commission on the Medical Acts offered nothing to encourage the attacks made upon the Colleges of Physicians and Surgeons of Edinburgh; the action of these bodies had always been dignified and in the interest of the profession. They had also maintained a proper examination standard as shown by the tables of rejections of candidates at the tests of the Colleges, which had been admitted to be of a high character. In virtue of the power to be given to the medical boards, the Scotch Universities, if represented as proposed on the Scotch Board, would practically have in their power to utterly abolish the corporations in that division of the Kingdom; and in appeals to the Council the Universities, through their majority, would

necessarily enjoy a greater influence than the corporations. Dr. Watson concluded by reading extracts from the petitions presented against the Bill by the College of Surgeons of Edinburgh, &c., to show how the provisions of the Bill, unless modified, would tend to react injuriously to the interests of students and to the disadvantage of the profession of medicine.

Dr. HUMPHREY did not think the protesting colleges would be benefited by an expression of opinion on the point raised by the Council. It was no duty of the latter to discuss the comparative merits and interests of different bodies. It could not form an opinion, for instance, respecting the claims of the Edinburgh extra-mural schools. In any case, however, it would be improper for the Council to offer any opinion on the Bill in the absence of any invitation to do so from the authors of the measure.

Dr. PETTIGREW said he had heard, for the first time, on the preceding day, that it was suggested to give no place on the Scotch Medical Board to St. Andrews University. This body had suffered much injustice in the past, and it ought now to be reinstated to the position originally possessed by it. The examinations were all highly satisfactory, as was shown in the Commissioners' report.

Dr. HALDANE asked permission to withdraw his motion.

The PRESIDENT, in a few impressive words, urged the impropriety of the Council having entered on this question at all.

Mr. SIMON advised that Dr. Haldane should accept the amendment of Dr. Pitman, as this course would obviate a long discussion subsequently on the series of resolutions proposed on the Bill.

Dr. LYONS contended that a useful purpose had been served by the discussion which had taken place. He thought it would be wiser to press for leave to withdraw.

Leave having been given, the motion was withdrawn, and other motions standing in Dr. Watson's and Dr. Haldane's names were similarly treated.

Several notices of motion dealing with proposed amendments to the Medical Bill having severally been proposed and seconded, were, by permission, withdrawn.

Mr. MACNAMARA proposed the first of a series of eleven amendments to the Medical Bill, to the effect that in clause 3, page 1, line 19, should be inserted after "mentioned" the words, "and has been affiliated to, and obtained a medical diploma from, any medical authority under this Act." Affiliation, urged Mr. Macnamara, should be made a *sine qua non* of registration. Without the moral influence exercised by the corporations to which practitioners were attached, cases of infamous conduct would be much more common. Affiliation, also, would preserve the revenue of the corporations. He did not think that affiliation would be sought by a large number of practitioners unless it were made compulsory. The reputation of the profession would suffer from this. The fact that hospital appointments could now only be held by holders of particular qualifications might not always remain.

Dr. PYLE seconded the motion, which was lost.

Notices of amendments by Dr. Quain were next withdrawn.

Dr. Aquilla Smith withdrew a motion standing in his name.

Prof. TURNER, for Dr. Pitman, asked for instructions from the President as to what was likely to happen to the existing Council pending the first assembly of a new Council under the Medical Bill when it became law?

The PRESIDENT said he had thought of this subject. In 1858 the Council was charged with, and undertook, certain duties. He saw no reason for changing the common principles of procedure on the part of the Council so long as it continued to exist. It was for the Council, if it thought fit, to direct its President in this matter. It was the duty of the President to act for the Council. It was very uncertain if the Bill would go through during the present session, but if it was possible, it would. The duties of the Council must be discharged till the new Council came into being, the date of which, in the Bill, was March, 1884.

Mr. TURNER asked if a meeting of Council would be necessary to transfer its obligations to a new Council?

The PRESIDENT could not at once answer this. He took the opportunity of speaking in highly appreciative terms of the work done by the Registrar, and of the admirable manner in which the Council's printers had done their work.

Dr. LYONS informed the Council how its duties and obligations might be transferred without difficulty by inserting an appropriate clause in the Bill.

Mr. TURNER proposed, and Mr. SIMON seconded, a vote of thanks to the President, Mr. SIMON making an eloquent and feeling speech in fulfilling the duty falling to him.

Dr. ACLAND responded briefly, and formal votes then closed the Session.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 2, 1883.

THE MEDICAL BILL.

THE Committee stage of the Bill was taken on Thursday week, and the measure was reported and received some further amendments on Thursday last in the House of Lords, and the Committee stage passed off without any episode of serious import to the future of the Bill. The questions to be contested were—*a.* The affiliation of the State licentiate to a licensing body as one of its diplomates; *b.* Uniformity of educational and examination systems throughout the Kingdom; *c.* The right of University students to special exemptions and privileges; *d.* The allocation of the funds arising from the examination fees.

The Government refused to require the central board examinee to take a diploma as an essential of registration, but it amended the Bill in such a way as to make the affiliation, if not indispensable to the student, at least much to be desired by him. As the Bill had previously stood, the central board examinee would acquire the title of L.M.S.M., or licentiate in medicine, surgery, and midwifery, which title would appear attached to his name in the Register, and would be available for all titular purposes. Presumably many persons, having received this title, would not care to go

further to obtain an additional or higher diploma; but as the Bill has been now amended, the central board examinee is not endowed with any title or alphabetical distinction, although he is admissible to the Register and entitled to all the privileges of a registered practitioner. He will appear in the official list with a blank after his name, and it is reasonably assumed that, in nine cases out of ten, he will covet some distinguishing mark of academic culture, and will, accordingly, seek a diploma or degree.

It is to be understood that the primary examinations will continue to be held by the licensing bodies, the final or practical test being the "Staats examen" held by the central board. Therefore it may be presumed that the student who has passed the primary tests at a college will go back thither after the final examination and take its diploma, and, it is to be hoped, go forward in after-life to the fellowships, doctorates, and other higher degrees which are to serve as his professional decorations. It seems to us that this anticipation is reasonable, and that the Bill, as it now stands, will serve the purpose desired by those who advocate compulsory affiliation.

The uniformity of standard of final examination throughout the Kingdom has been provided for by a new clause in the Bill, which declares that the scope of the examinations shall be identical, and that similar values shall be assigned to the same subject before each divisional board. There is, however, no provision for uniformity of curriculum or fee, and Lord Carlingford is of opinion that these points may be left to adjustment by the Medical Council. With great respect, we dissent from the Lord President's view, for we object to these vital elements in the success of the new system being left to the chance of a scramble in the Medical Council. Should the clause pass in this form the curriculum and fee of the future will be the minimum tolerated by the Council, because, without doubt, any divisional board which desires to keep a high standard of education and price will be forced by competition to come down to the level taken up by the lowest of these boards, presumably that of Scotland. We regret this decision of the Government, and trust that an effort will yet be made to reverse it.

A new clause was moved by Lord Balfour of Burleigh, in the interest of the Scotch Universities, providing that a graduate, or he who presented a certificate of primary examination at a University, should be admitted to the divisional board examination on payment of the bare cost of examination. This is a proposition which, in the case of mere matriculant students, ought not to be tolerated for a moment, and it was to be expected that the licensing corporations would join in a shoulder-to-shoulder opposition to it. A University which requires its medical licentiates to fulfil a complete course of academic training, and to give evidence of culture by possession of a full degree in Arts, is entitled to respect and to special consideration in the settlement of medico-educational affairs, and there would be, therefore, nothing inequitable in permitting its graduates, in consideration of the serious expense which they had already incurred, to obtain the final *imprimatur* on nominal terms. But the *soi-disant* University which gives its medical degrees and doctorates without academic study or special culture is entitled to no such privilege, and we can hardly under-

stand the ground upon which such advantages can be claimed. Universities such as these—for example, the late Queen's and the present Royal Irish—are in no respect more deserving of consideration than any licensing corporation. Their sole Arts requirement is little if anything higher than that of any of the qualifying bodies, and they seem to us to forfeit much of their claim to recognition as educational bodies by engaging openly in a trade in M.D.'s, and using their academic quality to cover the sale of diplomas under the title of the Doctorate. We repudiate emphatically any right in the student of such a University to assume a higher position or claim any greater privilege than the student of any of the licensing bodies, and we can conceive no reason why a candidate should obtain a drawback of one shilling in his fees simply because he has paid a five-shilling matriculation and passed a shabby entrance examination in an institution which grants higher degrees to other and more cultivated persons. The Lord President has proposed to meet this objection by the use of the word "Undergraduate," by which he no doubt meant to indicate a student who has gone forward in Arts concurrently with Medicine, and is a *bona fide* member of the University when he presents himself for his final examination.

The allocation of the surplus funds arising from examination fees is left by the Bill in a state of uncertainty. A change has been made in the Bill by which the disposition of this surplus is transferred from the Medical Council to the divisional board; but the balance remaining from registration fees remains with the Council. But as no one knows what the State examination fee is to be, no one can form the least judgment whether there will be any surplus to divide; and, as for the Council fund, the wording of the clause under which it is to be distributed is so vague that it might be voted to almost any conceivable object.

We have pointed out these faults in the Bill in no hostile spirit, but simply because we are most anxious that a measure which gives so much promise of benefit to the public and the profession should not pass in a lame and impotent form.

THE TENURE OF OFFICE OF POOR-LAW MEDICAL OFFICERS.

WE have repeatedly urged the opinion, derived from careful examination of the Acts of Parliament governing the matter, that neither the Local Government Board nor any one else has power to dismiss a medical officer as long as the duties of the office are efficiently performed.

In the case of Dr. Kenny, who was dismissed by the Irish Local Government Board for political reasons, we insisted that such dismissal was *ultra vires*, because the Local Government Board, though empowered to remove an officer whom they "deem unfit" for the discharge of his duties, had, in our opinion, no power to take cognisance of any unfitness save that which is directly related to the duties of the office in question.

Dr. Kenny resisted the action of the Local Government Board before the law courts; but before the case came to a decision, the Board caved in and reinstated him.

The same question is now in dispute in the case of Dr. Whitmarsh, whose name will be familiar in connection with the Hounslow poisoning case. At a recent meeting of the Brentford Guardians a letter was read from the Local Government Board, a duplicate of which had been sent to Dr. Whitmarsh, the Poor-law Medical Officer for the Hounslow district. The Local Government Board call upon Dr. Whitmarsh to resign his office, as they "would not be justified in resisting the wishes of the Board of Guardians." A reply from Dr. Whitmarsh to the Local Government Board was also read, in which he maintained that when elected to his present post he signed a contract which he has faithfully carried out; his appointment he considers a life appointment so long as he carries out his duties satisfactorily, and this he contends he has always done; and as he would eventually have been able to retire on a pension he declines to resign. He would rather, he asserts, be dismissed than resign the office he is entitled to hold, since anything extraneous to his duties does not, or ought not, to come under the cognisance of the Local Government Board, and should they dismiss him they will be acting illegally.

The question at issue between Dr. Whitmarsh and the Board is of extreme importance to Poor-law medical officers throughout the kingdom, especially as it seems to be the deliberate policy of both the English and Irish Local Government Boards to relieve themselves of responsibility and of the trouble of contending with Boards of Guardians by throwing overboard their own officers. This policy is being worked out by the Irish Local Government Board by the promulgation of a general order which enables the Board of Guardians to dismiss its medical officer at their discretion, for unknown offences, subject only to a sanction by the Local Government Board, which we have reason to anticipate would be granted (to save the Board trouble) as a matter of course. We referred to this matter in a recent number, and we reminded our readers that the Board recently encouraged a Board of Guardians to deprive of office a workhouse surgeon who had served for thirteen years without any challenge of his efficiency, and whom the Local Government Board itself declared to have merited no such treatment; and they did this act to conciliate the caprice of influential guardians, and to save themselves the responsibility and trouble of a contest on behalf of their own officer. This may appear to be a rash accusation against a public department, but we make it with, as we believe, a full knowledge of the circumstances, and with the conviction that proceedings and motives cannot be truthfully expressed in other terms.

On the 18th of December, 1882, a new general order for the administration of unions was promulgated, which varied former orders, so as to enable the Local Government Board to shift the responsibility of dismissal on the Boards of Guardians. We have not appealed to the English and Irish Boards to act towards its officers as is manifestly right, but we demand that they shall act legally and at least consistently with their own precedents and their own rules, and we regret that the conduct of the Irish Board obliges us to say that it appears insensible to any influence, save a fear of Parliament and of the law courts, and that no redress can be expected from

it except by calling into action those powers which are competent to restrain it.

These new rules promulgated by the Board are, in fact, totally illegal and *ultra vires*. The Board has no more power to make them than to dictate orders to the Lord Chancellor, and if it acts under legal advice of any value at all, it must have been told that the Act of Parliament distinctly invalidates any or every attempt to shift the responsibility of dismissal of its officers to any person or body whatever. There is but one Act of Parliament which governs the matter; it runs thus:—

“It shall be lawful for the Commissioners as and where they shall see fit, by their order, to direct the guardians of any union . . . to appoint such paid officers as the Commissioners shall think necessary . . . and the Commissioners may and they are hereby empowered to . . . direct the mode of the appointment and determine the continuance in office or the dismissal of such officers and the amount and nature of the security, &c. . .”

It will be noted that under this section the Commissioners—and no one else—are to “determine the continuance in office or the dismissal of such officers.” These words of themselves might be considered sufficiently explicit, but they are confirmed by the phraseology of the 33rd section, and by the Order originally made by the Commissioners themselves, and now, with singular inconsistency, reiterated. The 33rd section says:—

“The Commissioners may and they are hereby authorised and empowered as and when they shall think proper by their order, either upon or without any suggestion or complaint on that behalf from the guardians of any union to remove any paid officer appointed under the provisions of this Act whom they shall deem unfit for or incompetent to discharge the duties of any such office.”

It is here set down—one would think—sufficiently clearly that the Commissioners are the persons to dismiss and that the guardians have no power in the matter save to offer “suggestion or complaint” which the Commissioners may or may not give effect to; and it is to be noted that the officer is liable to dismissal only upon incompetency or unfitness, or for refusal to obey the orders of the Commissioners—it being clearly the intent of Parliament that the officer should not be open to removal because of declining to fulfil the guardians’ orders, or to conform to their personal caprice, and that he should be to that extent independent of them in the discharge of his duties.

Neither in this clause, nor in any other part of any Act of Parliament that we can find, is there any power whatever given to the Board to delegate dismissal powers to any person or body; and, indeed, such delegation is contrary to the whole spirit of Irish Poor-law legislation: The Commissioners themselves interpreted the law in this sense, for, acting upon the authority of the law which we have quoted, they made the following rule:—

ARTICLE 39.—Every officer . . . holding any office under this Order shall . . . continue to hold the same until he die, or resign, or be removed by the Local Government Board, and every porter or assistant may be dismissed by the Board of Guardians without the consent of the Local Government Board.

It will be noted that herein a marked distinction is drawn between those menial servants which the guardians might dismiss, and those higher officers which the Local Government Board alone was entitled to deal with; and

nothing can be clearer than that that Board, and they alone, have power to remove the higher officers. This rule has been transferred unchanged from the old rules to the new, and its presence in the Order of December 18th, 1882, serves to illustrate the slovenly way in which such documents are drawn up in the offices of the department, and how little confidence may be placed in the legal advice under which the Board acts. Here we find the Board stating that “every officer shall continue to hold office until he die, or resign, or be removed by the Local Government Board,” while the very next rule (which we have already quoted) says that the same officer may be dismissed by a third party.

The Irish Medical Association has taken the highest legal advice on the point, and has received the following replies to its queries:—

1. “I am of opinion that the Local Government Board have no power to delegate to Boards of Guardians any authority to dismiss or suspend the medical officer of the union, and that the general orders to this effect in the Articles 39 and 40 of their recent Circular are *ultra vires* and illegal.”

2. “I find no provision in any of the Acts in relation to the power of suspension. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in Article 36 of the recent Circular as to the deprivation of the medical officer’s salary from the date of suspension is also *ultra vires*.”

The Irish Local Government Board has been referred to the sections of the Act of Parliament, as above quoted, and it seeks refuge in the third section of the same Act, which says that—

“The Commissioners are authorised . . . to make and issue orders for the government of workhouses . . . and the poor therein, and for the guidance and control, appointment and removal of the officers thereof, and for guidance and control, according to the intentions of this Act, of all guardians, wardens, and other officers, paid or unpaid, acting on the management or relief of the destitute poor.”

The Board expresses the opinion that this section gives them power to “authorise boards of guardians to dismiss certain officers described in the general order,” in which view not only we, but much higher legal authority entirely disagree. The Board may, under this clause, make any rules it pleases, “according to the intentions of the Act;” but it has no power to make any decree which goes in the smallest tittle against or beyond the words of the law. The plea thus urged by the Local Government Board is puerile, and we believe it would not stand five minutes before a court of law, and we hope that the Board will see the wisdom of taking better legal advice than that on which it has acted, and—if advised that its rules are *ultra vires*—rescinding them with as good grace as possible. If the Board does not adopt this course, it may reasonably assume that the first case of dismissal by a board of guardians will involve both the guardians and the Commissioners in a lawsuit and a judicial decision which will not profit the guardians or do credit to the legal acumen of the law adviser of the said Board.

Notes on Current Topics.

Prostitution and its Regulation.

At the present moment, when more than usual consideration is being given to the question, how to deal with the so-called "social evil," an article on "Prostitution in Paris" which appears in the new number of the *Westminster Review*, deserves to receive, as it will undoubtedly command, a more than passing attention. The essay is in itself an appreciative and critical study of the important services rendered by M. Yves Guyot on the cause of remedying the abuses created by the institution of the French *Police des Mœurs*, and it details with striking force the serious evils which have followed in the wake of the system which now stands finally condemned. At the time when this article underwent revision, Mr. Stanfeld's motion disapproving of compulsory examination of women under the Contagious Diseases Act, was still to be accepted by the House of Commons, but in the success achieved by that motion the *Westminster's* contributor must necessarily find an agreeable indication of the sympathy with which his exordium against the Act will be received by all those who have persistently agitated for a repeal of the statute. We cannot, of course, pretend to rebut any part of the evidence so laboriously accumulated and so eloquently expounded by M. Guyot in respect to the Parisian *Police des Mœurs*; but it need hardly be insisted on that outrages such as those he complains of would never have been tolerated in a country like England. By and bye it will be incumbent on our legislators to discover and ordain some *régime* in place of the abandoned compulsory clause of the existing Act, as a means of opposing the ravages of specific disease among the classes of society dealt with under this law. It would be alike impolitic and unscientific to make no efforts in this direction; and in trusting, as future trust must be put, in the voluntary submission of affected individuals, it will be found, possibly, that less advantage than has already been obtained will be forthcoming. The vital consideration, therefore, will be to so arrange that inducements to both sexes to undergo treatment and cure shall be held out; and with this object the principal suggestion in the article referred to, that of abolishing special hospitals as an asylum for infected persons, will have to be particularly considered. The stigma attaching to treatment in such institutions cannot be talked away, and probably the method of meeting the difficulty may be to encourage men and women who are suffering from specific diseases to undergo treatment in general hospitals. But the whole subject is a complicated one, and there is much to be said on either side.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Bradford 16; Birkenhead, Derby 17; Sheffield 18; Brighton, Bristol 19; Edinburgh, Preston, Plymouth, Salford, Leicester, Birmingham, Leeds 20; Sunderland, Cardiff 22; London, Nottingham, Bolton 23; Huddersfield 24; Newcastle-on-Tyne, Portsmouth, Liverpool, Halifax 25; Hull 26; Oldham 27; Manchester 28; Wolverhampton 29; Norwich, Blackburn 30; Glasgow 32; Dublin 37.

Dr. Benjamin Wills Richardson, of Dublin.

WE deeply regret to announce the death, on Saturday night last, from cardiac disease, of this much-esteemed gentleman, who held the position of Chairman of the Surgical Court of Examiners of the Irish College of Surgeons, and Senior Surgeon of the Adelaide Hospital. Dr. Richardson was a physiologist and histologist of the highest repute, and having held the office of Secretary of the Surgical Society of Ireland for very many years, was as popular as he was respected. We hope to be able to do fuller justice to his memory in our next issue.

The British Medical Association and the Medical Bill.

THE paralytic attitude of the Medical Reform Committee of the British Medical Association takes us by surprise, and suggests that "reform" is needed somewhere else besides amongst licensing bodies, schools, and medical practitioners. The Bill which is to revolutionise medical affairs, make or mar education, and either kill or reanimate the quack, has passed five stages in the House of Lords, and yet we see no sign of the existence of the Medical Reform Committee, save a number of petitions sent in before the second reading of the Bill to support its principle. Since then the Committee would seem to have retired from business, for it has left the future of medical education, the influence of the profession thereon, the recognition of practitioners abroad, and the control of quackery at home, to be settled amidst the internecine squabbles of licensing bodies, or to settle themselves in any way that the Bill drawer thinks best. In our opinion the British Medical Association should have occupied an aggressive rôle in all the questions in dispute—acting on behalf of the public and the profession as contra-distinguished from the licensing bodies; but, even if the Association did not consider the settlement of educational affairs within its function, it is clearly its duty to look after the interests of the general practitioner. It has agitated perseveringly and effectually in order to secure to the practitioner a voice in the administration of medical affairs; and, having gained the cause and created the "direct representative," it has without protest allowed that functionary to be reduced to nonentity by the terms of the Bill. The four members of the reformed Medical Council whom the profession will select are to have the titular honours of the office and the distinction of coming to London for a few days in each summer to register the decrees as to medico-educational matters which have been made by the medical boards within the rest of the year; but they are to have no place on those boards, nor any right to take part in the arrangements for education and examination in their own country. We contend that a direct representative who is limited to these occasional supervisory functions is no representative of the medical profession in any true sense; and that, in allowing him to be excluded from the real executive work of medical education and examination, the British Medical Association is forgetful of the trust which the medical practitioners of Great Britain have reposed in it, and of the issues for which it has so long contended. We profess ourselves as ardent in the cause of reform, and as anxious to pass a good bill as any member of the Medical Reform Com-

mittee; but we are not satisfied, as the Committee seems disposed to be, to "open our mouth and see what the king will send us." We hope, by remonstrance and representations to the Legislature, to make the Bill much better than it originally was; and we regret to find that the Association has no suggestion to make in this direction, and seems content to look on while others work out the needful reforms. If the British Medical Association is willing that the direct representative should be a medical lay-figure, we are not; and we hope to find other professional organisations less lethargic than the Medical Reform Committee.

The Royal Society.

AMONG the fifteen candidates for election to the Fellowship of the Royal Society of London who have been nominated by the Committee of Selection for the present year, there occur the names of four members of the medical profession—viz., Surgeon-Major James Edward Tierney Aitchison, M.D.; James Crichton Browne, M.D., LL.D.; Surgeon-Major George Edward Dobson, M.B.; and James Matthews Duncan, M.D. The last-named physician was last week chosen by the Queen in Council to act as Crown representative on the General Medical Council for a period of five years, in succession to Sir William W. Gull, Bart., resigned.

The Medical Union Society.

ON Saturday next, May 5th, the Medical Union Society will discuss the new Medical Bill, the debate on which will be opened by Dr. J. G. Glover. In view of the increased attendance of members and visitors likely to be attracted, the meeting will take place in the great room of the Society of Arts, which has been secured for the occasion. The chair will be taken at 8 o'clock by Mr. Henry Power, F.R.C.S.; and visitors' cards may be obtained on application to the Honorary General Secretary, Mr. Charles H. Wade, or to the Hon. Sec. for Debates, Mr. H. J. Read, Medical Union Society, 10 Adelphi Terrace, London, W.C.

Fashionable Malthusianism.

THE tendency among American women to limit the natural increase of mankind is seriously moving the more reflecting of their compatriots to expostulate against the wholesale use that is being made of "instruments of prevention." The *Cincinnati Lancet and Clinic*, March 31, contains an article on the subject from the pen of Dr. Wm. A. Rothacker, who has apparently enjoyed exceptional opportunities of judging the extent to which the practice extends on the other side of the Atlantic. The reason for the paper is to be found, according to an editorial comment in the same number of the journal in which it appears, in the attitude assumed towards the question by a local secular print, the conductors of which are unable to see other than praiseworthy conduct in the acts of women who protect themselves by artificial means from the troubles and cares of child-bearing. Dr. Rothacker enumerates a whole armoury of aids in the shape of syringes, pessaries, cups, and other mechanical contrivances for destroying or hindering the access of spermatozoa to the uterus. He does not, however, discuss

the question from the purely medical standpoint; but it is sincerely to be hoped that no practitioner will for a moment hesitate to acquiesce in the assurance that incalculable injury is done to the female organism by constant arrest of natural functions, and that all such adventitious provocatives of sterility carry in their train the dangers of unlimited disease. What is American custom to-day may be British fashion next week.

Parkes Museum.

THE new building which is to be the future permanent home of the Parkes Museum of Hygiene, situated at 74A Margaret Street, Regent Street, W., is to be formally opened to public use on Saturday, May 26th, by H.R.H. Prince Leopold, Duke of Albany, who is President of the Museum. An important feature of the new premises is a commodious reading room, which has been specially arranged with a view to encourage students to make use of the facilities afforded by the Museum for instruction in practical hygiene. This object will be further assisted by lectures and demonstrations, which are to be given at intervals in the future; and there is altogether every reason to anticipate that the Parkes Museum will become a most important educational centre for all that relates to sanitary and hygienic science.

Prevention of *Blenorrhœa Neonatorum*.

A RECENT official circular from the magistracy of Vienna to the medical men of that city draws attention to the experiments and observations made in Professor Spaeth's clinic by Dr. L. Koenigstein on the best method of preventing the ophthalmic *blenorrhœa* of infants. It affirms that the disease is most frequently caused by infection from the genital passage of gonorrhœic mothers; but that it may also arise later, by contagion, from one eye to the other, or from one child to another in cases in which sufficient care has not been taken by the midwife or nurse to prevent it. Credé's method of prevention has shown itself after prolonged trial thoroughly reliable. This method is as follows: Immediately after separating the child from its mother it is bathed, and during the bathing the eyelids and their immediate surroundings are carefully cleaned by folds of linen dipped in lukewarm water; afterwards the eyelids are gently separated, and into each eye a drop of a two per cent. solution of nitrate of silver is inserted. The circular further states that midwives are not expected to carry out this prophylactic measure themselves except under close supervision, but medical men are requested to make known its advantages, not only to the midwives of their circle, but also to the mothers, and they are also requested to notify to the authorities all cases of such *blenorrhœa* in which the attending midwife has neglected to immediately call in the assistance of a physician. Such action as this on the part of medical authorities cannot fail to have good results.

SURGEON WILKINSON, of Limerick, whose death at the advanced age of ninety we recently recorded, has bequeathed £1,000 to the Royal Medical Benevolent Fund Society of Ireland.

The Need of a Midwives' Registration Bill.

IN connection with the case of a Sheffield midwife who was recently condemned to twelve months' hard labour for infecting a patient with syphilis, and which was referred to by us at the time, the following petition in favour of speedy legislation as regards a Midwives' Registration Bill has been presented to Parliament by the North-Western Association of Medical Officers of Health. The petition is signed on behalf of the Association by J. Makinson Fox, President, and Francis Vacher, Secretary :

"To the Right Honourable the Commons of Great Britain and Ireland in Parliament assembled. The Petition of the North-Western Association of Medical Officers of Health, humbly sheweth,—

"That your petitioners are a body of medical officers of health in the counties of Lancaster, Chester, and Derby, and in the West Riding of the county of York, and of others interested in the preservation of public health. That, in view of the facts disclosed in the course of a recent trial of a midwife at Sheffield for inflicting grievous bodily harm, your petitioners are impressed with the urgent necessity of some State regulation for the control of all persons practising midwifery for gain. Your petitioners therefore humbly pray that your Honourable House will, at an early date, take this subject into consideration, and pass a Bill requiring the due instruction and examination by competent experts of all persons desiring to practise midwifery for gain, the registration of such persons as may be found qualified, and their supervision and control by a registering board, who shall have power to suspend or remove from the Register any midwife in case of misconduct. And your petitioners will ever pray, &c."

Elections at the Irish College of Surgeons.

THE annual election of the various Courts of Examiners of the College took place yesterday (Tuesday) at too late an hour to allow of our announcing the result to-day. Owing to the much-lamented death of Dr. Richardson, the Chairman of the Surgical Court, a death vacancy existed. All the outgoing Examiners offered themselves for re-election, and in addition to them the following claimants sought election:—Mr. A. H. Benson, of St. Mark's Ophthalmic Hospital; Mr. Croly, of the City of Dublin Hospital; Mr. Kendal Franks, of the Adelaide Hospital; Dr. Fitzgibbon, of the City of Dublin Hospital; Dr. Gogarty; Dr. Hayes, Stevens' Hospital; Dr. Kilgariff, of the Mater Misericordiae Hospital; Mr. Ormsby, of the Meath Hospital; and Dr. C. H. Robinson.

By the charter of the College, the election is conducted by seven councillors chosen by lot, and professors and lecturers are ineligible—restrictions which ought to be removed if the Council sees it possible to do so. For the Midwifery Court there is no contest; but for the Preliminary Education Court, Dr. Morton, of Nenagh, who formally held a seat on it, seeks to be elected.

A meeting of the Fellows will be held next Saturday, the 5th of May, at one o'clock, to elect a member of Council in room of Mr. Croly, who has resigned in order to present himself for the Examinership.

The candidates for the vacant seat on Council are Mr. Baker, who acted on the executive of the College last year, and Dr. William Stoker, of the Ledwich School.

THE Worshipful Company of Goldsmiths has voted a donation of £5,000 to the London Hospital.

The Night-Lecture Sham Certificate System in Dublin.

ON Tuesday and Wednesday last an animated discussion took place upon a letter which Dr. Jacob, of Dublin, had addressed to the General Medical Council, in which he exposed the prevalent issue of fictitious certificates of attendance by one or more schools and hospitals in Dublin, and the existence of a system of night-lecturing as a cover for this practice.

It was moved by Mr. Simon, and seconded by Dr. Quain: "That for the purposes of the Council's Recommendation 21, and of regulations by which the licensing authorities may desire to give effect to it, the 'four years' required to be spent in professional study must be four years during which professional study shall have been adequately followed by the candidate, as his true industry and the main occupation of his time; and that, in the opinion of this Council, much caution ought to be used in admitting as part of the four years' curriculum any considerable time during which a candidate had given most of his industry to other pursuits, as, for instance, if he had been regularly engaged for the greater part of each day in the duties of some non-medical calling followed by him for his livelihood."

An amendment was moved by Dr. Matthews Duncan, and seconded by Mr. Turner:—"That the Council having had its attention drawn, by the letter of Dr. Jacob, to the use of fictitious certificates, object in the strongest manner to their issue by teachers, and their use by candidates for licence. They recommend that no certificates be granted to a student who has been absent from more than one-fourth of the lectures required in any course, and direct that this be added to the Council's 'Recommendations on Education and Examination.'"

By permission of the Council, both motion and amendment were withdrawn, and it was agreed "That Dr. Jacob's letter be referred to the Irish Branch Council for such inquiry as they may find needful, and for report thereon."

To the inquiry which the Council desires to institute, no one, least of all Dr. Jacob, can have the least objection. The more questions are asked and the more light is let in on the existing system, the more clearly will these educational frauds be exposed, but the inquiries must be made with a more earnest intent than when the subject was before remitted to the Branch Council, and the information elicited must be acted upon with a more evident disposition to eradicate the corrupt practices. It is hardly creditable to the Irish Branch Council that the exposure of these abuses should have come from a private individual, still less creditable that the General Council has been obliged to ask them a second time to honestly investigate and take action, and it will be least of all creditable if the Branch Council hesitates to expose fearlessly this disgraceful traffic.

DR. LYONS, M.P., has received an offer of 50,000 trees from an extensive French firm in the Department of Loire-et-Cher for planting in Ireland.

A Richly-merited Distinction.

HER MAJESTY has instituted a new Order for women who have done good service in civil or military hospitals while nursing the sick and injured, and henceforth the Royal Red Cross, as the distinction is to be called, will be a prize most richly merited by those whose tenderness, assiduity, and sacrifice in time of war and epidemics entitle them to high honour and reward.

Proposed Hospital for North London.

THE scheme mooted some time ago to provide a general hospital for the North London district formed the subject of discussion at a meeting specially convened to consider it on Saturday afternoon last, at the Athenæum, Highbury New Park. In the absence of the Duke of Westminster, the chair was taken by Lord George Hamilton, who was supported by numerous well-known philanthropic ladies and gentlemen. The object of the meeting was not secured without some rather unpleasant interruption of its harmony, for an amendment hostile to the resolution declaring a new hospital to be necessary received considerable support from those present. The Duke of Westminster's letter of apology for non-attendance, too, was distinctly antagonistic to the movement, which he declared had lost its *raison d'être*, since it had been resolved to enlarge the existing Great Northern Hospital. Eventually resolutions approving the scheme, and that a building fund should be raised, were passed, and the movement will possibly advance now another step. The interest of leading medical men in the district, however, seems not to have been enlisted on its behalf.

The Anti-Vaccination Controversy.

BEFORE the next number of this journal is in type our readers will have learned the fate of the present Vaccination Acts, as the subject will be brought before the House of Commons to-night by Mr. Hopgood. Judged in the light of past experience, but little time should suffice to defeat the intention of the mover of the following resolution:—

"That, in the opinion of this House, it is inexpedient and unjust to enforce vaccination, under penalties, upon those who regard it as unadvisable and dangerous."

To this Dr. Cameron will move as an amendment:—

"That, while it is inexpedient to abolish compulsory vaccination, our vaccination laws might with advantage be amended in points of detail."

It is understood that the Government will maintain an observant attitude during the discussion, which probably means that the way of the wind will determine their action; and, after the unexpected success of the Anti-Contagious Diseases Acts party last week, a retrogressive policy may also be in store for vaccination.

The New Association of Fellows of the Royal College of Surgeons of England.

THE conditions hitherto regulating the privileges possessed by Fellows of the Royal College of Surgeons of England have been so generally regarded as unsatisfactory that, as our readers are aware, an Association of Fellows has been formed, with the object of obtaining amendments long deemed desirable. In another part of our present issue the programme of the Association will be found.

Prolonged Intestinal Obstruction.

DR. HEUSTER, of Mobile, reports a remarkable and interesting case of intestinal obstruction of twenty-one days' standing, which was ultimately relieved by injections of carbonic acid gas. The patient was a woman, who had been confined after a tedious labour, accompanied by extensive perineal laceration, and followed by an attack of puerperal fever of three weeks' duration, and subsequently severe colic. The attack developed into a well-marked case of ileus. All the usual remedies—calomel and opium, warm poultices, injections of soap and water, or ox gall and water, morphia, extract of belladonna, &c., &c.—failed to give relief. The stercoraceous vomiting steadily continued. On the seventeenth day it was determined to make an exploratory incision into the abdomen, but owing to difficulty in procuring assistance the operation was postponed to the next day. Dr. Heuster then obtained a large siphon of seltzer water, attached an india-rubber tube, which he passed about eighteen inches up the bowel, and then turned on the gas. Before the bottle was half empty the fæces began to flow out, and when the flow stopped the gas was turned on again, to be interrupted by more fæces; and so it was kept up until the bottle was empty, and the bowels too, apparently, from the quantity passed. After that the patient's stools became regular, and she had no further trouble with them. Dr. Heuster remarks that, as the exact seat of the obstruction could not be ascertained, its cause remained doubtful; but he inclines to the opinion that the elastic and pervading force of carbonic acid gas thrown far up into the colon readily overcame the obstruction, and would appear to be the readiest means of treatment in similar cases.

IT is the intention of the Princess of Wales to accompany His Royal Highness on the occasion of his proposed visit to Eastbourne in June next to open the Princess Alice Hospital there.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 31, Madras 38, Paris 31, Geneva 21, Brussels 32, Amsterdam 31, Rotterdam 31, The Hague 26, Copenhagen 28, Stockholm 29, Christiania 22, St. Petersburg 41, Berlin 26, Hamburg 31, Dresden 24, Breslau 35, Munich 36, Vienna 36, Prague 43, Buda-Pesth 35, Trieste 29, Rome 34, Turin 33, Venice 29, Lisbon 33, New York 29, Brooklyn 21, Philadelphia 24, Baltimore 23.

THE highest annual death-rates from diseases of the zymotic class in the large towns last week per 1,000 of the population, were—From whooping-cough, 1·8 in Derby, Manchester, and Hull; from measles, 1·2 in Manchester; from scarlet fever, 1·5 in Hull, and 1·8 in Birkenhead; and from "fever," 1·2 in Portsmouth, and 1·4 in Plymouth. The 40 deaths from diphtheria included 19 in London, 9 in Glasgow, 2 in Edinburgh, 2 in Portsmouth, 2 in Birmingham, and 2 in Preston. Small-pox caused 2 deaths in London, 2 in Wolverhampton, one in Leeds, and one in Newcastle-upon-Tyne.

We are informed that Mr. J. Netten Radcliffe has sent in his resignation as assistant medical adviser to the Local Government Board in consequence of ill-health.

We are requested to announce that the annual oration and *conversazione* of the Medical Society of London which under ordinary circumstances should take place on Monday next, is postponed for a few weeks to allow of the completion of the Society's new meeting-room and other premises for the occasion. The date will be announced as early as possible.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE SCOTCH CORPORATIONS AND THE MEDICAL BILL.—The remarks of Lord Balfour of Burleigh on the demand of the corporations for another representative on the future medical board are not reassuring to those bodies. Lord Balfour pointed out the great distinction between the Universities and the corporations, the former doing good work both as teaching and examining bodies; the latter are only examining bodies doing even this but indifferently well. In fact, it may be almost confidently asserted that but for the corporations there had been no need for all this outcry for legislation. For years these corporations have been accumulating wealth, not one penny of which has been spent in the education of the candidates from whom so much money has been drawn. The College of Surgeons is even the landlord of the premises occupied by some of the lecturers of the medical school, on the reputation of which, and the mildness of the examinations, they have so long traded. The Universities have reason to feel sore, for it is not they, but the corporations, which have given rise to the remark so often heard in England, "Oh, anybody can pass in Scotland." The oft-repeated boast of some of the old Fellows of the College of Surgeons that they are only an examining body will soon cease to be heard, and the advice given some years ago by one of the Fellows to become a teaching body will now be keenly felt in all its wisdom.

The Extra-Mural School.—Since the introduction of the Medical and the Universities Bills, the mania for petitioning has spread far and wide, and genuflexions are becoming chronic. From the extinction of the corporations the Extra-Mural School has nothing to lose or fear, but it is otherwise with the growing power of the Universities. Care should be taken, therefore, to protect the interest of the extra-mural lecturers, and for this purpose, we believe, steps have been taken in the proper direction. The destruction of the Edinburgh Extra-Mural School would be the ruin of Edinburgh as a medical school. It is fortunate that no such result is probable.

The Edinburgh Royal College of Physicians and Extra-Mural School of Medicine.—Petitions to Parliament have been prepared by the Royal College of Physicians and the Extra-Mural School of Medicine, Edinburgh, with reference to the new Medical Bill. The College of Physicians say that, while approving generally of the principle and of many of the provisions of the Bill, they are of opinion that if it passed in its present form it would not only affect most injuriously the interest of this College and the other medical corporations of Scotland, but that its enactments would seriously interfere with the progress of medical education. They also say that, if the Bill comes into operation in its present form,

they anticipate that in course of time the Extra-Mural School of Edinburgh will completely disappear; and that, should this occur, a great blow would be struck at the whole Medical School of Edinburgh, from which in no long time the University itself would suffer. The lecturers in the Extra-Mural School of Medicine, in their petition, make statements of like import; and to remedy the injustice which they thus anticipate, they suggest that no teacher should examine his own students, that the proportion of University members on the Medical Board for Scotland be reduced by increasing the representation of other bodies, and that the University representatives be chosen by the General Councils of the different Universities, which consist of the general body of graduates, and not by the Senatus or other University authority.

GLASGOW CITY DEATH-RATE.—For the week ending with Saturday, the 21st ult., the death-rate of Glasgow was 34 per 1,000, as compared with 33 in the preceding week, and 27, 27, and 29 respectively for the corresponding periods of 1882, 1881, and 1880.

EDINBURGH HEALTH STATISTICS.—There were 86 deaths in Edinburgh for the week ending with Saturday, the 21st ult., and the death-rate was 19 per 1,000. There were 15 deaths under 1 year, and 25 above 60 years. Diseases of the chest accounted for 32 deaths, and zymotic causes for 3, of which 1 was due to measles, while the intimations of that disease numbered 22.

THE EDINBURGH MERCHANT COMPANY AND THE UNIVERSITY.—At a stated general meeting of the Company of Merchants of the City of Edinburgh, held on the 24th April, it was recommended by the master, treasurer, and assistants that an additional sum of 200 guineas be voted from the funds of the Company to the University Buildings Extension Fund. The master said the reason why they made this recommendation was that they considered the University to be one of the great features of Edinburgh.

GLASGOW UNIVERSITY.—HONORARY DEGREES.—At the graduation ceremony at the University of Glasgow, on Friday, the 27th ult., the degree of LL.D. was conferred on Daniel H. Tuke, M.D., F.R.C.P.Lond.; Wm. Turner, M.B., F.R.S., Professor of Anatomy in the University of Edinburgh; and George Fleming, F.R.C.V.S., President of the Royal College of Veterinary Surgeons of England.

LORD RECTORSHIP OF THE UNIVERSITY OF EDINBURGH.—It is officially announced that Sir Stafford Northcote has agreed to be nominated by the Conservative students of the University of Edinburgh for the office of Lord Rector.

ABERDEEN UNIVERSITY.—GRADUATION CEREMONIAL.—Last week the ceremony of "capping" the graduates in medicine took place, under the presidency of Professor Pirrie. The following were the recipients:—*Degree of M.D.*—John Barrett, M.B., C.M., P. and O. Service; Harry Arthur Benham, M.B., C.M., Dundee Royal Asylum; Alexander Hill Griffith, M.B., C.M., Manchester; Frederick Mortimer Hawkins, M.B., C.M., London; William Reid, M.B., C.M., Kensington; Charles Boards Richardson, M.B., C.M., Brighton; William Dyne Steel, M.B., C.M., Abergavenny; David Tulloch, M.B., C.M., Winnipeg, Canada. *Degrees of M.B. and C.M.*—John Baker, Aberdeen; Robert Milne Beaton, Aberdeen; Alfred Brown, M.A., Welshpool; George Buchan, Aberdeen; Sylvester John Cole, Freetown, Sierra Leone; Henri Cook, Greenock; Alexander Cowley, Dublin; George Forsyth Ashley Da Costa, Kingstown, Jamaica; Francis Falconer, M.A., Aberdeen; James Thomson Fraser, Longsight, Manchester; John Gerard, M.A., Aberdeen; John Gordon, Aberdeen; Andrew Hosié, Aberdeen; John Inglis, M.A., Aberdeen; David Ireland, Brechin; Charles Jeffrey, Tarland; George Johnston, Fintray; Thomas Mair Johnstone, Ellon; John Bamford Kerr, Crawshawbooth, Manchester; James Francis Macdonald, Aberfeldy; John Matheson, M.A., Plockton, Ross-shire; Frederic Maude,

Highgate, London; John M'Combie, Oxton, Morayshire; Grenville Edwin Moffett, Calcutta; James Moir, St. Kilda, Victoria; John Draw Moir, St. Kilda, Victoria; James Murray, Nairn; Alex. Nicoll, Rhyndie; David Petty, Montrose; James Robert Purdy, Morpeth; Alex. Rennie, M.A., Weeter Fintray; James Taylor Robb, Keith; William Scott, Auchairn, Keith; William John Henderson Sinclair, Dunbeath, Wick; William Allan Stewart, M.A., Buxburn, New-hills; James Taylor, M.A., New Deer; George John Kemp Turner, Ellon; John Turner, Portsmouth; George Vincent, Bedford, Middlesex. Of the above-named candidates, John Gerard, M.A.; David Ireland, James Francis Macdonald, Alex. Rennie, M.A.; and William Scott received their degrees in medicine and surgery with honourable distinction. At the same time, William Kelty, William Ledingham Ruxton, James Lawrence Smith, and George Cardno Still were certificated as having passed all the examinations, but did not graduate.

UNIVERSITY OF EDINBURGH.—The following candidates have passed the final examination for the M.B. and C.M. degrees of this University:—Charles Aitken, M. S. P. Aganoor, M. S. Altounian, Samuel Arnold, E. H. Bannister, J. B. Batten, D. G. Bennet, Wm. Bird, Robert Blair, Frederick Bond, J. E. Bottomley, C. K. Bourne, Paul Bowes (with distinction), T. M. Bunce, P. B. Bury, J. M. Cadell, Edward Carmichael (with distinction), W. R. Carter, R. L. Clark, J. G. Cossins, R. S. Coulthard, A. S. Cumming, Richard Davidson, T. W. Dewar, W. O. Dow, H. J. Dring, T. G. Evans, H. S. Fairbank, W. C. Faulkner, J. E. A. Ferguson, William Flett, W. G. Galletly, D. J. Galloway, A. R. Gray, F. G. Greenbury, C. D. G. Hailes, P. B. Handyside, E. B. Hector, J. R. Henderson, R. S. Hubbersty, B. E. Iastrzebski, Thomas Johnstone, J. E. H. Kelsa, G. H. Kenyon, D. O. Kerr, William Laing, W. S. Lang (with distinction), T. A. Leishman, G. S. P. Loubser, W. W. R. Love, R. H. Lucy (with distinction), C. M. Macalister, W. G. M'Fee, H. J. Mackay, F. W. Mackenzie, N. J. M'Kie, W. R. M'Kinnel, Murray MacLaren, W. H. M'Lean, James M'Leod, John M'Myn, G. D. Malan, Angus Matheson, Alexander Menzies (with distinction), Duncan Menzies, Gustave Michel, David Milligan, Robert Mitchell, A. E. Morison, Daniel Mowat, W. J. Munro, Frederick Murray, J. T. Nesbit, John Noble, F. B. O'Flaherty, James Paterson, R. J. Paton, F. A. Pockley (with distinction), J. M. S. Preston, A. W. G. Price, C. A. Renny, F. G. Retief, John Rigg, John Robertson, A. H. Robinson, F. H. Simmons, William Sneddon, A. C. Stark, J. S. Stephen, H. F. D. Stephens, G. H. H. Symonds, J. C. Taylor, William Taylor, George Thomson, H. A. Thomson (with distinction), T. J. Thyno, C. G. Traill, G. A. Tullis, J. W. O. Underhill, Edmund Walker, N. H. Walker, N. P. Walker, David Wallace, T. A. Watson, S. F. Wernich (with distinction), Algernon Westlake, Claude Wilson (with distinction), J. T. Wilson, J. E. Wolphagen, A. J. Wood.

Medico-Parliamentary.

HOUSE OF LORDS.—THURSDAY, APRIL 26TH.

THE MEDICAL ACTS AMENDMENT BILL.

DISCUSSION was resumed on the clauses and amendments of this Bill; a week's interval having elapsed since it was before the House. (See Report in last number of *Medical Press*).

Lord CARLINGFORD now said he desired to submit an amendment to the House relating to

THE CONSTITUTION OF THE MEDICAL BOARDS.

When the Bill was discussed on the last occasion in Committee he threw out a suggestion which was not very well received, especially by the noble Marquis opposite. He now made another proposal to the House—that the number of representatives given by the Bill as it stood to the five Universities of England should not be altered, but that the two great medical colleges, the Royal College of Physicians and the Royal College of Surgeons, should receive an addition of two members, being one for each. He had found great difficulty in understanding the enormous and vital importance that appeared to be attached by the medical authorities of the three countries to the exact numbers which they should have a right to return to

those Medical Boards. He did not believe that the interests and views of one of the bodies would be supreme and exclusive merely because that set of authorities happened to have a majority, perhaps of one, on the Conjoint Board; nor did he believe that the interests and views of the other set of authorities would be sacrificed merely because they happened to be in a minority, perhaps of one. After having given the best consideration in his power to the whole matter, he had come to the conclusion that there was sufficient reason for increasing by two the number of representatives returned by the two principal medical corporations. Nothing could be of more importance than their influence, and that influence would not suffer under this proposal. On the other hand, it was evident that in this country the lion's share of the duty of examining and licensing candidates for the medical profession fell to those two corporations. That view had been pressed upon him in the strongest possible way by the most eminent—he might say the most illustrious—members of the profession; it was the view of the Royal Commission presided over by his noble friend; and there could be no doubt that the part played by the two great medical corporations in respect to the examination and licensing of candidates was out of all proportion greater than that by the Universities. He was glad to find that one of the Universities, which examined the largest number of candidates, was satisfied with the proposal he had made, and he hoped that that might be the case with the other Universities. It was well, he thought, that while the high educational influence of the Universities was most important and essential, and would be exercised in the fullest degree by the large number of members who would be returned to the Conjoint Board, yet that the object of the Board was not to provide the highest possible standard for examination or education, because the Conjoint Board would have nothing to do with the honours of the medical profession, but would only be concerned with maintaining a sufficient average, or rather a *minimum* standard, for all the young men who were to be admitted to the right of practice; and the two great medical corporations, with their immense experience on that subject, should have the right, he thought, of full representation on the Conjoint Board. The noble earl then moved his amendment.

The Marquis of SALISBURY complained that the noble lord had not given sufficient notice of his proposal, and said that therefore there had not been time to obtain the opinion of the important bodies concerned on the matter. He believed the Apothecaries' Society was not a body of high educational character; and as to the Victoria University, Manchester, that body had no doubt a great future before it, but could hardly set up its privileges in this matter against those of the more ancient universities.

The Earl of CAMPERDOWN was glad to hear that the noble marquis would withdraw his opposition. The Commission were certainly of opinion that it was desirable to give due representation to the Royal Colleges of Physicians and Surgeons in England, as they had taken a far more prominent part than the corresponding bodies in other divisions of the kingdom. If a victim was to be offered up, he thought it should be the Apothecaries' Society of England. He was bound in fairness to state that that society had no stronger claim to existence, in his opinion and in that of the Commission generally, than the corresponding society in Ireland which had already disappeared.

Viscount POWERSCOURT said that the Lord President had said that the two Colleges of Surgeons and Physicians in England had the lion's share of the work, but he (Lord Powerscourt) did not know that the two Colleges in Ireland had not a lion's share also. He thought it rather a misfortune that the representation of the two Colleges in England and Ireland should not be equal, or that the Government could not elect a chairman themselves who should have a casting vote.

The amendment of Lord Carlingford was then agreed to.

The Earl of GALLOWAY, in moving the amendment standing in his name, said that these four amendments were practically one, but he wished to remind their lordships that they were to the effect that the medical corporations of Scotland should have a majority of one over the Universities. It was proposed by the Bill that the Universities should have eight members of the board and the medical corporations three, and the latter bodies thought their claims were being sacrificed. His was not a proposition to increase the number of members through-

out Scotland, but to take three from the Universities and add them to the medical corporations. It had been suggested to him that the University of St. Andrews had no claim whatever to be represented, and that Aberdeen University would be quite sufficiently represented by one member.

Lord BALFOUR expressed a hope that the amendment would not be accepted, for the reason that it had been recommended by the report of the Royal Commission that the Universities of Scotland should have a preponderating representation on the board in Scotland. The Universities were teaching bodies, as well as merely examining bodies, while the medical corporations did no more than examine. Again, there had been complaints made as to the action of the examining bodies in Scotland. If there were any charge of improperly admitting students to become practitioners, it had certainly not been made against the Universities. It seemed to him that St. Andrews was regarded at present as fair game for everybody to have a hit at. He trusted the amendment would not be accepted.

Lord CARLINGFORD had nothing to add to his previous declaration on the subject. He could not admit for a moment that the Scotch medical authorities were in any way on a par as regarded the part they played in medical education and examination with the great medical corporations in England. The amendment was then negatived.

FOREIGN COUNTRIES.

On Clause 20,

Lord CARLINGFORD moved, at page 11, line 25, to add, as a separate paragraph, these words:—"Any revocation or alteration of a scheme in pursuance of this section shall not be of any validity until it has been approved by the Medical Council and confirmed by the Privy Council;" and on clause 25, page 14, line 5, to add these words:—"Her Majesty may from time to time revoke and renew any order made in pursuance of this section; and on the revocation of such order as respects any British possession or foreign country such possession or foreign country shall cease to be a possession or country to which this part of this Act applies, without prejudice, nevertheless, to the right of any persons whose names have been already entered on the Register."

The amendments were accepted.

MEDICAL TITLES.

On Clause 25,

Lord ABERDARE moved at page 14, line 19, after "use" to restore the words "and it shall be lawful for any registered medical practitioner, who has passed a final examination, as in this Act mentioned, if he thinks fit to do so, to use after his name the title of licentiate in medicine, surgery, and midwifery, or any letters indicative of such title." He thought the great medical corporations had already sufficient forms, and that those who did not desire to enter them should be allowed to use the title of licentiate.

The Earl of CAMPERDOWN and Earl CAIRNS objected, and the amendment was negatived, and the clause agreed to. Clauses 27 to 35 were also agreed to.

ADMINISTRATIVE EXPENSES.

On Clause 36,

Lord CARLINGFORD moved an amendment, the object of which was to draw a distinction between administrative expenses and those for maintaining the libraries and other property of the corporations. It also proposed that the fee to be paid by University candidates should go only to defray the charges for administrative expenses.

The amendment was agreed to.

THE ELECTION OF MEMBERS.

In Clause 51,

Lord CARLINGFORD proposed to insert, as an amendment, a proviso that, in the case of all existing medical authorities, members should be returned on the same system as they were now returned to the General Medical Council, and that, in the case of any new authority, members should be returned in the manner provided by the Privy Council.

The amendment was agreed to.

THE MEETINGS OF THE NEW BOARD.

In Clause 53 an amendment, proposed by Lord CARLINGFORD, was agreed to, postponing the date on which the first Medical Council shall come into office from the 31st of March, 1884, to the 30th of April, 1884.

PRELIMINARY EXPENSES OF THE NEW BOARD.

On Clause 55,

The Earl of CAMPERDOWN said that some provision should be made for enabling the medical board to defray necessary

expenses in the interim before a medical fund could be formed. He therefore proposed, as an amendment, to add the following provisos:—"Provided that the Medical Council shall out of such funds—that is, the funds received from the branch councils—advance to each medical board such moneys as shall be required to defray the expenses necessarily incurred before a medical fund can be formed. Provided also that the Medical Council shall, when making such advances, be satisfied as to the terms and other conditions of repayment by the several medical boards." The object of the second proviso was to prevent the medical board from being unnecessarily extravagant.

Lord CARLINGFORD said that the amendment was a very proper one, and he would therefore accept it.

The amendment was accordingly agreed to.

Some further verbal amendments having been introduced into the Bill, the report was received, and the Bill was ordered for the third reading.

FRIDAY, APRIL 27TH.

THE MEDICAL ACTS AMENDMENT BILL.

The Bill was read a third time.

On the order that the Bill do pass,

The Marquis of SALISBURY moved that the number of members of the Medical Board be reduced from 17 to 16 by removing the London Society of Apothecaries from the board.

The Earl of CAMPERDOWN hoped that the Lord President would assent to the amendment. The Society of Apothecaries would of course lose their power of granting licences to medical candidates, and it was therefore to be expected that their degree and diploma would not be sought after with so much avidity in the future.

Lord CARLINGFORD did not see any representative of the Apothecaries' Company in the House, and he himself did not feel in a position to present their case to the House. On the information he had obtained, he thought the claims of that body to representation on the board were of the slightest, and he was therefore prepared to accept the amendment of the noble marquis.

The amendment was agreed to, and the Bill passed.

Obituary.

DR. T. B. BARTON, OF LIFFORD.

ON Tuesday week, Dr. T. B. Barton, Surgeon and Physician to the Donegal Infirmary, lost his life by drowning in the River Foyle, near the City of Derry. Dr. Barton was sailing in a canoe, when a sudden gust caught the sail and overturned the canoe. The unfortunate gentleman was observed trying to right the boat, and failing in that, endeavouring to swim ashore. He had not gone far when he was seen sinking, being probably exhausted by his efforts first to free himself from the canoe, and afterwards to put the boat right. The deceased was an A.B. and M.D. of the University of Dublin, and had been for some time in the P. and O. Mail Service, and afterwards House Surgeon of the Maidstone Hospital.

Royal College of Physicians of London.—The following candidates were admitted Members of this College on Thursday last, April 26th:—

Fraser, Donald Manson, M.D. Aberdeen, Haverstock Hill, N.W.
Gibbons, Robert Alexander, M.D. Edin., 32 Cadogan Place, S.W.
Granville, Joseph Mortimer, M.D. St. And., 16 Welbeck Street, W.
Maguire, Robert, M.D. London, Manchester.
Parker, George William, 39 St. Mary's Road, S.E.
Sinha, Narendra Prasanna, L.M. Calcutta, 37 Gloster Crescent, N.W.
Stevenson, William Ed., M.B. Cantab., 15 Henrietta Street, W.

The following candidates were admitted Licentiates on Thursday, April 26th:—

Bloxam, George Edward, Wim'ledon Hill.
Bown, Arthur Thomas, West Combe, Evercreech, Bath.
Braine, George Marcus Panton, 7 Crossfield Road, N.W.
Cave, Edward John, Melbury Osmond, Dorchester.
Christian, John Barrow, Ashwell Station.
Crage, William Henry, Middlesex Hospital, W.
Cresswell, Francis, Winchmore Hill, W.
Gale, Arthur Knight, Fulham Hospital, Seagrave Road, S.W.
Glover, John Philip, 2 Osborne Terrace, S.W.
Goddard, Charles Ernest, 14 Cambridge Gardens, N.W.
Haynes, Walter Frederic, 63 Devonshire Street, N.
Hind, Alfred Ernest, 37 Guildford Street, W.O.
Howse, Percy W. McDowall, 74 Victoria Dock Road, E.
Jones, John Edward Evans, Matfield Park, N.

Lessey, Sandford Sobell, 4 Park Gardens, Ealing, W.
 Lewers, Arthur Hamilton Nicholas, 83 Gower Street, W.C.
 Masters, Edgar Ernest, 24 Ralinton Road, S.E.
 Mickle, Herbert, 3 Lansdowne Place, W.C.
 Robson, William Waller Constable, 25 Brompton Square, S.W.
 Rowell, Herbert Ellis, College Park, S.E.
 Sanevoshi, Yasurumi, 65 Lambeth Palace Road, S.E.
 Stone, Frederick William Stanley, Hosp. for Children, Shadwell.
 Style, Mark St. Mary's Hospital, W.
 Thornton, Henry John, Middlesex Hospital, W.
 Trinder, Alfred Probus, St. Bartholomew's Hospital, E.C.
 Unicorn, Thomas, Ramsgate.
 Yogan, James Norman, 45 Eastlake Road, S.E.
 Welch, George, St. Bartholomew's Hospital, Rochester.
 Whitworth, William, 43 Frederick Street, W.C.
 Wholey, Thomas, 2 North Side, Victoria Park Square, E.
 Williams, John Henry Hywell, Haverfordwest.

Notices to Correspondents.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

A. M. D.—The annual dinner of army medical officers is fixed for Friday, 25th of May, at the Ions of Court Hotel. You must apply to Surgeon-Major Don, 6 Whitehall, London.

EXPERIMENTALIST.—We would advise you to try for one of the open Scholarships of the Grocers' Company, the value of which is £250 per annum.

AN ASSISTANT.—The debate at the Medical Council more than ever confirms our view as to the iniquity of the unqualified assistant system. The chairman of the committee entirely coincided with the opinions expressed at length in this journal.

DR. STANLEY.—See editorial note on the subject in this issue.

MR. GRIFFITH.—Your information is so far correct that objections have been raised by both Colleges to the constitution of the Medical Board; and that their representations have received consideration is evidenced by the amendments introduced into the Bill when it last engaged attention in committee. To your question, how far the contemplated changes will react injuriously to the cause of education, it would be perilous just now to reply.

DR. HARRIS.—Your criticism is scarcely just. The circumstances under which the notice was written were peculiar, and could hardly have been known to you at the time, or you would have acted in a very different manner. Such conduct we still hold to be inexcusable.

DEATH THROUGH A FALL ON A NEEDLE.

La Presse Médicale reports a curious accident, resulting in the death of a little girl, three years of age. The child had picked up a needle, and was running with it to her mother when she fell upon the needle, which penetrated the fourth intercostal space, the eye of the needle alone remaining outside the wound. The mother withdrew it by means of her teeth, but the child died before medical aid could be obtained, probably from internal hemorrhage, which, gradually pressing upon the lung, brought about extreme dyspnoea.

MR. A. R. LOREY.—The normal reaction of healthy urine is acid, and you may suspect something unusual in any case where alkalinity of the excretion is observed, notwithstanding that evident signs of mischief may be wanting. Dr. Ralfé's work on "Morbid Urine" is the most suitable guide you can obtain for the purpose you have in view.

R. Y. F.—The certificate must be signed by two independent medical examiners, and would be altogether invalid if subscribed by a near relative of the patient.

DR. RANDLE.—We shall be glad to give you any assistance in prosecuting your search if you will say in what way it is to be done.

DR. H. ERICHSEN (Detroit).—Sorry we cannot further increase our exchange list; it is already too large.

THE DISMISSAL OF POOR-LAW MEDICAL OFFICERS.

A DEPUTATION of Poor-law Guardians of Birmingham waited upon the President of the Local Government Board on Friday last to ask for the power of dismissing their officers without any restriction whatever on giving them reasonable notice. Sir Charles Dilke replied that a Consolidated Order would contain all the powers that they sought for, and this order would be issued before the end of the year, and be applicable throughout the country. Since this answer was given, the President of the Board has, we are glad to be assured, found reasons for modifying his reply, and no change will therefore be made in favour of the guardians' preposterous request for unrestricted dismissal of medical and other officers of unions. Had Sir Charles Dilke persisted in giving the power sought, we could have promised him the unqualified opposition of the *Medical Press* and every Poor-law medical officer in the United Kingdom.

DR. BURTON (Liverpool) is thanked for his valuable paper on "Puerperal Eclampsia," which shall appear in an early number.

DR. BRUCE and DR. WILLIAMS are thanked for their notes.

WARTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

J. P. says: I shall feel obliged if you would kindly mention in next

issue an effectual means of removing a wart from the face. I have tried acid acetic, sal. ammoniac, and a few other ordinary remedies; but the party objects to argent. nit., or any application that may leave even a temporary stain.

[Try acid nitrate of mercury with caution.—ED.]

A. J. HARVEY.—Your letter will appear in our next.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, MAY 2ND.

EPIDEMIOLOGICAL SOCIETY OF LONDON.—At 8 p.m., Nomination of office-bearers for the ensuing session.—Deputy Surg.-General Joseph Ewart, On the Causes of the Excessive Mortality among the Women and Children of the European Army of India.

OBSTETRICAL SOCIETY OF LONDON.—At 8 p.m., Specimens will be shown by Dr. Mansell-Moullin and others.—Dr. Basch, On a Case of Extra-Uterine Pregnancy resembling so-called Missed Labour.—Dr. Braxton Hicks, On the Behaviour of the Uterus in Puerperal Eclampsia as observed in two cases.—Dr. Herman, On a Case of Acute Gangrene of the Vulva in an Adult, with remarks.

THURSDAY, MAY 3RD.

HARVEIAN SOCIETY OF LONDON.—At 8.30 p.m., Dr. Broadbent, On Two Cases of Solution of Calculus in Kidney and Bladder.—Mr. G. F. Field, On the Treatment of Catarrhal Deafness in Children.

ACADEMY OF MEDICINE IN IRELAND (Sub-section of Anatomy and Physiology).—At 8.30 p.m., Papers: Prof. Macalister, On some Processes of the sphenoid Bone.—Prof. D. J. Cunningham, Further Observations on the Development of the Suspensory Ligament of the Fetlock in the Horse and Roe-deer.—Mr. P. S. Abraham, Note on the Musculus Sternalis.—Mr. J. F. Knott, On the Accessory Nerve of Willis.—By card: Mr. P. S. Abraham, Sections of various Supra-renal Capsules.

FRIDAY, MAY 4TH.

ROYAL INSTITUTION.—At 8 p.m., Mr. E. H. Foott, On Weather Knowledge in 1883.

SATURDAY, MAY 5TH.

ROYAL INSTITUTION.—At 8 p.m., Mr. A. Geikie, On Geographical Evolution.

TUESDAY, MAY 8TH.

ROYAL INSTITUTION.—At 8 p.m., Prof. McKendrick, Physiological Discovery.

Vacancies.

City of London Hospital for Diseases of the Chest, Victoria Park, E.—Resident Clinical Assistant. Applications to be sent to the Secretary not later than May 14th.

Royal Alexandra Hospital for Sick Children, Dyke Road, Brighton.—House Surgeon. Salary, £80, with board and lodging. Applications to the Chairman of the Board before May 16th.

St. Mary's Hospital, W.—An additional Surgeon in joint charge of Ophthalmic out-patients. Applications to be sent to the Secretary on or before May 19th.

Western General Dispensary, Marylebone Rd., N.W.—Resident House Surgeon. Salary, £120, with furnished apartments, &c. Applications to be sent to the Secretary on or before May 7th.

Appointments.

GAUNT, J. P., M.R.C.S., Medical Officer for the Alvechurch District of the Bromsgrove Union.

GORDON, A., L.A.H., L.M., Resident Medical Officer to the Grand Canal Street (Dublin) Dispensary.

HEALD, R., M.R.C.S., Medical Officer for the Hardingham District of the Mitford and Launditch Union.

HORNE, T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Ash District of the Eastry Union.

KRAY, J., M.B., C.M., Junior Assistant Physician to the Crickton Royal Institution, Dumfries.

KENT, W., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the Buddalph District of the Congleton Union.

MAIN, A. J., M.D., L.R.C.S.Ed., Medical Officer for the Leabury District of the Alnwick Union.

FOLLARD, F., F.R.C.P.Lond., M.R.C.S., Physician to the Children's Infirmary, Liverpool.

SPENCE, Dr. W., Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

STIRLING, Dr. J. H., of Edinburgh, Honorary President of the Glasgow Independent Club.

STONE, G. L. B., Medical Officer to Lucan and Linnip Dispensaries, Cambridge Union.

VINCENT, O., F.R.C.S.Ed., Consulting Surgeon to the City of London and East London Dispensary.

Deaths.

BARTON—April 24th, drowned, by the upsetting of a boat, on the River Foyle, Travellers Boyne Barton, A.B., M.D., L.R.C.S., Surgeon of the Donegal County Infirmary, Lifford, aged 77.

BULLEY—April 21st, at the Royal Berkshire Hospital, suddenly, Francis Arthur Bulley, F.R.C.S., of Reading, aged 74.

HICKES—April 17th, at Cheddar, Thomas Hickes, M.B.C.S., late of Gloucester, aged 77.

OWENS—April 18th, at Plalstow, Essex, of rapid consumption, John Owens, M.D., L.R.C.S.I., second son of Sir George B. Owens, J.P. of Dublin.

REDMOND—April 21st, at 50 King Street, Waterford, Dr. John Joseph Redmond.

RICHARDSON—April 29th, at his residence, 22 Ely Place, Dublin, Benjamin Wills Richardson, F.R.C.S.I., aged 64.

STEEL—April 7th, at Montrose, Henry Steele, M.D., aged 43.

TUKE—April 20th, at Bournemouth, William Samuel Tuke, M.R.C.S., eldest son of Dr. D. Hack Tuke, of London, aged 82.

WITT—April 23rd, at Lavender Hill, Charles Witt, M.R.C.P., M.R.C.S., late of Spring Gardens, S.W., aged 85.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 9, 1883.

CONTENTS.

	PAGE	PAGE
ORIGINAL COMMUNICATIONS.		
On the Difficulty of Diagnosing True Syphilitic Disease in Women, and the Nature of its Contagion. By C. H. F. Routh, M.D., Fellow of University College, London	397	The Dormant Period of Diphtheria
On the Winter Health Resorts of the Alps. By E. Symes Thompson, M.D., F.R.C.P., Senior Physician to the Brompton Consumption Hospital	399	Election of Examiners in the Irish College of Surgeons
A Note on the New Hypnotic Paraldehyde. By F. J. B. Quinlan, M.D., F.K.Q.C.P., Professor of Materia Medica and Therapeutics, Catholic University, Ireland ...	401	Dundrum Criminal Lunatic Asylum
CLINICAL RECORDS.		Notification of Infectious Diseases
St. Mary's Hospital—Strangulated Inguinal Hernia (Entero-epiplocele)—Operation—Excision of Omentum—Recovery. Under the care of Mr. Norton	402	Serious Obstruction by Anti-Vaccinators
The Unqualified Assistant System and the Illegal Signing of Death Certificates	402	Bacteria in Herpes
TRANSACTIONS OF SOCIETIES.		The New Hospital for Women, Liverpool
SHEFFIELD MEDICO-CHIRURGICAL—		Methods of Colouring Tubercle Bacilli ...
Injuries to the Eye	404	The Prevention of Conflagrations
		Another Case of Midwifery Mischief
		SCOTLAND.
		Opening of the Medical School, Edinboro ..
		Barony Board Medical Officer
		Requests to Scotch Institutions
		OBITUARY.
		Benjamin Wills Richardson, F.R.C.S.I. ...
		NOVELTIES.
		New Instrument for Supra-Public Puncture of the Bladder—Green Leaves of the Erythroxylon Coca—Simple Instrument for Removal of Foreign Bodies in the Ear—A. & H. Malt Extract
		Medico-Parliamentary
		NOTICES TO CORRESPONDENTS
ANEURISM OF THE DESCENDING AORTA	404	
CAUCEROUS TUMOUR OF THE LEFT SCAPULA	404	
NEW OPHTHALMIC METHODS	404	
WEST LONDON MEDICO-CHIRURGICAL—		
Ankylosis, especially of the Hip-joint ...	404	
Dilatation and Hypertrophy of the Bladder and Ureters	405	
Relation between Subcutaneous Nodules and Cardiac Vegetations	405	
ODONTOLOGICAL SOCIETY—		
Development of the Lower Maxilla	406	
Spontaneous Fracture of the Teeth	406	
FRANCE.		
Extirpation of a Large Goitre	406	
The Depopulation of France	406	
LEADING ARTICLES.		
THE TITLE CLAUSE	407	
THE TUBERCLE BACILLI WAR	408	
THE MEDICAL BILL	415	
NOTES ON CURRENT TOPICS.		
Dr. Oliver Wendell Holmes	409	
Hospital Expenditure	409	
The late Dr. Richardson, of Dublin	409	
Birmingham Hospital Saturday	409	

Original Communications.

ON THE DIFFICULTY OF DIAGNOSING TRUE SYPHILITIC DISEASE IN WOMEN, AND THE NATURE OF ITS CONTAGION. (a)

By C. H. F. ROUTH, M.D. Lond.,
Fellow of University College, London.

I WISH it to be clearly understood, Mr. President, at the outset of my paper that these remarks eminently refer to women. Of men I shall speak only incidentally, and in so far only as their mention is necessary to explain effects on syphilis as it occurs in women.

Secondly.—I wish to state also that I do not mean this essay to be, except incidentally, an attack on our Contagious Diseases Acts. I would rather consider the question in its full scientific bearings, however strongly I may feel on it morally. In doing this I shall also quote largely from foreign statistics and opinions, so far as they appear to me to throw light on the question, a task considerably facilitated by the researches of M. Yves Guyot in his classical work on Prostitution. This work has made much noise abroad, and to it I am particularly indebted for much of the evidence which I bring forward to-night. I shall endeavour to state my views moderately and respectfully; but as I know the subject is one which generally is very exciting to the profession at this time, I trust a kindly and scientific spirit will animate our proceedings, and that I may be listened to with patience and forbearance.

It behoves me, however, to premise by stating what I understand by syphilitic disease. Nor does it seem possible to omit so doing, because the opinions as to what is and what is not syphilitic disease have so varied during the forty years that I have been in the profession, that in reading different authors on the subject we scarcely make out that the same disease is meant.

When a young man I was taught there were four kinds of chancres—the hard, or indurated, the soft, or superficial

ulcer, with raised edges, the phagedenic, and the sloughing. Later Ricord held to the opinion of Chomel and Dupuytren that the soft and hard chancres were identical, and both needing mercury for cure. In 1859 the dual theory that the soft chancre and hard chancre were different diseases came into vogue, the former never producing, the latter almost always producing secondary symptoms, as established by Bassereau, Rollet, Diday, and Fournier, and to these Achille Vintras, Guerin, and others, opinions in which most if not all French surgeons, including Ricord, now concur. Amongst ourselves, we have the most contradictory statements, if we may judge from the late proceedings of the Contagious Diseases Acts Commission. Herein Surgeon Myers, Dr. Barr, Mr. J. Hutchinson, the late Sir W. Ferguson, Mr. Syme, Mr. Acton, Mr. Savory, Sir J. Paget, Mr. Outler, Mr. Samuel Lane, Mr. Gascjoen, Mr. J. R. Lane, Mr. Solly, Mr. Erichsen, are all stated to believe in the existence of but one poison; whereas, on the other hand, the names of Professor Longmore, Professor Aitken, Patrick Watson, Henry Lee, Sir H. Thompson, Dr. Nevins, John Barton of Dublin, Dr. Drysdale, Mr. Berkeley Hill, and many others, are instanced as holding the opinion that there are two varieties, one only of which, the hard chancre, is capable of infecting the constitution. Surgeon-General Lawson also inclines to this belief.

Abroad, however, the belief is almost universal in favour of the dual theory, as before stated.

It is not for me to decide between these two parties. Yet this discordance of opinion appears to me quite susceptible of explanation. A sore may be a mixed sore, *i.e.*, upon the same person you may have a hard, a soft chancre, and gonorrhœa. Indeed, there is no more reason for believing that gonorrhœa can co-exist with a chancre in the male urethra, as Ricord proved, than that you may have both equally present in the uterine canal and vagina. A true syphilitic sore may exist in the former. It is certainly not unusual to find chancres on the hard cervix, and here surely their hard character could not be eliminated from the ordinary hardness of the cervix itself, which we know even in non-syphilitic cervixes is unusually hardened, and thus a true chancre could possibly be mistaken even in

(a) Read before the Medical Society of London.

this position for a small ulceration. But both Dr. Matthews Duncan and myself have shown that there is often a suction upwards of the vaginal secretions into the uterine canal; and if so, why should not a chancre develop there, if a woman have received the secretions of an infected man in her vagina. When, however, I find Dr. Berr (who for thirteen years had been examining surgeon at Aldershot, *i.e.*, from May 1, 1868, to March 30, 1881, and during that period conducted 54,848 examinations) stating that all the sores which one sees in a prostitute may be followed by secondary symptoms, and so are to be called cases of primary syphilis (4666 and 4667, Report of Contagious Diseases Acts Committee), and again, Mr. Lane asserting that you can inoculate a patient from a hard sore on himself or another syphilitic patient (2675) and produce a soft sore, and on the other hand, in France, where inoculation has been largely practised even on non-syphilitic patients, and inoculation from a hard sore always produced a hard sore, and from a soft sore always a soft sore, I confess I am somewhat perplexed.

Still, on mature reflection I think I must side with the French and foreign experimenters, and for the following reasons: Their inoculations were not only more numerous but frequently practised on non-syphilitic subjects. Mr. Lane's inoculations, and those of many other English experimenters were practised on men partly syphilitised, or, at least affected at the time with true syphilis, and he himself admits (2506) that a woman at any rate is protected for a time, a considerable period once syphilitised, although she may under these circumstances become infected with a soft sore. But Mr. Henry Lee has pointed out special differences in the soft sore produced by inoculation from a hard sore in a man at the same time affected with true syphilis, from the sore produced by inoculation of a soft sore, whether in a syphilitised or unsyphilitised person. The soft sore is neither a primary sore, nor a soft sore proper, there is an increase of substance instead of a decrease, it wants the sharp outline of the infecting sore, in fact, it is very like a blind boil. It is a different kind of inoculation to either the other two (1008). Mr. Lane's soft sore produced by inoculation of a hard one is not the true soft sore, as Mr. Lee described it. The two are totally different. Ricord's justification of himself is, however, the best commentary I can give on the error in Mr. Lane's experiment. "Never, gentlemen," said Ricord before the Academy of Medicine, Nov. 1, 1881, "was I willing to inoculate a non-syphilitic person with a lancet charged with syphilitic pus. Hence originated my error in reference to the question of secondary accidents. It was necessary to inoculate healthy persons with syphilitic pus. I never could bring myself to do so. Others were more daring and succeeded." My own conviction is, therefore, that held, I believe universally by French medical men, that there is but one true syphilitic and venereal sore capable of contaminating the system. The other is a purely local affection, a pseudo-syphilis, chancroid, or dirt sore.

I think it is very much to be regretted that in the returns now made in the army and navy the distinction between a truly syphilitic hard sore and a soft one is not made. Two reasons have been alleged that, as both incapacitate a man whose military service is needed, it matters not whether the distinction is made or not. If so, why not place all the venereal diseases, including gonorrhoea, orchitis, &c., under one name. Also such diseases as bronchitis, pneumonia, pleurisy, &c., each deprive men from rendering their accustomed service, under one general appellation also. This has not been done, and we see the advantages of this distinction scientifically. The other objection made is that there is an alleged difficulty in practice in accurately diagnosing some sores, specially mixed sores, on admission to hospital. But surely a very few days, and while the patient is in the hospital, would clear up the difficulty. Besides this objection would apply to most doubtful diseases when first admitted in any hospital; time clears up the case. Then how is it that our French colleagues can make it? Look at Mauriac's returns to which I shall presently refer. Must

we say that our army surgeons are less capable than our neighbours? I trow not; for the distinction was formerly made in the army reports. Why not now? Is it because the decrease of primary sores would be found only in dirt sores, which habits of cleanliness alone if well enforced on the soldier would prevent? If so, surely here red-tape and routine, and exact science are in antagonism.

TABLE IV.—MAURIAc's RETURNS.

Hôpital du Midi.

After eighteen months' inquiry, noting every case referable to diseased women (*i.e.*, in 1869 and first half year of 1870.)

Out of 5,008 diseased, infecting source was determined in 4,745.

Variety of disease.	By Prostitutes.					
	80,000. Unlicensed.		1,706. In Brothels.		2,525. Isolated.	
	No.	pr 1000.	No.	pr 1000.	No.	pr 1000.
Soft Chancre ... (4745)	4,012	134	430	170	302	251
Soft Chancre ... (579)	482	14½	59	23½	58	48
True Syphilis ... (1633)	1,414	47	139	55	80	66½

Next as to their relative frequency. Sir W. Muir states the number of syphilitic to non-syphilitic sores is one-third. This statement is confirmed by Mr. Lawson, and Mr. Bond tells us that one-third of the sores he sees at Westminster Hospital are syphilitic. (Bouth, *Evid.*, 289-291.) And this seems to be the general opinion, although some variations have been observed abroad. In Paris the figures are reversed, 1 soft sore to 2·8 hard, and in many other cities the proportion is higher. This great preponderance of the non-infecting sore in England is of great importance when we come to consider the effect of regulations of vice on true syphilis.

II. *What is a true chancre?* Now, I will quote from M. Fournier's "Lessons on Syphilis" who you are aware is a distinguished syphilograph, and a great advocate for contagious acts. "A chancre," says he, "at its initial period is so little that I can without exaggeration qualify it in the following manner, *viz.*, the smallest, most superficial, most benign, most insignificant of all possible erosions. It is not in fact anything, so to say, it is less than nothing. To such a degree in fact that the first time or times that one is called to examine a chancre in this form and early period, one is always deceived, and it is impossible *not* to be thus deceived.

"What is it later? A small erosion resting on a wider base.

"And later at its summum of development? A limited sore, in general, simply erosive, indolent, with no tendency to extend or to deepen itself, something like a large herpetic spot, something like the most superficial and benign of traumatic lesions.

"Finally, this erosion heals and cicatrices, and all is said. This constitutes all. The chancre is and nothing more.

"This accident is so trifling that formerly it was believed to be exceptional in a woman, and even these have been written to prove that it does not exist in them at all. Nothing is more false. It is more frequently extra-genital in the woman than in the man; so should be looked for outside the sexual organs. It is very rare in the vagina, frequent in the cervix uteri; shows itself on the breast and anus.

"It follows that the chancre in a woman is rarely made out—*de visu*. The evolution in nearly all cases takes place in an insidious manner, and without any kind of pain."

Mr. Simon says, in women primary venereal ulcers and other local states capable of infecting with syphilis, not

only very often pass unnoticed by the patient herself, but have often been overlooked in examinations made expressly for their discovery. Professor Aitkin, in his work on the "Science and Practice of Medicine," says, speaking of women: "A hard chancre or sore in them is exceptional, and when it does occur it remains small, is ill-developed, and readily overlooked even when searched for with great care, aided by a vaginal examination with the speculum."

Dr. Drysdale speaks to the same effect in his evidence before the Contagious Diseases Acts Committee. Their primary (true syphilitic) lesions can be very rarely found in a hospital. A woman may have a very slight sore, so small that you would not remark it, but she may be syphilitic at the same time; and then, with all his well-known experience, tells us: "I have sometimes spent a very long time—perhaps ten minutes—to try if I could discover any reason for the enlargement of the glands in the groin, and have not been able to find anything, and then afterwards there has been syphilis" (475 to 497).

Mr. Henry Lee states, in answer to Dr. Farquharson (1022):—"I have already stated that the primary sore of real syphilis gives very little pain; it has a period of incubation from some ten days to three weeks, and the woman would not present any objective symptoms during that time. It would be no use examining her then, and even then it might be very difficult to detect it."

Pardon me if I here remark that a great objection has been taken to a guess made by myself before the Contagious Diseases Acts Committee that, out of ten cases affected with true syphilis in a woman, in one-half it would not be detected. This guess, which I was forced to make by Mr. O. Morgan, has been given out as a deliberate opinion, and yet I believe I am not far wrong. Mr. Henry Lee does state, and deliberately so, that more than one-half the cases of real syphilis are communicated by secretions of patients who have syphilis, and do not present any primary lesion which should be characteristic of syphilis; "and indeed, unless," as he also adds very properly, "we examine a woman *all over*, and she gives a correct history of her case, I do not see how the truth could be got at by mere local examination." An examination thus complete may be made, although very exceptionally in a private case, where strictly required by the patient, but would not and could not be tolerated in the official examinations enforced on prostitutes, although from the evidence of Professor Sigmund, of Vienna, stated to Messrs. Belhumme and Martin that in Austria a girl was not allowed to leave the cabinet of the officer of health until she had been examined from *cap à pied* (Guyot, p. 294). In England this never could be permitted.

And this difficulty is set forth in a more graphic manner, perhaps, because the opinion given thus comes from staunch supporters of contagious diseases acts. The infrequency of the examinations of females is distasteful to these gentlemen. And why? Because it is so often useless. In France, you are aware, it is made once a fortnight. But Ricord asks that it should be made every three days, Messrs. Raten and Sandwith every four days, M. Langlebert at least twice a week; and, more than this, M. Lancereau exacts that not only it should be done every two days, but that the woman should not be examined immediately they present themselves, but locked up in some special locality for some hours, deprived of all water, and then should be examined while completely naked; while Mirour, himself a writer in a work on prostitution, states that every woman who has had syphilis should be compelled to submit to a daily examination for eighteen months.

Now, what do these opinions prove but the conviction of all advocates of contagious diseases acts that no plan hitherto devised for the examination of women is of any avail, because in most instances true syphilis in a woman escapes the closest examination? I think, therefore, I have proved my first proposition—the difficulty of detecting true syphilis in a woman.

ON THE WINTER HEALTH RESORTS OF THE ALPS.

By E. SYMES THOMPSON, M.D., F.R.C.P.,
Senior Physician to the Hospital for Consumption, Brompton.

(Concluded from page 377.)

DURING 300 consecutive journeys over the passes this winter to and from St. Moritz of which notes have been taken, only four have been followed by catarrh, owing no doubt to the care of the travelling companions and the watchful attention of those who have provided extra and fur-lined boots for the sleigh journeys.

There is really a greater danger of chill to the patient when he has reached his destination, and therefore a still greater need for a watchful medical attendant and self-denying sensible companions who will forego some pleasure rather than lead the invalid into temptations which he has difficulty in resisting. Before April comes, many of those who have gained and are gaining steadily are affected by a widespread, often fatal epidemic, which may be called "love of change and novelty fever." This fever has lately attacked many who, instead of being content to go on in the dry bracing air until "snow melting" comes, start off sight-seeing to the plains, or to the lakes, where they find weather quite as trying as that of England in March and April, without home comforts and without means of escaping from the dangers around.

Now-a-days people expect to be cured of chronic complaints at express speed. When I first knew Davos and the Engadine, the steady, plodding German and Dutch patients who populated them repaired thither in May or June, remained till the following April; and, if a return was then deemed advisable, took a few weeks' holiday at some very quiet place—no scampering about sight-seeing—and were back again contented to be able to regain their health at the sacrifice of one, two, or three seasons. This is now all changed, the only pity is that the malady has not changed too. It, alas! remains the same; and the patients reap the fruits of their impatience and instability of purpose.

Cases of anæmia and chlorosis do only fairly well in the Engadine in summer, and in winter also. When hysteria is present the air is apt to prove too exciting and irritating, and thus nervousness and sleeplessness are increased. Persons prone to flushing or to "flushes and chills," do not flourish; nor do those subject to congestion or nervous headaches. It is seldom wise to send sufferers from neuralgia to snowy regions, as the neuralgia is apt to come on and continue in cold air; and thus such patients keep in doors, and lose the benefit of the sun.

Phthical patients having very excitable temperaments are less likely to gain good than the more lymphatic class; yet the torpid and indolent who prefer bed and the fireside to the open air cannot gain much from any climate treatment.

This winter I have sent two chlorotic patients to St. Moritz. In one of these the blood was so poor and the circulation so languid that cramps occurred in skating, which interfered much with exercise and delayed progress. In the other case, improvement set in at once, and the patient is now stronger and better than for years.

Jaundice and liver affections, constipation and consequent piles, are common in the Alps. Chronic skin diseases are increased, also rheumatic affections. Young people, children especially, do well; old people do not. Teeth degenerate in the Alps; a visit to the dentist should precede one to the Alps. Artificial eyes are a source of trouble, by communicating cold to the orbit. As regards phthisis, it is almost needless to say that like other health resorts the Alps afford their most favourable results in cases of threatened lung disease.

Cases of characteristic, hereditary, tubercular disease, even where the physical signs are not very manifest,

do not, however, show such good results as those in which the local evil is manifest but limited, with surrounding sound lung. The disease may, indeed, be advanced and a cavity exist on both sides, yet benefit often comes; and I have seen several cases of this kind. Among the cases most markedly benefited are those of chronic pleurisy or pleuro-pneumonia in which the effused products have proved slow to resolve. Effusions are said to disappear speedily, and I have observed that lungs bound down by fibrous deposits lose their hard percussive note; permeability and elasticity return; the size of the chest increases, and the air enters freely, puerile breath sounds taking the place of feeble breathing. The circulation through the lungs being freed, the heart's action is relieved, its pulsations become less frequent, and the tendency to catarrhal complications following exertion and exposure to cold is eventually lost. My attention has been drawn to the fact that, if the pulse becomes quiet, the irritability of the heart lessens, the temperature falls, and it is safe to prognosticate improvement; if the temperature remains high for six weeks after arrival, and shows no sign of decided reduction, then it is best to try another change of climate. The quick pulse may generally be traced to obstruction in the pulmonary circulation. It was pointed out by my late father, Dr. Theophilus Thompson, that the rapid pulse of phthisis is not reduced by recumbency as it is in health. The rarefied air, by leading to full chest expansion, frees the pulmonary capillaries, and thus the necessity for hurried action of the right heart is removed; with the reduction in the pulse rate a diminution of pyrexia occurs, and catarrhal complications become less severe and lasting.

Cases of general bronchitis, whether acute, sub-acute, or chronic, are, however, seldom benefited unless there is limited localised consolidation, the result of pneumonia, pleurisy, or bronchitis; the remaining portions of lung being healthy. If this is the case, Alpine climates often do great good, the hardened portions of lung become pervious, the surrounding healthy parts expand, and so the dyspnoea is lessened and paroxysmal asthma no longer occurs.

Asthma, if associated with localised bronchial affections, is often very favourably affected; but if due to emphysema and general bronchitis improvements cannot be counted upon.

My friend and late colleague, Dr. Marcet, has shown in his recent interesting book on "Southern and Swiss Health Resorts," that inflammatory diseases of the chest are frequent among the Swiss mountains, and that at Chamounix one-fifth of the mortality is due to pneumonia.

As regards bronchiectasis, improvement is found to be very slow at Davos, as elsewhere. Rapid gain must not be expected.

Pure spasmodic asthma does well at St. Moritz in winter, as in summer—perhaps better in the former than the latter, on account of the greater equability and dryness of the air. One young fellow, who in England could seldom walk up two flights of steps without resting, was constantly to be seen skating and tobogganing, and never for a moment breathless, although the sounds of the chest showed that much local disease remained.

Hæmoptysis is not uncommon, but is mainly traceable to the undue exertion taken by patients who fail to attend to the precautions laid down. Cases of hæmorrhagic origin are among the most favourable—a result attributable in part to the non-hereditary nature of these cases, and next to the pure aseptic air rendering the after effects of blood effusions into the lung less injurious, and less likely to set up pyrexia than at low levels with impure air. In one case which occurred at St. Moritz, hæmoptysis followed running to the hotel and then hurriedly stooping to adjust a lady's skates. In another it followed dancing; and in a third, exposure in the late evening to chilly air.

There is no evidence to show that the rarefied air causes leakage by expanding the lung and opening out weak vessels. Where the amount of damaged lung is large there the sense of dyspnoea interferes with exertion, and so lessens the danger of hæmorrhage; in all other cases the exhilaration, by producing a sense of lightness and ability for exertion introduces an element of increased danger.

Dr. Ruedi, of Davos, watches his patients like a cat watches a mouse, or as he says, "like a policeman a 'ticket-of-leave man.'"

There is, perhaps, no health resort where the necessity for ceaseless vigilance on the part of the doctor and of implicit obedience on that of the patient is so essential. The absence of painful sensation in lung disease leading to unwillingness to accept rules for guidance is familiar in every climate; but where a sense of buoyancy and ability for exertion is a special feature in the effect of climate, the danger of excessive exertion then becomes so great that it will probably continue to frustrate the best and most watchful efforts of the resident physicians, and will cast an undeserved discredit on the climate.

In one of the most favourable cases I ever sent to Davos—a case in which Dr. Ruedi expressed, and with well-grounded confidence, the most hopeful prognostications—the patient walked for six hours, dinnerless, over an exposed pass in a strong wind, shivers, lung congestion and consolidation followed; and in three days he was dead.

If, therefore, a patient shows an unwillingness to submit to necessary restraint, and a readiness to be tempted to undue exertion, this alone should make us very careful in sending such an one to the mountains; for there the danger of damage is far greater than in the Riviera or South of England.

On the other hand, one of my patients failed to gain full benefit, not because his disease was unsuited to the climate, but because he would smoke and drink, would take no exercise, and refused to see the force of the doctor's directions.

My friend and colleague, Dr. C. J. Williams, in his valuable record of "Cases of Phthisis as treated at High Altitudes," in the *Lancet* of August 9th and 16th, 1879, states that, "when at Davos, in the winter of that year, he was surprised at the large proportion of pyrexia among the phthisical patients, which, considering the limited amount of disease (and that in an incipient form) which prevailed, is unusual, and different from the common experience in England. The influence which so powerfully stimulates digestion exercises a corresponding influence on the inflammatory process, and converts what in England would be a passive congestion with low temperature into a well-marked pyrexial inflammation."

My own observations at Davos and the Engadine this winter do not confirm this view. While Dr. Williams was struck with the disproportion between the pyrexia and the amount of lung disease, high fever occurring when the lung was but slightly involved, I was impressed, and this in a large proportion of the cases, with the absence of fever, and, indeed, of all other symptoms of illness, even in cases of extensive and advanced disease.

It is true that I saw two or three cases in which pyrexia was unduly marked, exactly as Dr. Williams described, and in which the severity of the fever led me to expect far more serious resulting lung damage than actually occurred, but these cases were quite exceptional.

If Dr. Williams had been with me in January last, I am sure he would have concurred in the opinion that it would have been hard to find elsewhere so many cases of pronounced, and often extensive and advanced, lung disease with so little pyrexia or constitutional disturbance. It may, however, be accepted as a fact that febrile action, when it occurs in the mountains, is of a more active kind than on low levels; and further, that

when wisely treated, it more quickly yields, and leaves behind less serious results.

Chest Measurement.—The chest measurements published by Dr. C. J. Williams in the "Transactions of the International Medical Congress" are more remarkable than in my own cases. It is true that the results are extraordinary, after pleurisy, but in cases of phthisis without complication I have not made out that the increase is greater than $\frac{1}{2}$ or $\frac{3}{4}$ of an inch. Many patients have not, before going out, been accustomed to active mountaineering, which, besides bringing the whole chest into play, causes increased development of the pectoralis and latissimus dorsi muscles.

Again, my cases have not been those of growing lads or lasses who naturally increase in girth, as in other directions during the expansion of their frames.

In taking cyrtometric trainings it is exceedingly difficult to take observations accurately. The difficulty is less when the callipers are used; they are quickly adjusted. It is easy to fix with accuracy on two bony points, such as the spinous process of a certain vertebra, and in front on a rib. The amount of expansion of each lung may be quickly and accurately determined; and by the use of the callipers you avoid errors of chest measurement due to variation in muscular enlargement and contraction.

Again, as regards *weight*, I have found an increase of weight at first if the patients are kept very quiet on arrival; but it has seemed that the exceeding dryness of the air, which causes a loss of moisture from the body, does not allow of that marked increase of weight which the creation of muscular vigour might lead one to expect.

It is, however, to be observed that many who have gained but little weight during their stay, begin rapidly to gain weight on returning home, as an athlete in training rapidly puts on weight immediately after the contest—when he is no longer limited in fluid food.

That great benefit constantly accrues from the mountain treatment is, to my mind, undoubted; but it is not safe to count upon permanent arrest, still less to look for restoration to health in advanced cases after a single winter.

During my visit to St. Moritz and Davos in January last, I had an opportunity of examining cases of phthisis in every stage, and could not fail to be impressed with the marked advantage accruing in almost every instance. In one case of advanced phthisis, with excavation in one lung, and softening in the other, chilblains interfered much with exercise, and prevented improvement which, however, could hardly have been expected under any circumstances.

In another case, the whole of one lung was converted into an immense amphora, but the sound lung had encroached on the space vacated by the diseased one, and the patient, a girl of 19, was able to walk slowly to the rink and spend four or five hours in the sun, having her luncheon brought to her in a shaded corner of the rink which had on the north, east, and west a bank some 10 feet high, which not only sheltered from wind, but reflected the solar rays.

I examined cases in the first and second stage of phthisis, in which complete arrest had occurred; the pulse was quiet, temperature normal, and the patients skated and tobogganned for hours daily.

In a case of chronic basic cavity with fetid breath, although an attack of jaundice checked progress and led to some loss of flesh, no fat being taken till the obstructed duct was free, yet the remaining lung tissue being fully expanded the patient was able to walk, and even run up hill without dyspnoea, and the chest expansion was four inches.

In a case in which softening, and a small cavity (doubtful) had existed at the right apex, I could find nothing but some woodenness of percussion with prolonged expiration and conducted heart sounds above the right clavicle. Chest measurement showed an in-

crease of nearly an inch. He had gained between six and seven pounds in weight, as well as in muscular tone, for he took much exercise.

One patient impressed me much, of consumptive family, with all the characteristics of a phthisical constitution, rapid pulse, high temperature, hectic, cough, night sweats, loss of flesh, purulent and pearly expectorations, and occasional hæmoptysis. I was prepared to find evidence of advanced and advancing disease. The physical signs confirmed this anticipation. Besides the cavity and softening on one side, there was evidence of recent softening on the other, and reason to fear that a new outbreak had occurred, which would leave the patient in a worse condition than before.

Dr. Ruedi, however, gave a favourable prognosis, and on the strength of a previous rally from an acute exacerbation, confidently looked forward to speedy amendment.

The reports I now receive confirm this favourable prognosis. The temperature is now normal, the pulse quiet, 90, not 120, the night sweats have ceased, and the moist sounds have been replaced by dry ones.

March 2nd, 1883.—Dr. Ruedi reports: He is now in his normal condition; still, the right apex does not expand so well as before.

This replacement of the signs of softening by those of a dry kind, which, indeed, we frequently see here, is so universal at Davos, that it is confidently looked for and promised by the local doctors.

One cannot avoid the conclusion that to guide a case of phthisis successfully through the various stages is a much easier matter in the higher Alps than in England—easier, I believe, than on the Riviera or at sea.

On the other hand, more than ordinary caution and watchfulness are needed if the doctor is to preserve the patient from the dangers of an exhilarating atmosphere, always tempting the invalid to presume on his powers and attempt more than his strength justifies.

In placing a patient under Dr. Ruedi's care, we may be sure that this watchfulness and judgment will be exercised to the full. In Dr. Holland, of St. Moritz, implicit reliance may also be placed. The manner in which he has organised the arrangements for the patients, and has kept a hundred people in cheery contentment during an unusually trying season does him infinite credit. My warm thanks are due to both of these accomplished physicians for much of the information contained in this paper.

On taking all the cases of phthisis together, those seen at Davos and St. Moritz, I find a total of 6 cases in the 1st stage (5 males and 1 female). In the 2nd stage, 14 cases (11 males and 3 females). In the 3rd stage, 14 cases (9 males and 5 females).

Of the six 1st stage cases 5 improved and 1 (female) remained unaltered. Of the fourteen 2nd stage cases, 11 improved, 2 remained stationary, and 1 died. Of the fourteen 3rd stage cases, 9 improved, 2 are stationary, and 3 have died.

It would be impossible for any one to see such cases as these without being convinced that in an unusually large proportion, disease is arrested.

A NOTE ON THE NEW HYPNOTIC PARALDEHYDE.

By F. J. B. QUINLAN, M.D., F.K.Q.C.P.,

Professor of Materia Medica and Therapeutics, Catholic University;
Examiner in same, Royal University of Ireland.

PARALDEHYDE, which is one of the isomers of aldehyde, had, like chloral, been long known to chemists before it was applied to physiological experiment by Cervello. It is a colourless fluid of a strong and penetrating ethereal odour, and of a very acrid and enduring taste. Its formula is $C^6 H^{12} O^3$, and it mixes with water with sufficient freedom for pharmaceutical purposes. I have tried

it on myself and on some patients with satisfactory results. If it be taken at bed-time, and the recumbent position immediately assumed, the same sensation as that arising from chloral hydrate immediately ensues—viz., a feeling as of cold water flowing through the posterior part of the brain towards the medulla oblongata; and this is immediately followed by quiet, dreamless, and refreshing sleep. The action of paraldehyde closely resembles that of chloral with the exception that it appears to have no depressing action whatever on the heart. It does not interfere with the secretions, except that of the kidneys, which it sometimes seems to increase. It does not cause headache or nausea. Further clinical experiment is desirable to show whether, like chloral, it in some persons loses its effect, and has to be increased in quantity. The dose for adults is from thirty to sixty minims; and its principal drawback is its acrid and persistent after-taste, which is principally experienced in the pharynx. This, however, can be overcome by the following formula:—

R. Paraldehydi, ℥30;
Aque ad oz. 1½;
Syrupi aurantii, dr. 2;
Spt. chloroformi, ℥30;

M. Fiat haustus. Horâ somni sumend.

If the quantity of paraldehyde be increased the same must be done with the spirits of chloroform. Like many other hypnotics, complete quiet after administration is necessary to its successful action. It is a remarkable fact that chloroform, chloral, and paraldehyde were lying upon the laboratory shelf for years before they were found to be agents of great therapeutical value. It is likely that other substances are in the same position.

Clinical Records.

ST. MARY'S HOSPITAL.

Strangulated Inguinal Hernia (Entero-epiplocele)—Operation—Excision of Omentum—Recovery.

Under the care of Mr. NORTON.

From Notes by Mr. CROSSE.

E. C., set. 35, had had an inguinal hernia on the right side for sixteen years, but when down had always been able to reduce it by application of hot flannels. On the 2nd of April, at 10 o'clock in the morning, the hernia came down, and he was immediately taken with great pain in abdomen, and continued sickness. At 1 o'clock he was seen by Mr. Norton, who found the hernia so large and tense, the local pain and the general suffering of the patient so great, that he decided to operate at once, and not to attempt to return the hernia, without opening the sac, even if such were possible.

Operation.—The tumour had a very marked constriction at its upper third. On opening the sac below this constriction, no fluid escaped, the sac being tense upon the contained viscera, which also were black from intense congestion, but not damaged. The constriction referred to was derived from the intercolumnar fibres, and on being severed exposed the upper sac, which contained dark fluid. The strangulation, which was in the neck of the sac, now being cut through, the intestine was returned. A mass of omentum, about 1½ oz. in weight, which was found to be adherent to the fundus of the sac, and which, had it not been adherent, was not in a fit state to be returned, was doubly ligatured and removed, the pedicle being placed in position to occupy the mouth of the sac. The operation was conducted with strict antiseptic measures. In the evening the temperature was 101.5°, and on the following day 102°. He was thirsty and uncomfortable.

On the 4th he was vomiting persistently, the abdomen distended, painful to the touch. Pulse 118, and respiration 30. Peritonitis was now suspected. A poultice was ordered over the whole abdomen, and a mixture, containing tr. opii, ℥ij. and vin. ipecac, ℥ij., to a drachm of water, every half-hour. The effect of the medicine was very marked. The patient was being exhausted by vomiting every few minutes through-

out the night and morning, and this was arrested by four doses.

Opium was given to the extent of three grains in the twenty-four hours until the temperature fell and the signs of peritonitis disappeared, which was about the fourth day.

On the 5th there was no sickness, but distension of abdomen was great, and the patient appeared anxious and dusky faced, complaining that he felt unable to breathe. To overcome this, an enema of turpentine was ordered, which brought away much flatulence, and gave great relief.

On the 6th sickness again returned, accompanied by hicough, both of which were relieved by a subcutaneous injection of morphia.

On the 9th flatulence had almost entirely disappeared; no pain in the abdomen, even with considerable pressure. Pulse 80, and temperature 98.4°.

The diet had been chiefly beef jelly and cold water. No milk had been allowed during the first few days on account of the sickness.

The wound had been dressed with lint and carbolised oil, the antiseptic dressings having to be discarded in consequence of the poulticing required. Suppuration of the omental pedicle took place, and the wound granulated up and closed in by the 27th.

The temperature was normal by the 10th, and continued so throughout.

The points worthy of notice are the effect of the ipecacuanha wine in arresting obstinate vomiting; the effect of turpentine enema in overcoming dangerous flatulence; the probable arrest of acute peritonitis by large doses of opium given at the very onset of the disease; the probable radical cure of the hernia by the mass of omental pedicle left adherent in the mouth of the sac.

THE UNQUALIFIED ASSISTANT SYSTEM

AND THE

ILLEGAL SIGNING OF DEATH CERTIFICATES.

As the *Medical Press* has made these subjects its own, by the appointment of a special Commission, and by the publication last year of an exhaustive series of articles; and as, moreover, the matter is of vital importance to the whole profession, we shall now proceed to give our readers the Report of the Committee appointed by the General Medical Council to inquire into the abuses to which we drew attention, and the conclusions founded thereon:—

“One hundred and eighty-eight letters and other communications on the subjects referred to the Committee have been laid before and circulated amongst the members of the Committee by the Chairman. An abstract of the most relevant portions of these documents has been prepared by the Chairman in the form of a ‘Statement’ founded on them, which is appended to this Report.

“The Committee has held five meetings, in the intervals of which the documents above referred to have been passed round to each of the members.

“The Committee has also had the advantage at one of their meetings of the personal attendance of Mr. R. H. S. Carpenter, Honorary Secretary to the Medical Alliance Association, who, at considerable inconvenience to himself, gave evidence by word of mouth, accompanied by documentary proofs, of the prevalence in the metropolis of certain practices to the adoption of which in the provinces the greater part of the writers of the above-named letters bear witness.

“From the evidence collected by the Chairman, and from such other information as we have, we find it clearly established as fact, that the employment of unqualified assistants on duties which ought only to be devolved on persons legally qualified is an abuse which prevails extensively in England and Wales, and that general practice on a very large scale (as in regard of masses of mining and manufacturing population) is often thus carried on in great part by unqualified persons whom members of the profession engage as assistants, and employ as if they were qualified.

“We cannot but believe that, through this abuse of the employment of assistants, much injustice is done to the public, as regards the quality of medical service they are entitled to expect when they apply to a member of the

medical profession, and that, again and again, the profession has very serious discredit brought on it through the incompetence of persons who are thus allowed to practise in its name. We do not think it requisite to dwell on particular facts which are stated to us in illustration of those results of the system. We prefer to insist on the consideration that the system must inevitably tend to produce such results, and that, in relation both to the public and to the profession, it is in principle unjustifiable and dishonest.

"We take as our principle, that no member of the medical profession can rightly employ anyone who is not a member of the profession to act for him as his deputy or substitute in any function which involves an exercise of professional discretion or skill. We are of opinion that any such substitution (wilfully made) of unprofessional for professional service, in practice conducted for gain, is of the nature of a fraud on the public, and ought, therefore, at least in its grosser forms, to be made subject to legal penalty. We are further of opinion that, where such substitution is habitual it can only be regarded as systematic wrong practised by the employer with a view to gain; and that such conduct, whether punishable or not punishable as a public offence, ought to be punishable under the laws and by-laws of the profession, as conduct professionally disgraceful.

"In submitting our opinions as above, we desire particularly to advert to two classes of cases to which they are not meant to apply. First, as regards certain subordinate functions which are ministerial to professional practice, and do not in themselves require an immediate exercise of professional skill or discretion—such functions as habitually and properly fall within the province of the dispenser, or nurse, or dresser, acting under skilled direction, and such as, when the system of apprenticeship was still in force, used often to be more or less devolved upon the apothecary's or surgeon's apprentice—it is not any part of our intention to suggest that an assistant employed only for uses such as those (with or without clerical work) should be required to be a person with legal qualification to practise. Secondly, we do not in any way propose, and, indeed, would most earnestly deprecate, that measures aimed at the abuse of unqualified assistants should be allowed to interfere unnecessarily with the induction of pupils into professional practice, or to hinder such induction within its proper limits. The principle ought, however, in our opinion, to be clearly understood that the pupil is not privileged to do any professional act, except in the presence, and under the immediate guidance, of the legally-qualified practitioner who is teaching him, or, if acting in the absence of his teacher, is only to perform particular subordinate acts which his teacher has expressly directed and limited, and has satisfied himself that the pupil is fully competent to perform.

"We beg leave to draw the attention of the Council to the representations made in our Chairman's statement, and in Dr. William Ogle's remarks which follow it, to the effect that in certain instances unqualified persons, practising on their own account, have as their accomplices members of the profession, who, by acting as 'covers' for them on occasions when certificates of causes of death, and various other professional certificates, have to be given, shield these pretended assistants from inconveniences which the law intends to attach to their position. By doing this, they virtually abet an imposition on the public. Though conduct of that sort is not strictly within the terms of the reference made to us by the Council, we think it sufficiently within the spirit of the reference to require us to express our opinion upon it. We therefore beg to say that, in our judgment, it is misconduct of equal culpability with that which has been more particularly referred to us. As regards the public, and as regards the profession, it is but another form of the same dishonesty, and it seems to us that both forms have to be judged by the same standard of right and wrong. The fundamental intention of the Act which gives legal status and unity to the medical profession of the United Kingdom is 'that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners;' and the man who, as a member of the profession, would frustrate that intention by assisting unqualified persons to pass with the public as qualified, abuses his professional privilege to the detriment of the profession and the public, and in our opinion deserves to be deprived of his professional status.

"Last we should appear to have taken too severe a view of the class of professional offences to which our Report relates, we beg leave to bring under notice of the Council the judgment which the Legislature pronounces on analogous offences

when committed in the profession of the law. The terms in which such offences are dealt with in section 32 of the statute 6th and 7th Victoria, cap. 73, which regulates the practice of attorneys and solicitors, are as follows:—"And be it enacted, that if any attorney or solicitor shall wilfully and knowingly act as agent in any action or suit in any court of law or equity, or matter in bankruptcy, for any person not duly qualified to act as an attorney or solicitor as aforesaid, or permit or suffer his name to be anyways made use of in any such action, suit, or matter, upon the account or for the profit of any unqualified person, or send any process to such unqualified person, or do any act thereby to enable such unqualified person to appear, act, or practise in any respect as an attorney or solicitor in any suit at law or in equity, knowing such person not to be duly qualified as aforesaid, and complaint shall be made thereof in a summary way to any of the said superior courts wherein such attorney or solicitor has been admitted, and proof made thereof upon oath to the satisfaction of the court that such attorney or solicitor hath wilfully and knowingly offended therein as aforesaid, then and in such case every such attorney or solicitor so offending shall and may be struck off the roll, and for ever after disabled from practising as an attorney or solicitor; and in that case, and upon such complaint and proof made as aforesaid, it shall and may be lawful to, and for the said court to commit such unqualified person so acting or practising as aforesaid to the prison of the said court without bail or main-prize, for any term not exceeding one year."

"Before concluding this Report, we think it our duty to state to the Council that, while conducting the inquiry committed to us, we have repeatedly had representations made to us on a point which is of concern to medical education. We find it frequently alleged as an excuse for the improper employment of unqualified assistants, that the subordinate who is without professional title may often be of more convenience to his employer than a legally qualified assistant would be, that not only his inferiority of social rank carries with it some elements of such convenience, but, still more, that many unqualified assistants are abler for certain of the duties which have to be done than many who have a statutory qualification would be. (a) Especially it is stated that the freshly-licensed men are often unfamiliar with midwifery, and with the routine of dispensing and surgery-attendance. It does not in any degree appear to us that the argument to which we refer is valid, or even pertinent, as an excuse for the offence committed. If the practitioner needed his assistant only for uses which might rightly be fulfilled by a person without legal qualification to practise, clearly he would be under no obligation to prefer the professional licentiate, and might at his discretion engage any unlicensed person whom he found better suited to such uses. But unqualified assistants evidently do not exist in their present number with a view only to legitimate uses; and indeed their existence as a sort of profession seems to depend in great part on the fact of their being so largely used for purposes which are not legitimate. It appears to us that in proportion as this is the case, each unqualified assistant is more or less excludng from employment some junior member of the profession; and that, apart from any question of the pecuniary earnings thus diverted from the qualified to the unqualified practitioner, the abuse tends to deprive junior members of the profession of very valuable opportunities of early experience, and thus to aggravate the very evil which is alleged to be the apology for its existence.

"The educational evil, according to the statements which we have received, is, that many freshly-licensed men who offer themselves for employment as qualified assistants are strikingly in want of those particular elements of education which an assistantship under favourable auspices would supply, and which formerly, under the system of apprenticeships, used to be acquired as a matter of course in the early

(a) As regards the comparative efficiency of qualified and unqualified assistants, we should of course expect that the freshly-licensed qualified assistant would in certain respects compare disadvantageously with the person who had made "unqualified assistantship" his profession, and had had some years of experience in it; but we presume that the respects in which the legally-qualified person might fall to show himself the superior would not be those in which professional skill and discretion are required (for in those respects the unqualified assistant could not, except by gross abuse, have acquired the experience on which to found superiority); and it evidently would not be admissible that, for any greater efficiency which he may have as a dispenser or surgery-assistant, he should be deemed a proper substitute for his employer in the responsibilities which are distinctively professional.

stages of the education of all who were destined for general practice. It is not for us, as a Committee on the uses and abuses of unqualified assistantships, to enter on the purely educational questions which may be suggested by the statements which we quote; and we confine ourselves to indicating the educational consequences which in our opinion would result from a rule, strictly enforced, that assistants without statutory qualification must not be employed as deputies in professional practice. If that illegitimate use of the unqualified man were stopped, the legitimate use would in many cases not suffice to make it worth while to retain him, and circumstances would often make it indispensable that a qualified assistant should be appointed in his stead. We think it certain that in this way there would by degrees result a greatly diminished demand for unqualified assistants, and a correspondingly increased demand for assistants of the other class; subject, however, to the important condition, that the legally-qualified assistant would be expected either to have already learnt, or else at least to show himself very ready to acquire, those accomplishments of a subordinate kind in which he is now said to be frequently deficient. We think it probable that, with the circumstances thus changed, the medical student of the future, if intending to follow general practice, would commonly not consider his course of study complete unless he had devoted at least some two or three months to learning, as a pupil, the ordinary routine of an unqualified assistant's duties, as formerly learnt by the apothecary's apprentice; and that, for the purpose in question, general practitioners would very often be asked to receive as pupils, for some such limited time, students who might well desire to utilise those opportunities of learning which in former times attached to the system of apprenticeships.

"In conclusion, we submit to the Council the following recommendations:—

"(a) That the Council ask for legislation to the effect that any registered practitioner, practising for gain, who knowingly and wilfully deposes a person not registered or qualified to be registered under the Medical Act, to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person, shall be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner; but with special proviso that such enactment shall not hinder any duly regulated training of pupils by qualified teachers, nor any legitimate action of nurses, midwives, or dispensers.

"(b) That communications be entered into by the Council with the Registrar-General with the view of procuring such amendments of the Registration Act as will diminish the present frequent evasions of the Act in the certification of causes of death.

"(c) That the Council record on its minutes, for the information of those whom it may concern, that charges of gross misconduct in the employment of unqualified assistants, and charges of dishonest collusion with unqualified practitioners in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the Council, regarded by the Council as charges of infamous conduct under the Medical Act.

"THOS. K. CHAMBERS, M.D., Chairman."

(To be continued.)

Transactions of Societies.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

MARCH 29TH, 1883.

B. WALKER, M.R.C.S.E., President, in the Chair.

INJURIES TO THE EYE.

MR. SNELL exhibited two cases of injury to the eye. The first case was that of a young man, a stonemason by trade, who had been struck with the point of a pickaxe in the left eye. The point entered between the globe and the root of the nose, passing between the internal and superior recti muscles. The injury was followed by complete loss of sight. A point of interest about the case was, that the external rectus was paralysed; it is now, however, recovering. The globe of the eye presented no disfigurement. There is dilatation and want of response on the part of the pupil to the stimulus of light. The second case was that of a boy, who had

received a severe blow on the right eyeball from a large bit of stone. Rupture of the iris was the result. There was temporary loss of sight, but it is now recovering.

ANEURISM OF THE DESCENDING AORTA.

The PRESIDENT (MR. WALKER) showed an interesting specimen of this nature. Its existence had not been suspected during life. The patient, a man, *æt* 27, had been under observation and treatment for over a year for what were thought to have been symptoms of dyspepsia. He had only complained of a pain over the hepatic region and discomfort after food. At times he had complained of pain in his back, but never laid any great stress upon it. He traced his illness back to a supposed strain, which he ascribed to the following accident:—He was about to sit down upon a chair, which he thought was in its usual place. This not being the case, he fell heavily to the ground, and in a doubled-up and constrained position. Since then he has never felt well. The rupture took place into the posterior mediastinum. A clot formed of marked firmness. The lower part of the clot protruded through the oesophageal opening, thus preventing any escape of blood into the abdominal cavity. There was well-marked corrosion of the bodies of the 7th cervical, and the 1st, 2nd, 3rd, 4th, and 5th dorsal vertebrae. The amount of corrosion made the slight character of the pain that had been felt in the back somewhat remarkable. There were some atheromatous patches about the vessels. A week or so before his death he had been able to walk a distance of eight miles.

CANCEROUS TUMOUR OF THE LEFT SCAPULA.

DR. KEELING placed before the meeting a specimen of tumour, growing from the left scapula of a woman, *æt* 51, under his care in the Sheffield Hospital and Dispensary. He had removed the tumour, including the whole of the scapula, except the neck and glenoid cavity. In his operation he had left the shoulder joint intact. The history of the case pointed to a hurt received from a fall as the origin of the mischief. This injury was followed by the rapid growth of the tumour, the growth taking place beneath and along the vertebral border of the scapula; this was lifted up from the walls of the chest. The shape of the tumour was globular. The nature of the tumour was determined by exploratory punctures and placing a bit of it under the microscope. Some spindle-shaped cells, and quantities of small round cells, were found in the specimens examined. The supra and infra spinatus muscles, and the sub-scapularis muscle, were infiltrated deeply with these cells. (Specimens were shown under the microscope.) The bone also seemed affected. If asked for a name, Dr. Keeling thought he would call it osteo-cancerous disease, the character of the cells, infiltration of the muscles, and the rapid growth of the tumour seeming to determine the question of its malignancy.

NEW OPHTHALMIC METHODS.

MR. SNELL drew attention to (1) Snellen's types, and the method and purpose of their use; (2) The use of the actual cautery in the treatment of ulcers of the cornea—he uses a small platinum cautery for the purpose; (3) A new method of treating trichiasis, by means of the galvanic current, applied by means of a suitable needle to the roots of the offending hairs. He remarked that the current should be of the strength necessary to decompose water; he also explained how, when the current has been passed through, the tissues become whitened, and the hairs drop out. He had used it on some fourteen or sixteen cases since Christmas, and with the most satisfactory results.

WEST LONDON CHIRURGICAL SOCIETY.

MONTHLY MEETING, APRIL 6TH.

The President, DR. H. VINEN, in the Chair.

ANKYLOSIS, ESPECIALLY OF THE HIP-JOINT.

MR. C. B. KERTLEY read a paper on ankylosis, especially of the hip-joint, and showed a splint invented by him for use after osteotomy for that affection. He said that although bony ankylosis was generally a very desirable termination of *morbus coxae*, and the best that could be hoped for, unfortunately in the majority of cases it occurred in a bad position. The commonest fault was a compound of adduction and flexion. By it often an apparent and practical shortening of five inches or more was produced when the real shortening was only an inch. The necessity then arose

for a large and unsightly cork boot. The treatment for cases of a certain grade of severity was antiseptic osteotomy, done with the chisel, and, preferably, above the trochanter, through the so-called neck of the femur (really, in most instances, it was a mass of new bone forming the uniting medium). Manifestly, sub-trochanteric osteotomy merely hid one deformity by adding a second. Although supra-trochanteric osteotomy with the chisel was more difficult to a beginner than sub-trochanteric, it became easy enough with a little practice. Strict antiseptic precautions should be used. Usually the first dressing did not require renewal, and had to be kept on less than three weeks. He had had seven cases—five supra, and two sub-trochanteric—each of which had followed an even course, without suppuration or other disturbance, no one remaining in bed more than six weeks, and each then convalescing rapidly. It was now well known that "subcutaneous osteotomy" with a saw was an impossibility in the sense of subcutaneous tenotomy. Anyone who doubted this was referred to a report in the Belgian Academy of Medicine, where it was shown that suppuration, alarming hemorrhage, and severe shock had occurred in a notable proportion of such cases. Referring to the forms of bony ankylosis of the hip, Mr. Keetley said that he passed a rather large osteotome downwards, backwards, and inwards, towards the bone of ankylosis from about an inch outside and below the anterior superior iliac spine, taking care to get it well inside the great trochanter, near enough to the innominatum. The plane of the surface of the chisel must be at right angle to what would be the neck of it, if really a neck existed. The incision for the passage of the chisel is made by a scalpel passed along the groove of a sharp-pointed director, and when the bone is nearly divided, the chisel is removed and force is applied to break the rest. The force used should be partly rotative. The limb is then put into good position once for all, and he applied a splint of his own design. On this splint the sound limb is made to unconsciously exercise the force which keeps the limb operated on in a good position, and the relative apparent lengths of the two limbs can be regulated to a nicety. In conclusion, Mr. Keetley stated that in a case of spastic stiffness he had stretched the great sciatic, and putting in practice an idea of Dr. MacEwen, the anterior crural nerve. The patient, an adult woman, was well satisfied with the result of the operations.

Dr. THUDICHUM remarked that where there was a long neck, he regarded Mr. Adams' operation as excellent; and he suggested that it was of the utmost importance when treating bones to avoid the introduction of infective particles. Where there was a short neck, he thought a circular saw ought to be used.

Mr. LUNN inquired if Mr. Keetley could get movement on a stiff joint? He had a case of fractured clavicle in a man, *æt.* 52, where an attempt to get movement ruptured some muscles and produced a non-pulsating swelling. In consequence of the temperature suddenly increasing, he made an incision an inch below the clavicle. He cleared out a lot of blood, but could not control the sub-clavian artery, and was obliged to amputate the shoulder-joint, an operation which the patient did not long survive.

Dr. ALDERSON asked if the splint exhibited was applicable to fractured femur?

Mr. KEETLEY, in reply, said that he agreed with Dr. Thudichum that there was a future in surgery for the circular saw; he intended to use it as soon as he became the possessor of a surgical engine. At present, however, he was content with the chisel and osteotome. Nothing was more difficult than to give a general answer to Dr. Lunn's question. The amount and character of force and movement justifiable in treating ankylosis could only be decided in each case. Cicatricial adhesions in the neighbourhood of both the joint and the great vessels should induce great caution; so should advanced age. Fortunately, one rarely thought of operating on aged people at all. The splint shown would be quite applicable in the case mentioned by Dr. Alderson.

Dr. F. G. EDWARDS, through the kindness of his colleague, Mr. Coulson, showed a specimen of

DILATATION AND HYPERTROPHY OF THE BLADDER AND URETERS, WITH DISORGANISATION OF THE KIDNEYS, DUE TO PROSTATE ENLARGEMENT.

The patient, William Bachelor, from whom the specimen

was taken, was a postman, *æt.* 67, and was admitted into St. Peter's Hospital on the 26th of December last, on account of frequent desire to micturate, accompanied by great pain of a cutting and burning character in the urethra, which pain was also referred to the anus. For two years previous to admission, he had to have frequent recourse to catheterism, which had become so frequent that on admission he was obliged to pass his catheter every hour and a-half. On rectal examination, the prostate was felt to be much enlarged, as was also the right testicle. The vas deferens was thickened; the *arcus semilis* was well marked; the arteries were hard and tortuous; the urine was somewhat albuminous. On December 27th, to relieve the pain and provide a free exit for the urine, Mr. Coulson performed cystotomy by means of a median incision in the perineum. On passing his finger into the bladder, a portion of the middle lobe of the prostate was found to be pedunculated. This was accordingly seized and excised by means of a long straight probe-pointed bistoury. In the evening, as the urine did not escape freely from the wounds, a canula was passed through the wound into the bladder, and fixed there. On the following day the patient still complained of severe pain in the urethra, and, as the pain increased towards evening, his bladder was washed out and the canula removed. On the 1st of January, the patient being in great pain and little urine having escaped, a catheter was passed, and about six ounces of urine drawn off. As the patient felt easier with it, the canula was retained in the bladder. On the 6th the patient gradually got weaker, sickness and hiccup supervened, and the urine became scanty. Death occurred that evening. In the specimen exhibited the three lobes of the prostate were much enlarged, especially the lateral. From the apex of the middle lobe was a projecting piece of tissue, which, marking the site of the attachment of the portion which was removed, and at the time of the autopsy prevented the escape of three or four ounces of urine which the bladder contained. The kidneys were good examples of the so-called surgical kidneys. The right contained about five ounces of pus, and the left rather less. There was an aneurismal dilation of the arch of the aorta, with extensive atheromatous disease; a fibrous clot occupied both ventricles.

THE RELATION BETWEEN SUBCUTANEOUS NODULES AND CARDIAC VEGETATIONS.

Dr. DREWITT showed a boy, *æt.* 9, who had had rheumatic fever. He had in the knees, elbows, knuckles, and occiput about 36 small slightly movable, painless bodies lying in the fibrous tissue immediately beneath the skin. He had also a loud mitral murmur, which varied at times, and a dilated heart. Probably, therefore, he had vegetation on the mitral valve. The attention of the medical profession in England was first called to these bodies by a paper read before the International Medical Congress by Drs. Barlow and Sainer, on "Subcutaneous Nodules occurring in Children the subjects of Chorea and Rheumatism." They had notes of some twenty-seven cases. They regarded these nodules as indicative of rheumatism, and stated that these bodies were "in their nature probably homogeneous with the vegetation on the cardiac valve." It was worthy of note that in all recorded cases of subcutaneous nodules in children, there was also heart disease, and it appeared as if their locality at least was determined by friction, for they occurred on bony prominences where clothes caused friction, and on the valves of the heart where friction was continuous. The nodules had also been found on the pericardium, where, when inflamed by rheumatism, there was almost as much friction as on the valves. He thought, therefore, from the suggestions he had made, and from the fact that in a case which he had recently shown at another society, where a loud, harsh, mitral murmur almost disappeared when a crop of nodules subsided, that these apparently unimportant bodies have an important bearing on the prognosis of disease of the mitral valve.

We are asked to state that the Duchess of Albany, who will be accompanied by H.R.H. the Duke of Albany, has fixed Tuesday, the 10th of July, for the ceremony of opening the new building for the Chelsea Hospital for Women, the foundation stone of which was laid by the Princess of Wales three years since.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, APRIL 2ND.

JOSEPH WALKER, M.D., President, in the Chair.

SOME interesting specimens of abnormal dentition having been exhibited by Messrs. Hutchinson, Stocken, and Corbett, a paper was read by Mr. J. B. SUTTON, L.R.C.P., on

THE DEVELOPMENT OF THE LOWER MAXILLA.

After showing that great difference of opinion had existed amongst anatomists as to the mode of development of the lower jaw, even so recent an authority as Prof. Humphry considering that it was usually formed from one centre, Mr. Sutton described its growth from six centres, illustrating his description by means of specimens. The first centre to appear was that which formed the greater part of the body of the bone; next came centres for the condyle, coronoid process, and angle, then one in front known as the "mento-meckelian." These united, and then a thin plate of bone appeared on the inner side of the mass thus formed, at right angles to it, but quite distinct. This was the "splenial;" above, it supported the dental follicles, whilst below it was Meckel's cartilage and the inferior dental nerve. A little later the splenial sent down a process from its inner edge which enclosed the nerve, uniting with the outer plate or "dentary," and it also united with this by its outer edge above the nerve. The descending process of the splenial formed the inner wall of the maxilla and a growth upward from it formed the inner wall of the alveoli; after the fourth month all trace of the separate parts was lost, and the bone assumed the condition which it presented at birth. Mr. Sutton next referred to Serre's "Loi de Conjugaison,"—i.e., that foramina in bones are always formed by the apposition of two or more distinct bones, or by two or more distinct centres of ossification—and showed that this afforded *à priori* evidence of the compound origin of the lower jaw, which was fully justified by the results of actual investigation. Lastly, he pointed out the homologies of these centres in the compound jaws of fish, amphibia and reptilia; showing that these parts, which in man united at so early a period that their very existence had been doubted, in some of the lower vertebrates remained separate throughout life, and that thus the evidence afforded by comparative anatomy tended strongly to confirm the compound origin of man's lower jaw.

A short discussion followed, after which

Mr. A. COLEMAN, F.R.C.S., read a paper on

SPONTANEOUS FRACTURE OF THE TEETH.

Cases in which fracture, or splitting of the teeth, occurred without any apparent assignable cause. Mr. Coleman gave the particulars of four such cases which he had met with in the course of his practice; in all of them the pulp was found to have undergone calcification to a considerable extent. It had been suggested that this splitting of the teeth was due to accumulation of gases in the pulp cavity; he (Mr. Coleman) thought it was in some way connected with the calcification of the pulp which was such a constant concomitant, and gave some reasons in support of his hypothesis.

In the discussion which followed all the speakers were of opinion that in these cases of so-called spontaneous fracture of the teeth, the accident was always due to some form of mechanical violence, but that the real cause was overlooked or forgotten, owing to the fact that a considerable time might elapse before any symptoms appeared to call attention to the fracture, and cases were related by Messrs. Charles Tomes, Hutchinson, and Hern, in which there had been complete absence of symptoms for periods varying from three months to nearly two years after such accidental fractures. Mr. Hutchinson also suggested that the calcification of the pulp, which was so generally present, was due to the irritation set up by the fracture, and was, therefore, a result of the accident and not the cause of it.

CLINICAL SOCIETY OF LONDON.

In our report of the last meeting of this Society the remarks made by Mr. James Startin were not quite accurately printed. In speaking of the interest attaching to the history of Dr. Tyson's case and its connection with syphilis, *hereditary*

syphilis should have been mentioned; and in connection with the case quoted by Mr. Startin from his own experience, it should have been stated that "he had seen a patient who had resided in India afflicted with the disease after ten years' residence in England."

France.

[FROM OUR SPECIAL CORRESPONDENT.]

EXTIRPATION OF A LARGE GOITRE.—M. Labbé, of the Lariboisière Hospital, extirpated a voluminous goitre from the neck of a middle-aged woman. The operation was rendered imperative from the condition of the patient, who was being gradually asphyxiated. Knowing that the loss of blood would be fatal to a person already so much reduced, he decided on practising transfusion immediately after the operation. But where was the blood to come from? The woman came alone to the hospital, and had no friends; and who would be willing to sacrifice perhaps his life for that of a stranger! The question was quickly solved: one of the students came forward and bared his arm courageously to the lancet. The tumour was excised, transfusion practised, and the woman is now rapidly recovering. This noble act of the student was highly praised and appreciated by the whole staff of the hospital. The Legion of honour will probably be given to him as a recompense.

THE DEPOPULATION OF FRANCE is seriously occupying the minds of political economists, and in one of the last sittings of the Chamber, a deputy laid on the table a bill which, were it not for its originality, might receive some attention. "Gentlemen," said the honourable deputy, "a great danger threatens the country. It is the stagnation and even the diminution of the population of France, whilst amongst all the other nations there is an increase." The reasons he gave for the decrease were:—1st. Because the people have a dislike to emigrate, the Government having done nothing to encourage it. 2nd. Because the people are not kept enough in the country, and that the taxes are too high. 3rd. Because the Government do not restrain enough prostitution, and do not encourage marriage amongst the poor. 4th. Because the consumption of tobacco and absinthe are attaining enormous proportions, so that the race is becoming weakened and stunted in intelligence and physique. In any case the situation is grave. One of the most distinguished French economists, Beaulieu, said recently:—"If the morals do not change in France, in fifteen or twenty years the population will have an excess of deaths over births." The Bill of the deputy above-mentioned consists of only two articles. The first provides for a decrease in the taxes for every family which has more than four children; while the other proposes a bounty for every child above four where the parent paid no taxes. It is no doubt true that for the workman or the clerk a large family means misery, according to the present régime. Everything is so dear in the large towns that concubinage is preferred to marriage, as the responsibilities are less, since the State provides when required for the children that may be born.

It affords us pleasure to congratulate our esteemed contributor, Dr. S. D. Clippingdale, on the presentation to him of a handsome secrétaire, on the occasion of his resignation of the post of medical officer of the Kensington Dispensary.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 9, 1883.

THE TITLE CLAUSE.

Now that the new Medical Bill has, in its amended form, reached so far in its progress as the House of Commons, expectation of its becoming law during the present Parliamentary Session may be indulged in without extravagant confidence in fortuitous combinations. It will, however, be wise to repress an over-sanguine spirit of belief in its ultimate safe conduct through the stormy ways that front it; but, at the same time, possibilities are sufficiently on its side to make it imperative on us to insist on such further amendment of the measure as shall effect the change without which it will be deprived of an essential element of usefulness. Especially is this true in respect to that portion of the Bill which deals with the question of titles; and above all should it be contended that the original Clause 26 be reinstated as a section of the document.

In a previous article we dwelt on the injustice and mischief that must ensue if, as is at present the case, no provision should be made for conferring on successful candidates at the new final examination some tangible recognition of their having obtained a registrable qualification to practise medicine, surgery, and midwifery. Without, for the moment, referring to the particular action which has resulted in deletion of the title "Licentiate of the Medical Council," we may appropriately dwell on the characteristically emphatic language adopted by Mr. Simon in his supplementary

remarks on the Royal Commissioners' Report, and which especially deals with the question we are considering. Mr. Simon observes:—"My opinion is, that if the Register is to be made as intelligible to the public, and as valuable to the medical profession, as it ought to be, . . . the one common 'title of licence,' and the duly authenticated 'higher titles' ought alone to be registrable; and that all *separate* minor titles ought to be understood as merged in the one *common* minor title which all authorities will have had share in granting." We have in these words the whole principle which is contended for at the present crisis; and the arguments which support the contention, as advanced by Mr. Simon, are practically unanswerable. As he truly puts it, "Persons and public bodies desirous of engaging medical aid and service, and wishing, therefore, to compare together the pretensions of different registered practitioners, are entitled to expect that the Register shall clearly exhibit those distinctions of grade to which importance is attached by persons who understand them, and that it shall refrain from insignificant additions which must mystify and may mislead the public. . . . The new system ought to be represented by a simple Register expressing no distinctions but such as have a substantial meaning. These, under the amended system, would be—(a) that all persons entering the profession will be describable under some *common title of licence*, such as that of 'Registered Medical Practitioner,' or 'Licentiate in Medicine and Surgery;' and (b) that certain of them will possess, in addition to their mere licence, *authenticated higher titles*, which individual authorities will grant, and which the Medical Council, or (on appeal) the Privy Council, will have declared to indicate professional attainments substantially higher than those required for mere licence."

Apart from considerations of local interest, it is difficult to comprehend any valid arguments against so common-sense a view of the matter as Mr. Simon advances; nor even now, and with the whole array of reasons for pursuing another course which have been showered down before us from various of the corporations concerned is it any more easy to perceive excuses for dissent from the original proposals. If the amended Act is to serve the public interests, then it is incumbent on those who are entrusted with the task of framing it to do so with the primary object of ensuring that these interests shall be conserved in the utmost possible degree. And that this can only follow after the removal of existing confusion, as created by the heterogeneous mixture of titles all apparently equally significant of professional attainments, is most clearly and precisely displayed in Mr. Simon's words above quoted. There is, however, in this connection an unfortunate conflict of interests, to which we are chiefly indebted for the weakening influences brought to bear in amending the original Bill with respect to the title clause. On the one hand, and in our opinion of paramount importance, is the inestimable public gain; on the other, the openly-avowed interests of corporations seeking to preserve, at any expense of expediency, all the privileges they have enjoyed in the past; and, so far, it is clearly apparent their combined efforts have been successful.

It may not be out of place here to revert to the manner in which concessions like those already obtained by interested corporations have been gained. Most certainly they have not been granted in response to claims raised by the general body of the profession, and it is by no means improbable, or to a certain extent without justification, that much of the influence brought to bear has been of an individual character. Almost the best privilege enjoyed by medical men is that of intimate association with their patients in relations of a social kind, and which afford them, in their position of trusted advisers, the opportunities of offering responsible suggestions on subjects in which they may be interested, and in the disposal of which those they are attending may have much influence. Situated in positions of this description, it is but reasonable that members of particular corporations should urge the claim of such bodies to especial consideration; and any such exercise of opportunity and power combined is not only legitimate, but, in a way, praiseworthy also. There is the misfortune attending it, however, that the result can only be satisfactory to the interested minority; and we must emphatically urge the extreme necessity at the present time for neglect of all individual representations on the part of those who are entrusted with the safety of the Bill, and that they should pay attention rather to the collective utterances of the profession in all that is of vital interest to the profession.

It is needless to point out that the title clause is a most essential safeguard for the future; that in its absence the worst form of competition among distributors of minor qualifications must ensue; and that its omission will provoke a series of evils in comparison with which previous abuses will compare almost favourably; whilst, against its retention it is possible to urge nothing weightier than the advantages entailed on certain corporations so long as large numbers of young men apply each year for the qualifications they dispense.

As not unworthy evidence of the keen anxiety felt in respect to the title clause of the Bill among a very important and too little regarded portion of the profession—viz., medical students—the result of a discussion on the new Bill held at the Medical Union Society, on Saturday last, deserves attention. Dr. J. G. Glover introduced the subject, and a well-sustained debate ensued among members of the Society, the principal point dwelt on being this question of title. As a final conclusion, the meeting unanimously resolved to forward a petition in favour of the measure to the House of Commons, but making special request for the re-insertion of the title clause in the amended Bill; and we are informed that Mr. Mundella will be asked to receive a deputation of members of the Society, who will urge its views for his consideration.

THE TUBERCLE BACILLI WAR.

KLEBS, of Zürich, has recently taken the field against Koch and his supporters. In an article in the *Archiv für Experimentelle Pathologie und Pharmakologie* (Bd. 16, Hft. 5 & 6), he criticises severely the arguments and

conclusions of the discoverer of the bacillus tuberculosis, and maintains that up to the present, at any rate, Koch has not succeeded in proving his case. According to him, Koch has not proved that his bacilli are organic structures; they may be only crystals. His cultivation experiments are imperfect, inasmuch as in them the cultivation substratum has not been separated from the cultivated organisms, so that it is open to question whether in inoculations the results do not arise from the cultivation liquid, and not from its contained organisms. He (Koch) ought first to have shown that the cultivation substratum was incapable of producing the results actually observed. He agrees with Spina, that other bodies besides the tubercle bacilli are acted on by aniline colouring matter, and in an exactly similar manner.

In a recent article in the *Wiener Med. Zeitung* the subject of Perlsucht, or "grapes" of cattle, and its relation to human tuberculosis, is discussed. The article enumerates the numerous points of difference between the two diseases with a view of showing that perlsucht is not bovine tuberculosis, and that if, as cannot be denied, inoculation by the caseous matter of "grapes" produces tuberculosis in the animal so inoculated, it produces this effect, not by virtue of its tubercular nature, but by virtue of its power as an irritant—that, in fact, it produces inoculation tubercle in precisely the same way as do powdered glass, various bacteria, and nodules of sarcoma. It calls to mind the facts that tuberculosis generally affects the lungs primarily, and that it spreads thence to other organs, or serous membranes, whilst in the case of grapes the process is exactly reversed—it first attacks the serous membranes, and from these makes its way to the lungs. Grapes produce pediculated nodules which may reach the size of a child's head; these nodules generally calcify, and but rarely become caseous; and in none of these particulars does the disease bear any resemblance to tuberculosis. It is conceded that there is a histological identity between the two diseases, but "histological identity does not involve clinical identity. If the one involved the other, then syphilis, lupus, and the inflammation products which surround small foreign bodies when they are injected subcutaneously would all have to be declared identical with grapes and tuberculosis, as they present analogous appearances under the microscope." The writer further mentions the statement of Demme, to the effect that he had discovered tubercle bacilli in three cases of lupus (nodosus and serpiginosus) and makes the following remark thereon:—"Now, according to Koch's teaching, tubercle bacilli are only met with in the products of tubercular diseases, so that, according to this teaching, lupus must now be considered to be skin-tuberculosis, and a contagious disease, a conclusion which will scarcely meet with the approval of unprejudiced clinicians."

Now for the other side. There are not wanting many who have accepted the theories of Koch—in fact, these at present form a majority. Dr. Kredel, assistant in the Medical Klinik of Professor Riegel, of Giessen, delivered an address on March 13th last on Clinical Experiences on Tubercle-bacilli. He found the bacilli in all

the cases of phthisis received into the Klinik, with one exception—viz., the case of a patient who was admitted moribund. In this case, however, they were found post-mortem in the contents of the lung cavities. They were not found, on the other hand, in any case of lung disease of a different nature. The discovery of the bacilli frequently facilitated the diagnosis. Dr. Kredel concluded that the number of bacilli found was of no significance from a prognostic point of view. The presence of bacilli was often noted in the dejecta of phthisical patients suffering from tuberculous intestinal ulcers, but they were absent from all cases in which the intestinal tract was normal.

Dr. Wobly, of St. Petersburg, also reports proofs of the accuracy of the now dominant belief (*Wratsch*, 7/83), of which a notice is given in the *Deutsche Med. Zeitung*, No. 17/83. He made a series of observations on fifty-three cases. Of this number, thirty-five were cases of phthisis, and in every case bacilli were found. The remaining eighteen were cases of various non-phthisical lung affections, and in no case were bacilli found. His conclusions are as follows:—1. The presence of tubercle bacilli in the sputum of patients suffering from pyrexia is a certain proof of destructive processes in the lungs, even when objective changes are not demonstrable. 2. The absence of bacilli does not prove that no tuberculosis is present. 3. Tubercle bacilli have no importance from the point of view of prognosis.

Notes on Current Topics.

Dr. Oliver Wendell Holmes.

THE latest received American medical journals give considerable prominence to reports of a great banquet given to the world-famed poet-physician, Oliver Wendell Holmes, late Professor of Anatomy in Harvard University. Few persons even in this country, and certainly none of any great degree of culture, are unfamiliar with the writings of Professor Holmes, who has given to the world of letters many volumes that will occupy a lasting place in the libraries of the cultivated. The "Breakfast Table" essays of themselves would confer a worthy reputation on their author; but when to these are added, from the same pen, the "Biglow Papers," "Elsie Venner," &c., &c., American medicine may well feel proud in the possession of a genius so remarkable and so versatile. The manner in which our brethren across the water showed their appreciation of the great talents in industry, and labours of their fellow-physician was both happy and graceful; and in the midst of two hundred eminent and representative members of the profession in America the illustrious guest could not fail to be deeply moved at the spontaneous enthusiasm his presence evoked. Dr. Holmes fittingly graced the occasion by reciting a poem specially written for the purpose of expressing the gratitude he felt at the signal honours paid to him; and it cannot but be pleasant to the great world of letters to learn that this production evinces the continued possession by its author of all the fire and genius which characterised his earlier compositions. In the secluded life he has decided to lead henceforth, devoting himself to care-

ful revision of his manifold works, the whole civilised world will anxiously hope that Dr. Holmes will preserve his accustomed vigorous health and strength.

Hospital Expenditure.

At the present time, when hospital finance is engaging so much attention both in and out of the profession, every explanation of the increased difficulty experienced in making both ends meet is worthy of careful consideration in the hands of would-be reformers. In this connection our contemporary the *Philanthropist* cites an example of the way in which hospital charities are abused that is deserving to be repeated. A correspondent of the paper in question asserts that an upper servant of one of the noble speakers at the recent meeting held at Grosvenor House on behalf of St. George's Hospital, some time ago fell ill, and needed such treatment as a hospital only could provide. He was well able to pay as much as would have given him a place in a paying ward, and arrangements were actually made for his admission to one of the institutions which receive paying patients. His master had made the application on behalf of his servant, but for some unexplained reason changed his mind and sent him into St. George's, where, as a governor, he could insure him free treatment. The note then adds, with well-timed truth, that this governor may well be reminded that an institution may be helped by saving its expenditure, especially when such expenditure is upon an object quite unworthy of free treatment.

The late Dr. Richardson, of Dublin.

At the general meeting of the Royal College of Surgeons in Ireland, which took place on Saturday last, May 5th, it was proposed by Professor Macnamara, and seconded by Dr. Edward Stoker, and unanimously resolved:—"That this College has heard with great sorrow of the death of Dr. B. W. Richardson, late Chairman of the Court of Examiners, and now desires to express the unanimous feeling of the Members of Council and Court of Examiners, as well as of the Fellows of the College, viz., That the strict impartiality and fairness which characterised Dr. Richardson as an Examiner were only equalled by the intimate and accurate knowledge he possessed upon the subjects upon which he examined. Such qualities and attainments make his loss deeply felt, and the College deplors this loss, whilst it offers to Mrs. Richardson and her family sympathy and condolence in their sorrow."

Birmingham Hospital Saturday.

THE Hospital Saturday movement was originally established in Birmingham, and, judging from the amount received on the 28th of April last, the day set apart for the 1883 collection, the spirit which animated the originators of this particular charity still stimulates the worthy operatives of this great manufacturing centre. The total sum obtained on the Saturday was £4,230, this being £446 above the returns of 1882. To the subscriptions paid in, however, on Hospital Saturday proper there have to be added those which are not sent in until some little time subsequently, and which in the aggregate reached last year to £1,114, thus raising the total to

£4,888. It is expected that during the present year the amount obtained altogether will reach nearly £5,500, a result which will be of very substantial service in assisting the institutions destined to benefit by it. It cannot but be a very great gratification to Mr. Sampson Gamgee, who was mainly instrumental in bringing the Hospital Saturday movement into active working, to find his unwearying efforts in so good a cause thus progressively successful; and it is still more satisfactory both to him and to all who would wish to see the artisan classes bear a fairer share of the burden of hospital expenditure to note the growth of a feeling among workmen in favour of weekly penny contributions towards the fund. The committee in Birmingham is, in this direction, doing excellent service, and their operations might with advantage be more closely imitated elsewhere.

The Dormant Period of Diphtheria.

In a report conspicuous alike for its careful preparation and for the remarkable thoroughness of the work it describes, presented to the Local Government Board, on the epidemic of diphtheria at Dartford, in Kent, the writer, Mr. John Spear, makes the following concluding statement:—"At the beginning of November, 1881, diphtheria appeared without ascertainable opportunities of external infection in one of a row of houses that had been infected in 1879. Under bad hygienic conditions it spread throughout that household, and the infection was conveyed to Swanscombe School. In Swanscombe village, under like conditions, it extended itself, until April, 1882, with a peculiar interval of latency lasting from the middle of December to the middle of February, re-appearing at the latter date with evidence of its identity. In April it was reconveyed to Galley Hill, disappearing in June, 1882, almost on the spot where it first made its appearance eleven months before." Mr. Spear then makes the following pregnant suggestion, in which experienced physicians will be able to find ample material for profitable reflection. "There can be little doubt that just as this infection was lurking unheeded in the Swanscombe village for the two months above mentioned, so it is now lying dormant in many ill-conditioned spots of this rural district; its future history, whether as harmless matter, or as destructive agent, waiting to be determined by the action of the sanitary authority."

The Elections at the Royal College of Surgeons, Ireland.

ON Tuesday, the 1st inst., the College met to elect Examiners, when, in addition to the members of the outgoing courts who sought re-election, there were nine new candidates whom we named in our last issue. The election resulted in Mr. H. G. Croly, Senior Surgeon to the City of Dublin Hospital, being chosen to fill the seat vacated by the lamented death of Dr. Richardson, all the other members of the Surgical and Midwifery Courts being re-elected with the exception of Mr. Swanzy, who was replaced as Ophthalmic Examiner by Mr. A. H. Benson. In the Preliminary Education Court Dr. Malone was superseded by Dr. Morton, of Nenagh, who had held a place on the court last year, the other members not being re-elected.

On Saturday the College assembled to elect a Member

of the Council in the room of Mr. Croly, who resigned to seek the Examinership. There were four candidates—Mr. Baker, dental surgeon, Mr. Coppinger, of the Mater Misericordiarum Hospital, Mr. William Stoker, of the Ledwich School, and Dr. Abraham Kidd, of Ballymena. Mr. Coppinger retired before the election. The voting was—33 for Mr. Baker, and 46 for Mr. Stoker, who was therefore elected.

Dundrum Criminal Lunatic Asylum.

IN the House of Commons, last week, Mr. W. Corbet asked the Chief Secretary to the Lord Lieutenant of Ireland if he could state the number of deaths occurring annually in the Criminal Lunatic Asylum, Dundrum, from the date of its opening to the present time; the number of post-mortem examinations held annually; whether fees were paid to the former resident medical officer, or whether it was in the time of the present officer only that such fees commenced; and whether it was a fact that the number of deaths and post-mortem examinations latterly had been out of all proportion with those of former years.—Mr. Trevelyan said that the number of deaths in each year could be given, but as the asylum had been open since 1858 they could not be conveniently stated in the answer to a question. He should be very glad to show them to the hon. member, or to send them to him in the shape of a letter. He was informed that in consequence of some of the records of the asylum having been destroyed in a fire some years ago the particulars of the post-mortem examinations could not be given for an earlier period than 1870. The fire occurred before the appointment of the present Governor, who stated, however, that so far as he knew the post-mortems were held by his predecessor. It was true that during the past twenty-eight months the number of deaths had been greater than in any similar period since the asylum had been opened, but the inspector stated that it could not be referred to any particular or exceptional cause.

Mr. Corbet asked if an investigation had been held into a charge of tampering with the faith of a patient.—Mr. Trevelyan said that in the course of 1881 and the beginning of 1882 an inquiry was held into various matters connected with the Dundrum Lunatic Asylum. There had been no alteration in the arrangements with regard to religious observances. He was informed that no particular case had been brought under notice in which a patient who entered as a Roman Catholic was prevented from seeing the Roman Catholic chaplain. There was a case in which a patient was entered on the books as a Protestant, but who, at his own request, was allowed to see the Roman Catholic chaplain. It was not intended to place before Parliament the report of the inquiry referred to.

Notification of Infectious Diseases.

A NUMEROUSLY-ATTENDED meeting of the medical profession of Nottingham was held at the Dispensary on Wednesday, April 18th, to consider the subject of the notification of infectious diseases. After a long debate, the following resolution was put to the meeting:—"That the Town Council be requested to suspend the clauses relating to the compulsory notification of infectious diseases until the subject has been settled in Parliament."

Excision of a Fibroid Uterus.

MINUTE details of a case of this nature are given by Dr. J. M. Gaston, M.D., of San Paulo, Brazil, in the *Medical and Surgical Reporter*, which show that antiseptic surgery has penetrated even to that remote region. The age or personal history of the patient are not given. The tumour occupied the whole of the pelvic cavity, and extended upwards as far as the umbilical line. The operation was performed with rigid antiseptic precautions, and was so far successful that the patient survived the immediate shock, but died five days subsequently from the effects of secondary hæmorrhage and of decomposing blood retained in the pelvic cavity. Several stout silken ligatures were used to secure the pedicle. One slipped, the others held, but at some points showed evidence, on post-mortem examination, of having divided the tissues. The constriction at the cervix was so great that the operator was unable to pass a tube through for the purposes of securing drainage and as a point of resistance against which pressure could have been made by the ligatures placed round the stump to secure the vessels. The pelvic cavity was well cleansed after the operation, and drainage secured by means of a carbolised india-rubber tube, a quarter of an inch in diameter, passed through the lower portion of the wound, about an inch above the pubis. The record of the case is interesting, as bearing on the statistics of this operation. Had a tube been passed through the cervix, as was intended, and had flat ligatures been used, possibly the result might have been different.

Serious Obstruction by Anti-Vaccinators.

THAT an active but unscrupulous minority has the power of stirring up the passions of the ignorant and idle was never more fully exemplified than at Halifax last week, where the anti-vaccination party thought they would make a demonstration against the law. Some goods had been seized in default of payment of fine, and notice of sale had been given by the police authorities; but a few fanatics determined that this should not take place, and by brute force and mob-law succeeded in carrying out their design. How they subsequently fared, and their humble apology, we gather from the *Halifax Guardian*, May 5th. The statement by the Mayor tells its own tale, and affords a salutary lesson for the chief magistrates of other towns. Before the charge sheet of Friday's Court—containing the names of eighteen persons to be prosecuted for non-compliance with the vaccination laws—was taken, the Mayor rose and said that he wished to make a statement with regard to what had occurred on Monday. On that day bills were hung in many shop windows, and a band of music was paraded through the street, both of which were calculated to rouse the passions of the people and to incite to a breach of the peace, and also to prevent the due execution of the law by the officers of that Court. The results showed that those acts were calculated to produce that effect, and did, so far as to interfere with the carrying out of the law. That was a grave state of things to have occurred, and the Watch Committee of the Town Council had to decide what they should do under the circumstances. They had, after careful consideration, come to the decision that they would require from the gentlemen whom they believed

to be responsible for these riotous proceedings a public apology, and also a promise not to give occasion or do anything which would cause a repetition of such proceedings. If they failed to make that apology and to give the promise, the Watch Committee had no option whatever but to take steps which would bring their conduct before a higher tribunal. The Bench acquiesced with the committee entirely, and felt that they could not allow an offence of this kind to pass unnoticed. They were willing to hope that the parties did the acts complained of in ignorance of their probable result, and now regretted doing them, and if the regret was made known in a satisfactory manner no further steps would be taken, but all parties who were brought before the Court must understand that, when an appeal was made to the Court to carry out the law, they (the Bench) had no alternative but to do so; and further than that, he wished to say that, in the opinion of the Court, they did not carry out this law with any feeling that it was an improper law; but even though this were the case with them, it was their duty to uphold the laws, and punish those who broke them. Anti-vaccinators were at liberty to try by fair means to obtain a repeal of the law, but they must observe it as long as it remained the law, and in their agitation to get it repealed, they must see that they did nothing which would be likely to interfere with the due execution of the law.

We are informed that the statement of the Mayor, supported by the Bench, has had the desired effect; the ringleaders of this mob have hastened to publish the following apology:—"We tender to the Watch Committee of the town our sincere regret that we should have in any way contributed to an obstruction of the due course of the law, by opposing, or recommending opposition to, the sale of goods taken under the authority of the law. And we promise that we will not repeat the offence. Signed, &c."

Bacteria in Herpes.

PROFESSOR COLOMIATTI, of Turin, has demonstrated the presence of bacteria, coloured by methyl violet, in the vesicles of *herpes labialis*. So long as the fluid within the vesicles remained clear and transparent, no bacteria could be discovered; but when it became turbid their presence was easily ascertainable. They are not distinguishable from those met with in croupous pneumonia, with or without complication by cerebro-spinal meningitis or endocarditis.

The New Hospital for Women, Liverpool.

WE understand that the committee of the above-named institution have succeeded in acquiring excellent and commodious freehold premises in Shaw Street. The houses are very large, stand in 1,500 square yards of ground, and will furnish space for at least fifty beds. We congratulate the committee and the institution on the wisdom and courage displayed in the acquisition of a site and buildings that will meet the requirements of the charity for probably many years to come. The organisation of the hospital is now complete, and commenced its active existence on the 7th instant by taking over the

work of the Dispensary for Women in Myrtle Street, hitherto carried on by the Ladies' Charity and Lying-in Hospital.

Methods of Colouring Tubercle Bacilli.

TWO of the best methods are those of Koch and Ehrlich. Koch dries a small piece of sputum on a glass square, places it in a weak alkaline methylin blue solution for twenty-four hours, and then washes it over with vesuvine. Ehrlich, after drying the sputum on a glass square, colours it in methyl violet and aniline water. To prepare the aniline water, three parts of aniline oil are added to 100 parts of distilled water, the mixture is then well shaken and filtered. The methyl blue is a concentrated alcoholic solution. Sufficient of the methyl blue solution is added to the aniline water in a watch-glass, to cause opalescence. The prepared sputum (dried) is allowed to remain from a quarter to half-an-hour in the methyl blue and aniline water mixture, after which it is placed in nitric acid, and then water, and is then exposed to Bismark brown, as the final process in the preparation of the specimen. Professor Fränke prefers fuchsine instead of the methyl violet, and then colours with methylin blue.

The Prevention of Conflagrations.

IN consequence of the destruction of so many valuable buildings by fire, the Committee of the Royal College of Physicians of London has deemed it prudent to improve the security of their College, which contains a library and a museum of the greatest importance to the profession, as well as a large number of highly valuable pictures, &c. At the request of the Committee, Messrs. Merryweather and Sons, the well-known fire-engineers of Long Acre, have made a careful survey of the premises and reported their recommendations, after which it was decided that the opinion of Captain E. M. Shaw, C.B., of the Metropolitan Fire Brigade, should be also taken; and in accordance with the suggestions of these experts, we learn that Messrs. Merryweather and Sons have been directed to furnish the College with their system of high pressure fire-extinguishing appliances. Upon each floor a length of light waterproof hose with nozzle attached will be coupled to a hydrant and hung so that any one person can stretch out the tube and cause a powerful extinguishing stream to be ejected upon a fire in less than a minute after its discovery; while a number of buckets will be hung upon each floor ready to be used on the first sign of fire, and in addition there will be supplied handy portable fire pumps, by means of which a person can unaided pump a stream of water high enough to strike the ceiling of each floor with considerable force and thereby command such points as would be inaccessible by water thrown from buckets on account of smoke, heat, light, or other causes. These buckets and hand-pumps will be continually full of water, and available for instant application upon any fire that may be discovered at the moment of its occurrence, so that excessive water damage may be avoided, while the hydrants and hose will be in reserve for the attack of flames which may have been suffered unnoticed to gain a firm hold of a room or two.

These appliances are similar to those which saved the Freemasons' Hall from a calamitous fire on Friday last.

Another Case of Midwifery Mischief.

A MIDWIFE named Goss is now under remand from the Hammer-smith Police Court on a charge of manslaughter, she having been the means of communicating puerperal fever to several patients with fatal effects. The result of the magisterial inquiry remains to be seen, but the case is only one more illustration of the terrible need for speedy legislation in the direction of a Registration Bill for midwives.

THE University College of South Wales and Monmouthshire, towards which the Government has promised £4,000 per annum, is to be opened at Cardiff in October next.

THE following gentlemen have been appointed examiners in State Medicine in the University of Cambridge: Dr. A. W. Barclay, Dr. F. S. B. De Chaumont, Dr. W. H. Corfield, and Dr. Alfred Carpenter.

A BALL in aid of the funds of the Central London Throat and Ear Hospital will be given to-night (Wednesday) at Willis's Rooms, St. James's, under the patronage of the Duchess of Beaufort, the Countess of Dudley, &c.

AT the annual festival held last Friday in aid of King's College Hospital, His Royal Highness the Prince of Wales, in proposing the toast of the evening, dwelt upon the importance of maintaining the hospital, which was in the midst of a dense population of about half a million, and which had been obliged to reduce the amount of its invested capital from £40,000 to but £18,000. Subscriptions and donations were announced in the room to the amount of £4,500, including a donation of £500 from the Goldsmiths.

THE highest annual death-rates in the large towns last week from diseases of the zymotic class were—From whooping-cough, 2.3 in Cardiff and 2.7 in Hull; from measles, 1.1 in Sheffield and 1.2 in Liverpool; from scarlet fever, 1.3 in Wolverhampton and Leeds, and 2.1 in Sheffield; and from "fever," 1.2 in Portsmouth, and 1.4 in Blackburn. The 33 deaths from diphtheria included 20 in London, 8 in Glasgow, 2 in Edinburgh, and 2 in Leeds. Small-pox caused 1 death in London, 3 in Leeds, 3 in Newcastle-upon-Tyne, and 2 in Birmingham.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Leicester 16; Bolton 17; Bristol, Edinburgh, Nottingham, Brighton, Norwich 19; Leeds, Bradford, Sunderland, Wolverhampton 20; London, Newcastle-on-Tyne 21; Cardiff, Preston 22; Portsmouth, Salford 23; Sheffield, Birkenhead, Birmingham, Hull 24; Blackburn 25; Derby, Halifax 26; Plymouth, Liverpool, 27; Huddersfield 29; Manchester 30; Dublin 31; Oldham 32; Glasgow 34.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 30, Madras 32, Paris 30, Geneva 34, Brussels 28, Amsterdam 31, Rotterdam 33, The Hague 23, Copenhagen 21, Stockholm 27, Christiania 16, St. Petersburg 39, Berlin 23, Hamburg 26, Dresden 27, Breslau 28, Munich 31, Vienna 33, Prague 39, Buda-Pesth 31, Trieste 32, Rome 39, Turin 31, Venice 30, Lisbon 32, New York 29, Brooklyn 24, Philadelphia 26, Baltimore 25.

DR. RICHARD TUOHILL REED, LL.D., who died lately at Rome, has bequeathed the bulk of his property, amounting to nearly £50,000, for the encouragement of education in Ireland, and especially in his native county, Kerry. Dr. Reed was educated at Trinity College, Dublin, and formerly held several important appointments at Bombay. He bequeaths in trust a sum of about £10,000, to assist poor boys belonging to Kerry to complete their education; a sum of about £7,000 is bequeathed to Trinity College, Dublin, for the purpose of founding a professorship of penal legislation, including principles of prevention, repression, and reformation; a further sum of about £6,000 is bequeathed to Trinity College for the founding of five exhibitions for students of limited means, from Kerry, who fail in competing for the ordinary sizarships, but who may be deemed to have shown sufficient merit.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE OPENING OF THE MEDICAL SCHOOL, EDINBURGH.—The classes for the summer session opened on the 1st inst. Professor Ewart's class is filled to overflowing, and a large private sale of his syllabus is expected. This syllabus, the professor informed his class, is sold to students at sixpence *under* cost price, hence the necessity for the professor being his own publisher and bookseller. The botany class is well filled. Among the extra-mural lecturers, Dr. Halliday Croom, as extra-mural examiner in the University, has a large class; but Dr. Croom owes his success more to the fact of the excellence of his teaching than to his examinership. Mr. King, in practical chemistry, and Mr. M'Alpine, in botany, also have large classes.

THE REGISTRAR-GENERAL'S RETURNS.—The official returns of deaths in the eight principal towns of Scotland for the last week in April place the average mortality at 27.6 per 1,000 of estimated population. This rate is 3.5 above that for the corresponding week of last year, and 0.1 above that for the previous week of the present year. The lowest mortality was recorded in Aberdeen—viz., 19.5 per 1,000; and the highest in Glasgow—viz., 34.6 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4.4 per 1,000, or 0.4 below the rate for the previous week. Whooping-cough and measles were the most fatal miasmatic diseases. From acute diseases of the chest, 119 deaths were registered, or 14 less than in the previous week. The mean temperature was 43.0, being 2.1 below that of the week immediately preceding, and 1.9 below that of the corresponding week of 1882.

BARONY BOARD MEDICAL OFFICER.—The Barony Board have, we understand, selected three out of the numerous

applicants for the position of medical officer at the Woodilee Asylum, Lanzie, the gentlemen being Drs. Blain, Dunlop, and Watson. Dr. Blain has been for a considerable time assistant to Dr. Yellowlees, Gartnavue Royal Asylum, and Dr. Dunlop has occupied the position of assistant to Dr. Rutherford at Woodilee. The vacancy is due to the appointment of Dr. Rutherford to the Crichton Institution, Dumfries.

REQUESTS TO SCOTCH INSTITUTIONS.—Miss Catherine Paterson, who died a few days ago, has left the following legacies to charitable institutions:—The Destitute Sick Society, Edinburgh, £300; the Royal Blind Asylum, £500; the Royal Infirmary of Edinburgh, £400; the Royal Edinburgh Hospital for Sick Children, £200; the Edinburgh Royal Maternity and Simpson Memorial Hospital, £200; the National Lifeboat Institution, to build and support a lifeboat to be placed on the coast of Scotland, &c., £1,000. By the death of this lady the following legacies, left by her brother in 1881, also become payable:—To the Royal Infirmary of Edinburgh, £500; to the Destitute Sick Society, Edinburgh, £300; to the Royal Edinburgh Hospital for Sick Children, £300; to the Royal Blind Asylum, Edinburgh, £300; to the Edinburgh School for Blind Children, £300.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.—The following candidates have passed the examination for the L.R.C.P. of this College:—Samuel Cowell Philson, Cheltenham; Thos. Richard Charles Edwards, London; Samuel Camps, Trinidad, West Indies; Charles Richard Owen, Hambrell, Flintshire; Frank Ordfield, London; Edward Tatham, London; Richard Wm. Lloyd, Gibraltar; and Wm. Thomas Partnage, Eddlesborough, Bucks.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—At the monthly meeting of the Faculty of Physicians and Surgeons, Glasgow, held on the 7th inst., Mr. A. McPhee, M.B., C.M., was duly admitted, and took his seat as a Fellow of this Faculty.

UNIVERSITY OF GLASGOW.—The following candidates have passed the final professional examination of this University:—Samuel Alexander, Alex. G. Auld, John Beveridge, George Clark, John Clerk, Wm. Colquhoun, Francis H. Colvin, J. B. Cumming, John Cunningham, David Findlay, Alexander Frew (2), Herbert M. Gay, Michael H. Greener, Thomas Howard, Alexander Jack, Arthur G. Keogh, George A. Morris, James W. A. Murdoch, Duncan Macartney, M.A., Wm. M'Cracken, Wm. M'Creadie, David MacDonald, Neil C. M'Donald, Duncan MacGilvray, Hugh M. Mackintosh, David Orr, Alex. B. Paterson, Alex. Peacock, John Ritchie, Richard A. D. Robb, Alex. Robertson, Frank Russell, James Shaw, Alex. J. F. Skottowe, William F. Somerville, M.A., James P. Smith, Joseph Thornley, George B. Todd, R. Bruce Young, M.A., Robert H. Young.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.—*Double Qualification.*—The following candidates have passed their final examination, and were admitted L.R.C.P. Edinburgh and L.R.C.S. Edinburgh at the recent meetings of the Court:—Thomas Leslie Crooke, Sheffield; James Albert Hunter, Ontario; Matthew Henry Gardiner, Campbelltown; John Small, Fifehire; Percy Howard Day, York; Robert Greenwood Dempster, Liverpool; Walter Frederick Clark, Yorkshire; Hugh Gough Haines, Madras; Karl Wingvist, Sweden; Edwin Alfred Cormac, Edinburgh; Thomas Young, Rowberron; Arthur Ernest Marsack, Olney, Bucks; William Patterson, County Down; Tom Bairston, Halifax; William Henry O'Meara, County Limerick; Robert Williams, Anglesey; John William Dunbar Hooper, Dinapore, India; Edward Albert Warren, Cork; William Henry Percy Fox, Madras; Hunter Urquhart Walker, Madras; Hartwell Woodhouse James, Bangalore; George Hessenauer, Germany; William Henry Harris, Stony Stratford; Richard Macartney, Ceylon; Robert McCall, Edinburgh; Robert Lowry Dickson, County Fermanagh; Arthur Hawkyard, Leeds; Wilton Mills, Whitworth; Thomas Alexander Papillon, Reading; Henry Edward Richardson, Belgium; Bombay; William John Meharry, County Down; Edwin

Gilmore Knill, Ontario, Canada; Henry George Myles, Limerick; Ernest Westbrook, London; Henry Frederic Horne, Bangalore; James Hamilton, Donegal; John O'Brien Mitchelstowndown; John Allen Carr, Bentham; William Allen Fisher, County Cork; Edward Esdale Shiels, St. Louis, U.S.A.; Edward Bridges Townsend, Southsea; William Arthur Dickson, Irishtown, Dublin; Peter Forbes Jardine, Glasgow; Thomas Tension Collins, Tipperary; Thomas Richardson Griffiths, Woolwich; Lambert Houghton, New York; William Kidd, County Down; Alfred Devonald, Pembroke-shire; Cornelius Joseph O'Brien, Cork; William John Cregan, County Down; William Robert Fox, Melbourne; Henry Crombleholme Bradley, Preston.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—During the last sittings of the Examiners the following gentlemen passed their final examination and were admitted L.R.C.S.E.:—David Prain, Fettercairn; James Whitton, Queen's County; John Clancy, County Kerry; Frank Sturges, London; William Guy, Kent; Arthur Herbert Butcher, Ripon. The following gentlemen passed their first professional examination for the Licence in Dental Surgery:—James Maynard Dunlop, Dumfries; James Graham Munro, New York; John Wood, Dalbeattie. And the following gentlemen passed their final examination and were admitted L.D.S.:—William John Mason, Somersetshire; William Thomas Elliott, Diss, Norfolk.

Obituary.

BENJAMIN WILLS RICHARDSON, F.R.C.S.I.

THIS widely-esteemed surgeon died at his residence, 22 Ely Place, Dublin, on the 29th ult., having endured much suffering from cardiac disease. After prolonged study in the Richmond Hospital, he became a Licentiate of the Royal College of Surgeons in 1844, and during the same year, under the Charter then granted, proceeded to the Fellowship. He was soon elected Demonstrator of Anatomy in the Richmond School; but the study of pathological anatomy and practical surgery absorbed his attention, unusual facilities of study then being afforded him in the South Union workhouse hospital, in conjunction with his friend Dr. Robert Mayne, who soon afterwards gained such deserved fame as a consulting physician. In 1856, Dr. Richardson was elected one of the Examiners of his College, and this position he held until his decease, having been for eight years the Senior Member and Recorder of the Court. So admirably were the practical and administrative duties of this office conducted, that it will be scarcely possible to find a fitting successor, and in the vote of condolence to his family unanimously passed at the special meeting of the College on last Saturday, it was truly stated that his knowledge of his subject was only equalled by his impartiality and urbanity. In two other positions which he held for more than a quarter of a century he will be long and affectionately remembered, viz., the Secretaryship of the Surgical Society, in which he followed Dr. Bellingham, and the Surgeoncy of the Adelaide Hospital. His devotion to the honorary functions of the former office induced the members to present him with an address and service of plate during January last year; it was then truly said "that a more thoroughly practical, able, courteous, and efficient secretary" could not have been had. In his hospital he was always a punctual, willing, and reliable colleague, devoting himself especially to improvements of surgical apparatus. Of these, the best known is the dovetail dilator for urethral stricture, which is pictured in Bryant's Surgery, and highly approved of in that and other systematic works. He was always foremost in adopting the practical suggestions of others, and was, for instance, the first surgeon who used the wooden lever for compressing the iliac in hip amputation after its inventor, Mr. Davy. The numerous hospital reports Dr. Richardson submitted to the Surgical Society always excited interest, and in his communication in 1868 to the Medical Council on the course of study, he anticipated many of the points of the new scheme now under trial in the Irish College. Long before the microscope became fashionable he was an ardent and skilled histologist, and he attained considerable skill as an artist and wood engraver. The illustrations in the second and third editions of "Power on the Arteries" were executed by him or under his superintendence. His papers on the Minute Anatomy of the Kidney, and the Modes of Staining Sections, are of great value. Spending his leisure in such occupations, instead of in

the ways more usually followed for attracting public patronage, Dr. Richardson never attained that position as a practitioner which his very remarkable ability and high social standing must have otherwise gained. He was nearly allied to such leading families as the Humes of Humewood, and by his wife (the sister of Sir Leopold McClintock, and of Dr. McClintock, late President R.C.S.), with the noble family of Rathdonnell.

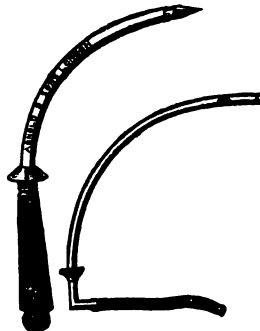
Two of Dr. Richardson's sons became Licentiates of his College; the elder holds a surgeoncy in the Royal Navy; the younger, after a most promising studentship, died a few months since. This trial tended much to hasten the fatal illness of the lamented member of our profession whose career we have striven to briefly sketch.

Novelties.

A NEW INSTRUMENT FOR SUPRA-PUBIC PUNCTURE OF THE BLADDER.

By T. FREDERICK PEARSE, M.D.

THIS consists of a trocar and canula made of a size and shape suitable for tapping the bladder above the pubes, and of a specially constructed silver catheter to fit in the canula. The canula is provided with rings, so that it can be tied in position like a tracheotomy tube. The catheter is made to accurately fit the canula, its point extending about one inch beyond the point of the canula into the bladder. The external portion of the catheter is bent at a right angle for the purpose of fitting on a piece of indiarubber tubing, and is provided with a shoulder to prevent its slipping down the canula into the bladder. The object of the



instrument is to prevent the patient's clothes and bedding from being soiled, as occurs under ordinary circumstances, from the almost constant discharge of urine through the artificial opening, by providing a sort of artificial urethra, which can be opened or closed when desired. By its means the patient is enabled to get up and move about soon after the operation without fear of soiling his linen. The instrument has been made for me by Messrs. Arnold and Sons, of London.

GREEN LEAVES OF THE ERYTHROXYLON COCA.

IN a pamphlet just published on this important drug by Mr. Thomas Christy, F.L.S., the writer gives an interesting account as to the efficacy of the fresh green leaves of this recently discovered therapeutical agent in combating fatigue and drowsiness, in allaying hunger, and in its beneficial effects upon the digestive organs. He also adduces cases in support of the antidotal properties claimed for it in the treatment of victims to the opium habit. Mr. Christy strongly recommends coca to medical men and nurses and all who require to keep awake and on the alert for many hours, as a means of enabling them to go through their duties cheerfully, merely by chewing the leaves. In support of his statements Mr. Christy quotes cases of delirium tremens, phthisis, indigestion, lumbago, and dipsomania, in which coca has been very successfully used, and he offers to send samples of the green leaves gratuitously to those medical men who are desirous of trying the effects of this drug on written application to his address, 155 Fenchurch Street, London.

A SIMPLE INSTRUMENT FOR REMOVAL OF FOREIGN BODIES IN THE EAR.

DR. LOUIS B. COUCH, of New York, has invented an ingenious instrument for removing foreign bodies from the ear, the following account of which has been communicated to the *New York Medical Record*:—"Take a piece of eight-sided brass wire, or round wire with roughened surface, and drill into either end a small hole a quarter of an inch deep. Into one end bronze or solder a small twist drill one thirty-second of an inch in diameter, and into the other a nice sharply cut screw

(such screws may be obtained of any jeweller) of about one twenty-fifth of an inch in diameter. When this is done, you are ready for your smart boy with more beans in his head than brains. Suppose the bean is at the bottom of the auditory canal, enlarged and surrounded by inflamed swollen tissues, a small portion only being visible. Introduce the speculum, and carefully with light pressure drill into the presenting portion of the corn or bean to the depth of about one-quarter of an inch, and clear off all dust, then reverse the instrument and insert the screw, and the bean must come. I have by actual test inserted my sample instrument into a bean, and sustained with it a weight of twenty-five pounds, as shown by scales; a holding power far in excess of that required for the removal of any such bodies. Care, however, should be exercised in first entering the drill, that it does not slip."

"A. & H." MALT EXTRACT.

THE large and increasing consumption of malted articles and extracts by invalids is perhaps one of the most striking developments of modern dietetics. Experience, however, has shown the absolute necessity there is that such products, in order to be effectual for good, should possess the attributes of purity and excellence in the highest degree, and these can never be relied on save when the *imprimatur* of some well-known manufacturing firm lends assurance in this respect. We have, therefore, much satisfaction in reporting favourably on the Malt Extract supplied under the well-known "A. & H." initials of Messrs. Allen & Hanbury, which possesses the important features of reliableness and preservability in all climates, convenience of compounding, and economy in price, while therapeutically it is a most admirable agent.

THE MEDICAL BILL.

THE Bill was brought from the Lords to the Commons and read a first time on Tuesday, May 1st, and is entered for second reading for to-morrow, Thursday, 10th, but whether or not it will be taken on that evening is uncertain.

It is threatened, we understand, with opposition from the Scotch Colleges, and the London Apothecaries' Company will make an effort to regain the seat on the English Medical Board of which Lord Salisbury's amendment in the Lords deprived them. The Irish College of Physicians will renew its effort to obtain a representation on the Irish Medical Board equal to that of the other licensing bodies. The Irish bodies will also try to obtain uniformity of curriculum throughout the Kingdom.

The British and Irish Medical Associations will urge—and, we hope, successfully—that the direct representative, whom the Bill relegates to the obscurity of the Medical Council, shall have a seat on the Medical Board of his own country, and a voice in its medical administration. Lastly, it will, we believe, be moved that the making of the examination and education scheme shall vest in the Medical Council, and not in the various Medical Boards, as is now proposed, such a change in the Bill being obviously expedient if uniformity of system is to be obtained throughout the Kingdom. If each Medical Board is to make its own scheme, and if the Medical Council is to have the task of bringing these schemes to a level, it may reasonably be supposed that endless squabbling will be the result.

We have to record the death of Dr. William Edward Steele, Registrar of the Irish Branch Medical Council, and Director of the Science and Art Department for Ireland, which occurred on Sunday last, from paralysis, with which he was attacked about three months since. Dr. Steele was an M.B. and M.D. of Dublin University of 1837, and a Fellow of the Irish College of Physicians. The office of Director of the Science and Art Department vacated by his death is worth £600 a year, and that of Registrar of the Branch Council, £150 yearly.

Medico-Parliamentary.

HOUSE OF COMMONS.—FRIDAY, MAY 4TH.

THE CONTAGIOUS DISEASES ACTS.

THE Marquess of HARTINGTON, in reply to Lord Randolph Churchill, said that, in consequence of the resolution passed by the House on the 20th April, the Government proposed, as soon as possible, to introduce a short Bill providing for the repeal of the sections of the Acts of 1866 and 1869 relating to periodical or compulsory examination, and including all police action. The proposed legislation would not exclude the consideration by the Government of the whole question with a view either to legislation next year upon the lines recommended by the Royal Commission of 1871, or the Bill of 1872, or possibly to the introduction of clauses into the Bill shortly to be presented to the House of Lords for amending the law relating to the protection of young girls. As, however, it was uncertain when the provisions of the Bill which he had indicated would be passed, it was necessary to consider what action should be taken at once. It appeared that the powers conferred on the Admiralty and the Secretary for War by the Acts of 1866 and 1869 were in the main permissive and not compulsory; and as after the vote of the 20th April there seemed to be no reasonable probability that the House would consent to vote the funds necessary for the administration of the compulsory sections of the Acts, instructions had been given for the withdrawal of the metropolitan police. The visiting surgeons would, however, be retained for the present. Amended estimates providing for the administration of the Acts would be substituted for those now contained in the Army and Navy Estimates. The discussion of the Estimates or the introduction of the Bill probably would afford the most convenient opportunity for entering into further details.

Lord R. CHURCHILL asked whether it was not the fact that, in the recent debate on this subject, the noble Marquess had expressed the opinion that the present Acts were absolutely necessary for the efficiency of the Army; whether that was not also the opinion of the First Lord of the Admiralty as regarded the Navy; and, if so, whether it was now the opinion of the War Office and the Admiralty that the regulation of which the noble Marquess had given notice would provide for the efficiency of the Army and Navy.

The Marquess of HARTINGTON said he did not think he had stated that the Acts were absolutely necessary. All he had said was that he thought they tended to increase the efficiency of the services.

Sir H. D. WOLFF asked when the Government intended to bring in the Bill.

Sir W. HARCOURT.—I should hope immediately after Whitsuntide.

MONDAY, MAY 7TH.

The subject of the Contagious Diseases Acts again occupied considerable time in the House, on the motion of Mr. Paleston, who was anxious to take the sense of members present on the proposal of the Government to repeal the compulsory clauses.

The Marquess of HARTINGTON admitted, in reply, that the Acts had contributed to the efficiency of the Army and Navy, but their administration was fraught with considerable expense to the State; and it did not follow that, because they were popular in particular districts, they should be retained. The House had pronounced against the principle of compulsory examination, and had absolute power to say whether money should be voted to continue the operation of the Acts or not. In these circumstances, the Government had to consider what was the best and most practical course to take, and they had thought it best to suspend the operation of the compulsory provisions with regard to inspection, and bring forward an amended estimate, enabling them to continue the operation of the Acts without those provisions.

Notices to Correspondents.

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

READING CASES.—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular* may now be had at either office of this Journal, price 2s. 6d. These cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

THE MOORE FUND.

We are asked to acknowledge, with thanks, the following contributions in response to the appeal (*Medical Press*, April 25th) on behalf of the widow of the late Dr. Moore:—Lawson Tait, Esq., £2 2s.; Robert J. Shaw, Esq., £2 2s.; Bisset Hawkins, Esq., M.D., £2; Reginald Harrison Esq., £1 1s.; Robert Dunstan, Esq., £1 1s.; W. Y. Martin, Esq., 10s.; T. W. Paul, Esq., 5s.

MESSERS. MONK, NEWELL, and BRYON (Rnabon).—The announcement can only appear in our advertisement columns. If so disposed, you must address the publisher.

LAY OPINION OF THE VIVISECTION ABOLITION BILL.—The organ of the Liberty and Property Defence League to hand takes a very common-sense view of this absurd Bill. It says: "The Vivisection Abolition Bill is the product of an inconsiderate and over-strained benevolence, and one would have thought that, especially in this age of anesthetics, the important discoveries of Ferriar, Pasteur, and Koch, would have convinced even the most sensitive that it may be right to inflict pain with due precautions, and without unnecessary cruelty for the sake of inestimable results to humanity and the whole sentient world. It would be interesting to learn in what mind Clause 7 had its origin: 'This Act shall not apply to invertebrate animals.' Why the proud possession of a back-bone should be a condition precedent to kind treatment the Bill sayeth not."

DR. J. KENT SPENDER (Bath) is thanked for his note.

MEMBER B.M.A.—The article you refer to has come under our notice, and has aroused both astonishment and indignation. We shall deal with it, however, in a subsequent issue, after completion of the publication of the report now appearing in our columns. Such course will better serve the cause of legitimate medicine than a hasty reply at present.

A GOOD LINGUIST.—According to the *Philadelphia Reporter*, at the close of Dr. Morrell Mackenzie's lecture at Bellevue, N.Y., one of the students from "Out West" remarked to his neighbour: "That feller talks our language very well for a foreigner."

DR. JACOBSON.—We have consulted the author of the work in question and laid your suggestions before him. You will in all probability hear from him directly in respect to the usefulness of the instrument. Meanwhile, be good enough to communicate with us if necessary.

NEEDLES IN HEART.—CURE OF WARTS.

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

SIR,—In the "Medical Digest," section 786, 4, may be found several cases somewhat analogous to the one reported of a little girl who died from falling upon a needle she held in her hand. If your correspondent "J. P." will refer to section 70, 3-5, he will find several valuable remedies for warts. Recently salicylic acid has been tried and found most successful.

Yours obediently,
RICHARD NEALE, M.D. Lond.
(Editor of the "Medical Digest").

MR. K. G. SMITH.—You should apply to the Hon. Secretary, from whom all necessary information can be obtained.

MR. TATUM and A. P.—See reply above to Mr K. G. Smith.

ANTI-SPRAY.—The essential element of Listerism is *not* the spray, as Mr. Lister himself has again and again asserted. We can only refer you to the numerous recent utterances on the subject in our own columns and elsewhere.

PRESCRIPTIONS AND THE PURCHASE OF POISONOUS DRUGS.—In France the law requires a chemist to demand the production of a medical prescription before supplying poisonous drugs. Last week a Paris druggist named Vasey was condemned to a week's imprisonment and 2,000fr. damages for repeated sales of morphine to a Madame Junot, amounting in 17 months to 693 grammes, for not demanding the necessary prescription each time his customer presented herself. It appears that at first she presented the medical prescription, but after this she went constantly to the shop without producing any prescription, and she is now in a lunatic asylum. The husband then took proceedings, and has recovered damages above mentioned.

MEETINGS OF THE SOCIETIES.

WEDNESDAY, MAY 9TH.

ROYAL MICROSCOPICAL SOCIETY.—At 8 p.m., Dr. P. M. Braidwood, On Observations on Three Human Contagia.

THURSDAY, MAY 10TH.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—At 8.30 p.m., Drs. Edmunds and Lawford, On the Immediate Cause of Ophthalmic Neuritis, with cases.—Mr. W. Jennings Milles, On Causes of Recovery from Mild Sympathetic Ophthalmitis.—Mr. Snell, On a Case of Recovery from Sympathetic Ophthalmitis.—Mr. J. E. Adams, On Peculiar Changes at the Yellow Spot.—Mr. Priestley Smith, On a New Self-registering Perimeter.—Mr. Conper, On a New Refraction Ophthalmoscope.—Mr. J. E. Adams, On an Ophthalmoscope for Artists.—Dr. Bralley: (1) On a Case of Pseudo-gloma; (2) On a Second Case of Asthenopia treated by a Vertical Prism; (3) On a Case of Muscular Asthenopia in a Child.—Living Specimens at 8 o'clock.

FRIDAY, MAY 11TH.

CENTRAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. Dalby, On Examples of the Two Classes of Cases in which Cerebral Abscess, Meningitis, or Pyemia Originate in Disease of the Ear.—Mr. Nettleship and Mr. Higgins, On a Case of Morphaea in the Region of the Fifth Nerve, with Paralysis of the Intraocular Branches of the Third. Dr. B. Lee, On a Case of Nystagmus Infantilis.—Mr. A. E. Barker: (1) On a Case of Goitre producing great difficulty of Breathing on Excretion; Excision; Recovery and complete relief. (2) On a Case of Sebaceous or Dermoid Cyst of the Tongue; Removal by Submental Incision; Cure.—Mr. J. H. Morgan will exhibit a Case of Congenital Deficiency of Femur; Dr. Stephen Mackenzie, Case of Myxodema in a Male; and Mr. Bernard Roth, Case of Lateral Curvature of Spine (now under treatment).

ACADEMY OF MEDICINE IN IRELAND (Surgical Section).—Living Specimens: The President, 1. A Case of Necrosis of Cavity in the head of Tibia; 2. A Case of Necrosis in lower extremity of Tibia; both cases operated upon.—Mr. Croly, 1. Recent Amputation at the Shoulder-Joint; 2. Radical Cure of Inguinal Hernia by Dissection; 3. Syme's Amputation at Ankle-Joint.—Dr. Baxter, Excision of the Elbow.—Mr. Thomson, Primary Excision of Knee.—Mr. Wheeler, Amputation at Shoulder-Joint.—Dr. Mapother, Hemorrhagic Ulcer of Scalp.—Mr. Stokes, Radical Cure of Inguinal Hernia by Dissection. Specimens exhibited by card: The President, Pieces of Necrosed Bone removed by Operation.—Mr. Stokes, 1. Cast of Stump after Supra-Condyloid Amputation of the Thigh; 2. Osseous Structures of Lamb removed; 3. Head of Humerus removed in Excision of Shoulder-Joint.—Dr. McCullagh, 1. Fibroid Tumour removed from Interior of Superior Maxilla; 2. Section of same.—Dr. Baxter, 1. Parts removed after Excision of the Elbow; 2. Parts removed after Excision of the Knee; 3. Venial Calculus.—Mr. Croly, Foot Amputated for badly-united Fracture.—Mr. Thomson, 1. Subclavian Aneurism, and Ligature of the Arteria innominata; 2. Head of Humerus removed in Excision of Shoulder-Joint; 3. Parts removed for Compound Refracture of the Patella.—Mr. Wheeler, 1. Portions of Femur and Tibia after Excision of Knee; 2. Casts of rare Deformity of Hands and Feet in Child; 3. Disease of Foot after Syme's Amputation. Papers: The President, On Excision of the Hip.—Dr. J. Stack, Replantation and Transplantation of Teeth.

SATURDAY, MAY 12TH.

ROYAL INSTITUTION.—At 3 p.m., Mr. A. Geikie, On Geographical Evolution.

TUESDAY, MAY 15TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. MacKendrick, Physiological Discovery.

Vacancies.

Coventry and Warwickshire Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications to the Secretary on or before May 16th.

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary to commence at £85, with board and residence. Must be conversant with the Welsh language. Applications to be sent to the Secretary before May 26th.

Dunmow Rural Sanitary Authority.—Medical Officer of Health for the whole District. Salary, £50. Applications to be sent to the Clerk on or before May 21st.

Hospital for Diseases of the Throat, Golden Square.—Resident Medical Officer. Salary to commence at £50, with board and lodgng. Applications to the Chairman of the Committee on or before May 21st.

Royal Berks Hospital, Reading.—Assistant to the House Surgeon. Board and lodging, but no salary. Applications to be forwarded to the Secretary before May 8th.

Appointments.

GREER, T., M.D. Q.U.I., Surgeon to H.M.'s Prison at Inverary, ARG shire.

SMITH, E. Noble, F.R.C.S.E., Orthopaedic Surgeon to the British Home for Incurables.

Births.

BARR.—May 2nd, at 1 St. Domingo Grove, Liverpool, the wife of James Barr, M.D., of a son.

BOLTON.—April 28th, at Kustendjie, Roumania, the wife of A. Irish Bolton, M.B., A.B., T.C.D., of a daughter.

CAHILL.—April 26th, the wife of Dr. Cahill, Dame Street, Dublin, of a daughter.

LANGDON.—April 26th, at Gibraltar, the wife of Surgeon J. S. Langdon, A.M.D., of a daughter.

STAMPER.—May 3rd, at Pembroke Dock, the wife of J. Fenton Stamper, M.D., of a daughter.

Deaths.

FURNEY.—April 7th, accidentally drowned, at New York, Simon Kenny Furney, L.R.C.S.I.

HALLOWES.—May 2nd, at Carlisle, George Blackwood, son of the late P. B. Hallowes, F.R.C.S.E., of Canterbury, aged 42.

HARTFORD.—May 3rd, at Middleton, co. Cork, George Hartford, M.D., aged 82.

MASSBY.—April 23rd, William Massey, L.R.C.P.Ed., M.R.C.S., of Castle Donington and Melbourne, aged 52.

RENTON.—May 3rd, at 15 Bothersey Place, Edinburgh, A. A. Renton, M.D., F.R.C.P.E., late Surgeon-Major Madras Army.

ROPER.—May 3rd, at Richmond, Surrey, Giles Simonds Roper, M.R.C.S., late of the City Road, London, aged 67.

STEELE.—May 6th, at Wilton, Bray, co. Wicklow, William Edward Steele, M.D., F.R.C.Q.P.L., Director of the Science and Art Museum, Dublin, and Medical Registrar for Ireland, aged 64.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lectures on Hysterical Contraction of Traumatic Origin. By J. M. Charcot, M.D., Professor to the Faculty of Medicine, Paris 417

On the Difficulty of Diagnosing True Syphilitic Disease in Women, and the Nature of its Contagion. By C. H. F. Routh, M.D., Fellow of University College, London 419

A Simple Splint for the Elbow. By Norman Porritt, L.R.C.P., Fothergillian Gold Medalist, &c. 420

CLINICAL RECORDS.

North Eastern Hospital for Children—Meningitis, Death. Under care of Dr. Armand Sempie 421

TRANSACTIONS OF SOCIETIES.

AGENCY OF MEDICINE IN IRELAND—Sub-Section of State Medicine

A New Test for Organisms in Water ... 422

Result of Consanguineous Marriages ... 422

Disposal of Sewage in Villages 423

	PAGE
The Unqualified Assistant System and the Illegal Signing of Death Certificates	402

FRANCE.

Microbes	425
Rickets and Syphilis	425

DEPARTMENT OF LUNACY.

Barnwood House Asylum	425
Broadmoor Criminal Lunatic Asylum ...	426
The Dundee Royal Asylum	426
Derby County Asylum	426
Woodilee Asylum	427

LEADING ARTICLES.

THE MEDICAL BILL	427
INDIAN MEDICAL SERVICE	427
DR. CARPENTER AND ANTI-VACCINATION	428

NOTES ON CURRENT TOPICS.

The New Law Courts	430
Sir Charles Dilke on the Proposed New Consolidated Order	430
The Fisheries Exhibition	430
Medical Fees in English Law Courts	431
The Minutes of the Medical Council	431
Veneral Disease among our Troops in Egypt	431

	PAGE
The Registrar General's Annual Summary	431
The Adelaide Hospital	431
Fissured Anus	431
Another Medical Act Amendment Bill ...	432
Three Cases of Caesarian Section	432
Almost a Centenarian	432

SCOTLAND.

Mr. William McEwen and the Royal Infirmary, Glasgow	433
The Registrar General's Return	433
Death of Dr. John MacCulloch	433
Students' Grievances	433
Lectureship on Ophthalmology	434
Chloroform Question at the Glasgow Royal Infirmary	434

CORRESPONDENCE.

Dublin Hospitals and the Irish Profession	434
The Prevention of Conflagrations	435
Medico-Parliamentary	435

LITERATURE

Diseases of the Uterus	436
Diseases of the Chest	436
Encyclopaedia of Surgery	437
A Pharmaceutical Phrase-Book	437
NOTICES TO CORRESPONDENTS	438

Lectures

ON

HYSTERICAL CONTRACTION OF TRAUMATIC ORIGIN. (a)

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

GENTLEMEN,—In to-day's lecture, which inaugurates the course of the year, I desire to call your attention to two cases which have recently come under our notice, and which many of you have already had occasion to examine at the Salpêtrière Hospital. These two cases appear to me to be well worthy of your attention; they possess in common striking analogies, so much so that they appear to originate in like manner, and merit, in all respects, to be considered together. Each offers, indeed, an example of an anomalous hysteria, in respect of the absence of convulsive crises. They have further in common another peculiar feature, viz., the existence of a spasmodic contraction limited to one of the hands, and developed, according to all appearance, by some exterior excitation. I would add that while one of the cases is that of a female, in whom as a rule hysteria usually exists, the other is that of a male, a circumstance which undoubtedly ought to rivet your attention and interest. There are two special points to which I shall give prominence—1st. Hysteria wanting in a symptom almost classic, viz., the convulsive attack; and 2nd. Permanent spasmodic contraction developed in consequence of a traumatic origin; and between these two points I shall endeavour to establish a parallelism. With that exordium we consider the details of the first case. The patient, as you notice, is a young girl of sixteen or thereby, and of a delicate appearance. Her physiognomy is sufficiently calm, and presents no peculiar feature. We do not find her gaudily attired as these subjects usually are; she does not appear to belong to the usual blustering class; but, it may be remarked in passing, these placid hysterical patients are not always the most easily cured. Certain

circumstances in the early history of the patient merit attention. Patient is an orphan, and at eleven years of age, was received, in consequence of the death of her mother from pulmonary phthisis, into one of the religious establishments. Yet another circumstance more striking, her father died in the lunatic asylum of Orleans, where he lived three years. The disease which necessitated his residence in this asylum seems to have been general progressive paralysis, if one may so judge from the fact that he had several convulsive attacks, after which he became paralysed. I would add that one of her brothers, aged thirteen, received into an almshouse, is almost an idiot. These circumstances deserve prominence, inasmuch as they indicate the inheritance of a nervous tendency, an element of the first order in the etiology of hysteria. It exists in this connection, according to Briquet, in thirty per cent. of cases; sometimes, following the nomenclature proposed by M. Prosper Lucas, in the connection of *homonymous heredity* or of *similitude*, one hysteric begetting another; sometimes in that of *heredity of transformation*, the parents being affected with some other nervous disease, such as insanity, epilepsy, &c.

In the personal antecedents of our patient we find scarcely any illness of note, with the exception of a somewhat severe attack of bronchitis of three months' duration. Phenomena of hysteric convulsion wanting both in the past and present. Our patient is ignorant of the hysteric *botus*, of spasms, and convulsions. So far as concerns her normal condition, the information obtained from the lady-superior of the convent in which she lived is not very explicit. "She has an extreme desire of liberty; her conversations and her dispositions are not good." What is there behind this monkish reticence? As yet we do not, but by-and-by we shall doubtless be able to comprehend. Meanwhile, we are in presence of a capital fact, the malformation of the left hand, which as you see, represents a veritable club-hand, which I shall call hysteric. I will at once explain to you under what circumstances this malformation has become developed; indeed, I need but signalise one point; this malformation has persisted during one year. Since that time it has been permanent, without cessation or truce, except during a

(a) Translated from *Le Progrès Médical*

Period of two months, when it somewhat diminished under the influence of treatment.

The wrist is free, as is also the other articulations of the superior extremity. The malformation, then, is limited to the hand. The first phalanges are flexed on the metacarpal bones, while the other phalanges present only a slight degree of flexion. The fingers thus flexed are pressed together, and, as a whole, form a sort of cone, whose summit corresponds to the extremities of the last phalanges. The thumb, adducted, is forcibly applied against the index finger. It is easy to convince one's self that muscular rigidity is the sole cause of this malformation, and that the articulations and ligaments are unaffected. Attempts at reduction sufficiently demonstrate this. Chloroformisation would have afforded instant proof; but we dreaded a perturbation which might have prevented the study *de visu* of this condition. We find here besides the characters of spasmodic contraction, that the flexors are specially affected and cause the deviation, the extensors are also affected, for it is as difficult to exaggerate the flexion as it is to produce extension. That simultaneous antagonistic action is one of the characters of spasmodic contraction on which I shall revert. The deformed hand is colder than the other, and presents a sufficiently distinct bluish colour, denoting an affection of the vaso-motor system. There exists an atrophy or rather a slight emaciation, not only of the hand, but likewise of the other segments of the member. The forearm is less by a centimetre in circumference than its fellow. This does not arise from actual atrophy, but from emaciation due to prolonged repose. We find besides a diminution of special and general sensibility on the entire half of the body, corresponding to that of the deformed hand. We have here to deal with, observe, a permanent contraction in the true acceptance of the term; we find it night and morning; it persists during sleep, a fact of which one can easily be convinced seeing that this side being anæsthetic, examination can be made without rousing the patient. The idea of deception cannot, therefore, be entertained.

What are the muscles concerned in this abnormal position? It is the *interossei* particularly, for as demonstrated by Duchenne (of Boulogne) these muscles are the flexors of the first phalanges; and besides, the palmar *interossei* cause the fingers to approximate towards the middle line, and thus press one against another. But the *interossei* are not alone affected, for the two last phalanges are also flexed, and that position is due to the action of the deep and superficial flexors. We therefore recognise not only the action of the ulnar nerve which supplies the *interossei*, but also of the median, which supplies the flexors. Further, the action of the median is disclosed in the position of the thumb. Observe besides, that the thumb is not only in *adduction*, but at the same time, in *opposition*, it is carried inwards; but the nail is directed forwards, and not directly outwards as in simple adduction. The adduction of the thumb is caused by the interosseous adductor of the first space, which is supplied by the ulnar; the other movement is caused by the *opponens pollicis*, which is supplied by the median. Hitherto we have confined ourselves to simple statements relatively to the mechanism of the deformity of the hand. We now produce, by means of *localised electrification*, after the method of Duchenne (of Boulogne), the following conditions, which present for examination. In normal subjects this means of experimenting is somewhat difficult, owing to the pain caused by faradisation. This difficulty, however, does not exist in anæsthetic hysterical subjects, who can thus be operated on without experiencing any pain.

I now present for your examination, B. L., an epileptic-hysterical patient, with left hemianæsthesia. We have marked a certain point within the tendon of the *flexor carpi ulnaris*; that is, the point of faradisation of the internal ulnar nerve of the wrist (deep palmar branch of the ulnar nerve). You will observe that faradisation causes a *partial ulnar flexion*, which recalls the case of

our patient in whom the *interossei* and adductors of the thumb are alone in action. If, on the contrary, we excite the ulnar nerve in the groove between the internal condyle and the olecranon, we determine a complete ulnar flexion, with flexion of the third and fourth fingers, the latter effect being due to excitation of the ulnar portion of the *flexor profundus digitorum*. These conditions are still more easily studied in individuals in the hypnotic state. We are able thus to profit by the *neuro-muscular hyper-excitability* which then exists, and excite the same conditions by irritation of the nerve by any hard object, without faradisation. The advantage of this experimenting consists in the fact that these attitudes are permanent, as you see in that patient on whom you see us produce by simple touch of the ulnar at the level of the wrist (annular ligament), the interosseous flexion; or, if by so acting in the *humeral groove* the complete ulnar flexion. Having excited the *interosseous flexion*, you see us produce exactly the malformation of our first patient by exciting the *opponens* muscle. I would have you observe that in this hyper-excitabile subject the contraction of the hand presents all the features of a spasmodic contraction, the position is fixed, the flexors and extensors are in action, there is evidently a spinal cause—but to that subject we will return in the sequel.

Returning to our patient, we have demonstrated that we have to deal with a spasmodic contraction; but it remains for us to show that it merits the term hysterical, and that a favourable prognosis is thus justifiable—in other words, that, notwithstanding the long duration and obstinacy of the malady, it will prove amenable to suitable treatment. That diagnosis is based—1st. On the fact that the *intensity* of the contraction is greater than in that usually associated with organic lesion; and 2nd, on its absolute permanency both day and night—in cases of hemiplegia the contraction diminishes usually to some extent during sleep; 3rd, the circumstances under which the malformation originated is a subject of much importance. Two years ago, on the 2nd of November, 1881, a trifling wound is sustained, by the breaking of a pane of glass, at the level of the second metacarpal bone, which cicatrised in about four or five days. It was this trifling wound which determined the contraction; and this is a feature of some importance. At first there was an absence of pain. The deformity persists long after the wound is healed. Doubtless in subjects with organic lesions (descending cerebral or spinal sclerosis) the same would produce itself in consequence of a wound; but in the latter case, generally, the onset of the contraction is not abrupt, there is not the same disproportion between the trifling nature of the wound and the intensity of the contraction, which has not either the same persistence after the cure of the peripheral irritation. This disposition to contraction in hysterical cases—a special *diathesis*, which is occasioned by an ordinary wound—is in some subjects very remarkable. For a long time I have noticed that in the case of certain hysterical patients in consequence of a sudden movement—in throwing a stone, for example—the arm remained in a state of contraction. We are able to produce the same phenomenon on the patient M—, whom I show to you. You see me in suddenly manipulating the foot determine a kind of *talipes equinus*, which does not give way until after prolonged *massage*. Note that that contraction takes place during waking, and that it has the same persistence as that which we produced during the hypnotic sleep. To return to our case. You observe that the train of considerations permits us to assume that the affection is hysterical. But that presumption, already so strong, changes into certitude when we study more closely the characters which more and more firmly establish the substratum.

Notwithstanding the absence of convulsions, our patient presents a sufficient number of nervous troubles which constitute the hysterical state. There exists left *ovarian irritation*, left *hemianalgesia*, not alone in the hand, but in the two extremities, the trunk, and the head. The patient is not affected by faradisation of the skin. There is besides a *sensorial hemianæsthesia*. The organs of sense

are affected in a corresponding manner to the integuments, a point on which I had already occasion to revert, and which in this particular case has been specially signalised in what relates to the hearing by M. Walton. The sense of smell and taste are equally affected. It is the same with vision, for the field of vision is narrowed for luminous perception, and perception of colours, with transposition of the red circle exteriorly. There is, besides, a diminution of acuteness of vision to a sixth of the normal degree. We, therefore, find in our patient all the characters of hysteric *hemianæsthesia* with ovarian irritation. These sensitive perversions could be otherwise occasioned only by active cerebral lesions situated in the sensitive tract, or by alcoholism, or by lead poisoning; but as there are no indications of these causes in our patient, we are bound to conclude that all the pathological phenomena are purely of a hysterical origin, and thus symptoms otherwise difficult to be explained are at once easily comprehended.

(To be continued.)

ON THE DIFFICULTY OF DIAGNOSING TRUE SYPHILITIC DISEASE IN WOMEN, AND THE NATURE OF ITS CONTAGION. (a)

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

Follow of University College, London.

(Continued from page 399.)

III. I now proceed to my second point. The nature of the contagion.

I quote here again from Guyot the opinion of the great syphilograph Ricord. That gentleman has proved that one drop of pus taken from a syphilitic sore and dissolved in one glass of water forms a solution, a single drop of which would suffice to inoculate the disease in a healthy person. It has been conveyed by an insufficiently washed speculum, or a vaginal cannula, so much so that Dr. Giering, of Copenhagen, attributes the increase of syphilis in that town to the obligation lately enforced there of examining the women twice a week.

Assuming, however, this excessive contagion of true syphilis, there are two ways in which it may be conveyed to another person: 1st, by her secretions; 2nd, by mediate contagion, and this especially by syphilitised women.

1st. By this excessive contagion of syphilis we can, in a measure, understand that a woman should disease a man by her secretions, although no sore of any kind can be found in the sexual organs. This is the definite opinion of most observers, notably Mr. Henry Lee, Dr. Drysdale, Dr. Graves, of Dublin, and all French authors. Mr. Lee goes so far as to say that more than half the cases of syphilis which occur in men are due to contagion from women in such a condition. Dr. Graves proved it incontestably by inoculation from a woman who had been cured of all primary symptoms for over three months. Moreover, inoculation has verified the asseveration over and over again, and now that secondary symptoms are admitted to be contagious (a fact so long denied by Ricord) this cannot be said to be unlikely. But Mr. Fournier extends this contagion to a period of three or four years, during the whole time of which the patient should be medically treated before a marriage could be safely concluded. I suppose also that it will be admitted that the same woman may at different periods (especially immediately before and after the catamenia, and whenever there is any admixture of blood in her secretions) convey not only more certainly, but more severely syphilis, the blood of truly syphilitic persons being particularly infectious.

2nd. *Mediate Contagion.*—During the late inquiry before the Contagious Diseases Act Commission another mode of contagion was very warmly insisted upon by its

opponents, and almost invariably admitted by its supporters, *i.e.*, what is called mediate contagion. It has been stated in evidence that some of these unfortunate women have connection with as many as twenty-five men in twenty-four hours. The same is asserted as the case in France by M. Guyot, from six, ten, and twenty-five times, and I have heard of a well authenticated case where, during the rejoicings in New York on the Anniversary of the Independence of the United States, a wretched creature was desecrated twenty-six times in twenty-four hours. Suppose one man only of these were diseased, and, regarding Ricord's experiment, how many men would be capable of being contaminated by that one woman?

3rd. But this infection becomes infinitely more probable if the woman herself be syphilitised. It is admitted, and, I believe, on all hands, that a woman once that she has had a hard indurated sore, becomes in measure syphilitised, *i.e.*, innocuous to a very great degree, if not altogether, to the recurrence of true syphilitic disease, if once cured of it. This last opinion is given very unequivocally and decidedly by Dr. Drysdale. "When once a woman has had syphilis, she has had it for her life." In this respect it resembles typhoid, whooping cough, small-pox, which very rarely can be caught twice. This is also Mr. Lee's opinion. Ricord himself asserts that while gonorrhœa and soft chancre can be reproduced indefinitely, true syphilis can never be doubled, *i.e.*, occur twice (Guyot, 283). I know this opinion has been controverted by other French authors, notably Brunet and Fait. The latter instances a case where a girl contracted syphilis ten times in two years: Several others five or six times in the same period. But, after all, this occurrence, which at most is exceptional, is only in keeping with the occasional recurrence of small-pox, measles, scarlet fever, &c. Without a doubt syphilitisation must be admitted as true doctrine. Doubtless, also, we must allow that rarely ever, possibly never, do prostitutes carry on their trade without contracting syphilis sooner or later, and, if so, there must come a time when a thoroughly syphilitised woman becomes one of the most prolific contaminators of men through mediate contagion, although she may escape being again diseased herself. The older the prostitute, the more likely is she to be syphilitised; and thus the result of our own, as well as foreign, Contagious Diseases Acts, which are supposed to reclaim and discourage juvenile prostitution, is the laying down of a foundation for a great increase of the disease hereafter. The very disease, caught by a young girl before she becomes hardened, frightens her, and so far, when backed by kindness, is an incentive to her to give up the life, and return to better ways and to her friends. The fear, also, of a persecuting police has a similar tendency, although from a different motive. It is this fear in France which leads to the disappearance of young prostitutes, for there little care is taken to reform the girls. A large number give up the life after from three to five years. They have sown their wild oats, as many a young man has done also, and return, if allowed, to virtuous habits. The old women, however, either cannot do so, or become hardened, and thus it is they become foci of disease. This was shown by a return of the number of women engaged in prostitution under the Acts in England, with their respective ages. In England, before the Acts, women who became prostitutes scarcely remained as such longer than four years. Eighty-six were under 26 years old. Only about 3 to 8 per cent. continued prostitutes after the age of 31 years. Now, 46 per cent. are over 26 years old, and women above 31 are about five times as numerous, representing 20.6 per cent. The same thing has been observed in France. Few girls are found to carry on the trade beyond four or five years. This becomes obvious by the following statement, made by Guyot, that from October, 1878, to January 1, 1880, 3,445 women were arrested for trying to escape prostitution, and of these 2,305 were minors, and only 1,138 majors. The

(a) Read before the Medical Society of London.

following table of minors and majors remaining inscribed in houses of ill-fame in Paris points to the same conclusions:—

TABLE I.

Registration of Women, distinguishing between minors and majors.

Year.	Minors.		Majors.	Number of Houses of ill-fame on 1st of January of every Year.
	15 years and over.	16 years and over.		
1872 ...	160	122	732	142
1873 ...	188	138	643	138
1874 ...	174	162	687	136
1875 ...	149	123	641	134
1876 ...	115	75	424	133
1877 ...	92	63	398	136
1878 ...	114	59	451	138
1879 ...	7	6	257	137
1880 ...	9	—	345	133

TABLE II.

Statistical Table of arrested Women, and registrations of Women, majors and minors, distinguishing the arrested, radiating, disappearing Women, and re-registrations.

Year.	Arrested Women.					Effective Number of Registered Girls on 1st of January of every Year.
	Submissive.	Unsubmissive.	Registrations.	Radiations (disappeared).	Replacements (re-registered).	
1872 ...	7584	3769	1014	813	366	3675
1873 ...	9076	3319	969	1129	521	4242
1874 ...	10454	3338	1013	1704	652	4603
1875 ...	11363	3152	913	1644	747	4564
1876 ...	10403	2349	614	1602	794	4580
1877 ...	9651	2582	553	1537	868	4386
1878 ...	8495	2599	624	1855	972	4250
1879 ...	7735	2105	272	1751	1070	3991
1880 ...	7312	3344	354	1935	1159	3582

This diminution is, however, by no means confined to the minors. If you refer to Table II. and III., in one of which the number of arrests, radiations, re-registrations, and replacements is given, and in the other, in which the percentage to population is given, you will find the numbers of registered women is annually diminishing, and is only kept up by the persecutions of the police. Lecour, indeed, boasted that he arrested 10,000 annually; and certainly, were it not that the police know by face and person, and invariably hunt out these miserable creatures as so many criminals when they seek other employment, the number would be diminishing much more. The system of licensing in thus frightening away the younger women, and retaining the older, a large number of whom are syphilitised, has the effect of defeating the object of examinations, and promoting syphilitic disease among those who have intercourse with the latter.

4th. Again, the contagion of syphilis and its virulence is intensified by the licensing system, and especially by the establishment or toleration of brothels (a), the habits of the women who live in them, and the sanitary condition of the dwellings being generally bad. I might, indeed, quote here the graphic description of Mr. Sheldon Amos on the deplorable condition of the inmates of a brothel, but I prefer to give that of an opponent—Dr.

(a) In many houses, particularly in Brussels, the women are seldom, if ever, allowed to go out. By way of consolation, they are piled with drink. They have absolutely no power to reject the embraces of any man, be he ever so disgusting and repulsive. They are obliged to submit to every degradation to which they may be forced.

Mireur. He says such a woman "is the modern slave, who, having made the sacrifice of her personality, is become the plaything of her mistress and the property of the public." He adds: "Death strikes nearly all these women in the flower of their age. The hospital is almost always their fatal goal. The debauch which made them live yesterday makes them die to-day." Our own Acts tell the same tale. Captain Harris's last report states that, although from 1870-1880 the number of registered women has diminished, the annual percentage ratio of disease has increased, and that since 1875 it has been regular and continuous (148 to 176 per cent.), or stated deliberately, that on an average every woman was sent to hospital nearly twice in each year. More accurately, the total number of cases of disease was 3,316, representing 1,849 individual women out of the total number of 3,268 on the register.

(To be continued.)

A SIMPLE SPLINT FOR THE ELBOW.

By NORMAN PORRITT, L.R.C.P.Lond., M.R.C.S.Eng., Fothergillian Gold Medalist, Medical Society of London; late House-Surgeon, Infirmary, Huddersfield; and Senior Assistant House-Surgeon, General Infirmary, Leeds.

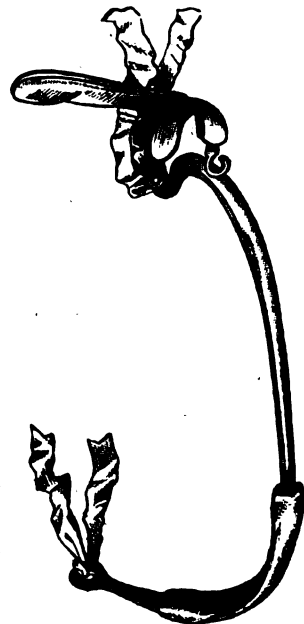
CASES of injury and disease in and about joints are among the most important and occasionally the most difficult and trying cases the surgeon has to deal with, and there is a class of injuries to the elbow-joint whose characteristic is rapid and great swelling around the joint. Unless such cases are seen almost immediately after the accident, it will be difficult, and often impossible, to determine the exact nature of the injury, for, in addition to the swelling, tenderness on manipulation will have supervened. When there is a dislocation of the elbow, or a complete fracture across the lower end of the humerus, the diagnosis is not, as a rule, long delayed; but my remarks refer to cases of partial fracture about the elbow without displacement, and to other cases characterised by inordinate swelling, whose nature is at best obscure.

For such cases the splint here figured was devised. It consists of a flat bar of iron bent at one end to rest easily on the shoulder and back, and modified at the other to support the hand. The end of the shoulder-

piece rests over the base of the scapula, on a level with the upper border of the axilla, and is secured by a bandage passed from it over the opposite shoulder, over the front of the chest, through the axilla of the affected side, and thence horizontally once round the body, between the end of the splint and the first turn of the roller over the shoulder. It is then tied. Thus the end of the splint is immovably fixed, and cannot slide either upwards or outwards.

The elbow being bent at a right angle, the hand is secured to the other end of the splint, and rests easily and comfortably on the support provided for it.

Applied thus, the shaft of the splint extending from the anterior axillary fold to the wrist forms the base of



a triangle whose sides are respectively the arm and forearm, the apex being at the elbow. There is, therefore, considerable space between the elbow and the shaft of the splint. The splint moves on the fixed posterior extremity as on a pivot, and it will be found that, although the splint and limb can be raised and moved as a whole in various directions, the elbow is fixed, and its movements impossible.

Fixation of the elbow is commonly effected by bandaging the arm to a rectangular wooden splint, a procedure which, in the class of cases briefly described above, aggravates the swelling by the pressure of the bandages above the joint. When the iron splint is applied, bandages encircle only the thorax and wrist, and do not compress the venous channels over-handicapped by the sudden effusion. A state of physiological as well as physical rest, which cannot but be beneficial, is thus effected.

But the use of the splint is not limited to cases of injury. A case of synovitis which made no progress whilst the limb was bound to an ordinary rectangular splint, at once improved when the iron splint was substituted. During convalescence after excision of the elbow, and in cases of disease of the elbow, especially when bony ankylosis is desired, it is also of service. The space between the elbow and shaft of the splint permits the application of dressings, or allows incisions to be made without disturbing either limb or splint. The splint acts as a sling, the weight of the arm being supported by the shoulder; it is thus comfortable, and one patient wore it continuously with benefit and comfort for eight months. It is not taken off at night, and the shoulder-piece can be effectually concealed within the armhole of the vest or dress, and, as a rule, patients prefer it to the wooden splints.

Messrs. Arnold and Sons, of West Smithfield, E.C., make the splint, with padding for the shoulder and hand-pieces as shown in the drawing.

Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN.

Meningitis—Death.

Under the care of Dr. ARMAND SEMPLE.

Notes by E. TULL-TURER, Registrar.

G. W. K., boy, *æt.* 5, admitted on March 4th, 1888.

Family History.—Parents healthy. History of phthisis in some members of the mother's family. One brother died in the hospital from the effects of a scald. One other child alive and healthy.

Personal Medical History.—Three years ago had measles. Never had scarlet-fever, pertussis, or rheumatism. For the last month the boy has complained at times of pain in the head and eyes. Ten days ago he began to be ill with the symptoms of a common cold; at the same time a discharge from his right ear, which had been rather profuse before, stopped. He was sick, and his motions, which were at first loose and yellow, became constipated. Before this he had been, as a rule, a quick, cheerful boy, but now he became drowsy and unable to attend school. He had no eruption on any part of his body. No history of any blow on the head.

On Admission.—A light-haired, blue-eyed boy, rather thin. He lies in a drowsy state, crying when he is disturbed. Tongue white. No dulness over lungs; good deal of loose crepitation to be heard. Abdomen retracted; skin over the abdomen inelastic. Urine, 1035—thick, no albumen or sugar. E. T., 99.8; P., 100—regular. Ordered *mistura quinis*, ʒij, *ter die*.

15th.—M. T., 100.6; P., 114; R., 24. Has been sick. Very drowsy, and unwilling to be disturbed. Wanders a little. Lies on his right side. Pulse in the evening, 102—intermittent. E. T., 100.6. No *tache cerebrale*.

16th.—M. T., 99.2. Called out and wandered last night. Answers questions. Cries out when touched. Bowels constipated, but relieved once after an enema. Pupils dilated; respond sluggishly to light. No *tache*. E. T., 100; P., 98.

17th.—Bowels constipated; two grains of calomel had no effect; they were opened once after half a drachm of *pulv. jalapæ co.* Lies on his back, unwilling to be disturbed. M. T., 100; P., 132—intermittent; R., 24—regular. Pupils do not respond to light. Plantar reflex exaggerated. Cremasteric reflex normal. Superficial abdominal reflexes could not be obtained. No ankle clonus. E. T., 101; P., 78. In the evening he had a brief convulsive attack, beginning with a sharp cry. His teeth were clenched, and his arms became quite rigid. During the fit his right pupil became widely dilated, the left one contracted. He had another fit at 11.30 p.m. Ice-bag ordered to head. Given *mistura rhei cum soda*, ʒj, *ter die*.

18th.—Had another fit of a similar character at 1 a.m., but otherwise slept well. The right pupil is widely dilated and insensible to light; the left pupil normal, but responds sluggishly. Slight ptosis of the right upper eyelid. On examining the right eye with the ophthalmoscope, the vessels were large and very tortuous; the edge of the disc was blurred, especially at the upper part. Grinds his teeth incessantly. M. T., 99.6; E. T., 99.8.

19th.—M. T., 97.8; P., 78. Had two fits last evening. Pulse, irregular. Lies in semi-comatose state. Pupils as before. Ptosis on right side more marked. Abdomen retracted. Plantar reflex normal. No ankle clonus. In the evening he could not swallow, so he was fed by nutrient enemata every three hours. E. T., 97.6; P., 78. Has had eight fits during the day, during one of which the back became very much arched. Face cold. Bowels very confined. Given two grains of calomel. Hot bottles put to feet.

20th.—M. T., 98.2; P., 72—intermittent; R., 30. Lies in the same condition on his right side. Has had fits of similar character every half-hour during the night. Bowels open once involuntarily after the calomel. Retains the nutrient enemata. Passes water involuntarily. Plantar reflex diminished. Right upper extremity rigid; the thumb is strongly flexed across the palm of the hand, and covered by the strongly-flexed fingers. Pupils and right disc as before; left disc, normal. E. T., 99.2.

21st.—M. T., 100; P., 120; R., 30—irregular. Lies in the same state on his right side. No *tache cerebrale*. Saliva dribbles out of his mouth. Pupils the same; if anything the left one is slightly dilated. Ptosis well marked on the right side. Abdomen retracted. Both upper extremities are rigid; the right hand and wrist is more strongly flexed than before. The lower limbs are slightly rigid. Passes motions involuntarily. No bed-sores. Face rather flushed. In the middle of the day the breathing was noisy, accompanied by violent puffing of the cheeks. Towards evening the breathing was of a Cheyne-Stokes character. He died at 8.30 p.m.

Autopsy made twenty hours after death by E. Tull-Turer: Body thin. Both pupils contracted. The fingers and thumbs of both hands are strongly flexed. Hypostatic congestion well marked on the right side of the head and neck, and on the right ear. On removing the skull-cap the dura mater looked congested—sinuses full of fluid blood. There was a little lymph on the left side of the median fissure. No tubercles to be seen anywhere, though careful examination was made of every part of the brain and membranes. There was considerable excess of cerebro-spinal fluid. Ventricles normal. The dura mater at the anterior end of the lateral sinus and around the superior petrosal sinus was a good deal thickened, very closely adherent to the petrous bone. The right lateral and superior petrosal sinuses contained thick, semi-clotted blood. No pus to be found in the brain or sinuses. No caries of the temporal bone. On opening the right tympanic cavity, muco-pus was found in considerable quantity there, and in the mastoid cells; left tympanic cavity contained no pus. Lungs congested; frothy mucus exuded from the tubes on section of the organs. The upper lobes of both lungs, especially the right, contained a considerable quantity of miliary tubercle; no cavities. Pleuræ normal. Heart tissue normal; valves healthy; pericardium normal. Kidneys congested; capsule easily stripped off. Spleen rather hard; no tubercles. Liver normal. Abdomen: No peritonitis; vermiform appendix enlarged and thickened; on opening it, some pus was squeezed out; no foreign body or ulcer found in the appendix; the intestines were opened; the cæcum and ascending colon contained a soft mass of semi-solid fæces, yellowish and black in colour, in which here and there were small quantities of pus. In the small intestine, about one inch and

a-half above the ilio-cæcal valve, was a ragged irregular ulcer, with its floor apparently formed of sub-mucous tissue—its long axis was transverse to the long axis of the bowel. No enlargement of Peyer's patches in the vicinity. Ilio-cæcal valve healthy. Mesenteric glands slightly enlarged, not caseating or suppurating. Bladder full of healthy urine, though shortly before death he had passed his water involuntarily.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SUB-SECTION OF STATE MEDICINE.

THE Sub-Section of State Medicine met on Friday evening, April 12th, Dr. C. A. CAMERON, President of the Sub-Section, in the chair. Dr. T. F. POLLOCK, Sub-Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

A NEW TEST FOR ORGANISMS IN WATER.

Dr. POLLOCK read a communication from Dr. R. Angus Smith, F.R.S., of Manchester, disclosing his newly-discovered test of the presence of organisms in water. It consists of rendering the water thick by dissolving gelatine in it. If pure the gelatine cylinder remained long unaltered, but if the water be impure from the presence of organisms the gelatine round the organisms becomes liquefied and globular, the organisms remaining solid at the bottom of the spheres.

The PRESIDENT exhibited photographs of test tubes of water which had been thickened by a solution of the purest fish gelatine and then exposed to the action of light. When the water was pure it remained translucent, but when bad, bubbles were rapidly formed and the bacteria which appeared to be in the water began to act on the gelatine, breaking it up and rendering it soluble. A rapid movement of gas was observable. Where the bubbles or balls appeared to be spherical they were aggregations of bacteriæ. This change took place quickly, almost in twenty-four hours. But a peculiarity of the test was this, that it was only applicable where infusorial animals were present. For instance, peaty water, in which there were no animalcules or bacteriæ, would stand without breaking up the gelatine.

Dr. POOLE inquired how much gelatine was used?

The PRESIDENT.—Just what would make the water thick.

Dr. R. MONTGOMERY.—Is it a test which is only applicable where bacteriæ are present?

The PRESIDENT.—That is all.

Dr. R. MONTGOMERY.—Bacteriæ are the most deadly of all poisons in water, and in that aspect the test seems most valuable and ready for anyone to use, although not being a scientific chemist.

The PRESIDENT.—In order to change the gelatine, bacteriæ must be present. Organic matter that is not putrescent or infective will not do it. This is the first public body to which the test has been communicated, and I think Dr. Angus Smith deserves our thanks.

The thanks of the Sub-Section were voted to Dr. Angus Smith.

RESULT OF CONSANGUINEOUS MARRIAGES.

Dr. T. FITZPATRICK, as the senior member present, then took the chair whilst

The PRESIDENT read a paper on consanguineous marriages in relation to deaf-mutism. He described the practices and prejudices in respect of consanguineous marriages amongst ancient and modern nations, civilised, barbarous, and savage. He next reviewed and criticised the memoirs on the subject of the effects produced by the marriage of cousins. On the whole, the evidence seemed to show the effects were somewhat injurious. The statistics in reference to mutes published in the Irish census reports for 1881 and the previous decennial reports were closely examined by the author. It appears that in Ireland in 1881 there were 5,136 mutes, of whom 135 were the children of first cousins. The author endeavoured to ascertain the proportion of the population who were children of first cousins. He ascertained that amongst nearly 8,000 persons the proportion was only 0.57 per cent., or less than one-fourth of the rate amongst deaf-mutes. As the statistics were in great part collected amongst Protestants, the author believed that there were not in all Ireland one person in two hundred the offspring of

first cousins, as marriage between persons so related was very rare amongst Catholics, who formed three-fourths of the population of Ireland. The general conclusion arrived at was that consanguineous marriages were a cause of deaf-mutism.

The CHAIRMAN (Dr. FITZPATRICK) observed that the paper was the most remarkable he had heard at any public meeting for a long period, making it apparently clear to demonstration that the marriages, particularly of first and second cousins, were productive of deaf-mutism. In his own long experience he found almost every case of deaf-mutism to be the result of the intermarriage of near relatives. To take an example, he found not only was one child a deaf-mute, and another insane, but the whole family partook of degeneration of the nervous power. They entered early into marriage and never prospered in society. Scrofula, deaf-mutism, insanity, and other characteristics exhibiting weakness of brain and muscular power resulted from those marriages.

Dr. EUSTACE thought the question must be considered very much from the animal point of view. The human family was at the head of all other animals, so that the question might be elucidated by what took place with other animals who according to their anatomy and in many respects were our relatives. It was well known to all persons who tried to breed first-class animals that close in-and-in breeding resulted in very great deterioration of the species, and also that animals when left to themselves did not select their nearest relations for sexual intercourse. Even that much-maligned animal the female dog would invariably select, not a dog of her own peculiar breed, but that of a different race altogether, both with regard to size and colour. That intermarriages were productive of many evils as a general result he held to be a fact. With regard to mental disease, he believed the health of the intellect in the human family depended more largely than they were in the habit of considering on the bodily health or physique, although there were exceptional cases in which very poor specimens of humanity were gifted with brilliant intellect. In the treatment of the insane his leading principle was to get up the bodily health, and as it improved the mind improved.

Dr. COX mentioned an instance in which two cousins got married. Both were healthy and without any special indication of disease. The result was that of the offspring, one, a very fine girl, died of phthisis, another developed symptoms of lung disease, but happily escaped consumption, and a third developed spinal disease. Again, in animals other than the human species, disease was apt to occur in those nearly related, while in the vegetable kingdom plants of the same kind which were barren were often fertilised by the pollen of others.

Dr. WILLIS instanced a case he saw some years ago near London of a sick child whose father and mother were deaf and dumb, and it was through their children, all of whom could speak, he came to a decision about the ailment.

Dr. WRIGHT concurred as to the damage ensuing from the marriage of near relatives, and referred to Darwin's experiment on pigeons, and to the difficulty of keeping a pure breed of poultry, as illustrated by the fate of the bantams brought from the palace of Pekin, and by the destruction of another favourite breed of fowl, the white-crested Polish. He did not believe that female animals selected the male. The converse, he thought, was the rule.

Dr. EUSTACE said such selection had brought the term of reproach upon bitches, and their offspring were called curs.

The PRESIDENT (Dr. CAMERON) replied, pointing out that his statistics were necessarily incomplete and restricted. It would be indispensable to ascertain how many of the whole population were the children of first cousins before drawing a definite conclusion.

DISPOSAL OF SEWAGE IN VILLAGES.

Dr. W. M. A. WRIGHT, of Dalkey, read a paper containing suggestions for the better disposal of sewage in Irish country villages. It must be admitted, he contended, that in the better class of Irish villages, where each cottage is provided with a privy and ashpit, a serious nuisance is frequently caused by their faulty construction, and the filthy manner in which they are kept, the receptacle of the privy being generally too large, some too deep below the level of the ground, and communicatin with the ashpit, which is also too large, deeply sunk, and uncovered by a roof. Both privy and ashpit being undrained, their contents mix, and form a fætid, semi-

fluid mass of liquid excreta, vegetable refuse, and fine ashes, which is frequently augmented by the surface drainings from the neighbouring pig-stye. Such a state of things as this is dangerous to health, both directly from its gaseous emanations, and also indirectly through the soakage into the neighbouring soil, and it is for such cases that the improvement is suggested. The poorer class of Irish villages, which consists for the most part of irregular, detached, mud cabins, being quite destitute of any kind of privy or ashpit accommodation, will not be considered, as in their case the nuisance just described does not exist. It must be remembered that any proposed scheme to be practical must be cheap both in construction and working, and simple, as both the rural boards of guardians, who are the sanitary authorities and the owners of the cottages, would be certain to reject any costly plan. The expense of construction would prevent the adoption of either the water carriage, the dry earth, the simple pneumatic or Liernur's system, and the trouble and expense of the necessary scavenging put the pail systems out of the question. In fact, the method most likely to be successful in practice is one to improve away the more dangerous properties of the privy and ashpit. The best way to effect this is first to roof over the ashpit and have no communication between it and the rafters of the privy; next, to construct the privy with a small receptacle, the floor of which should be carefully cemented and sloped towards the back wall, where an open grating is fixed to permit the escape of the urine and leave the fæces dry. The urine should then pass into a sewer-pipe, which is common to as many cottages as possible, probably to all on one side of the street, and which also receives the house-drops and the liquid manure from the pig-styes and stables, but no rain-water, and empties into a cemented and well-ventilated cesspool situated in a grass field as far as practicable from the village. When the cesspool becomes full it can be readily emptied by means of a pump with a long hose pipe attached to its nozzle, and its contents distributed by irrigation over the field in which it is sunk. As it is full of a highly concentrated liquid manure, which forms a most valuable application as a fertilising agent, the results to the pasture will be most beneficial, while, owing to the well-known properties of growing vegetation, the sewage will become rapidly deodorised and rendered innocuous. The solid excreta which remained in the privy can, when the ashpit is being cleaned, be mixed with the dry ashes, and so removed without causing any nuisance dangerous to health.

Dr. WILLIS considered the author's proposal impracticable in certain parts of Ireland. He related an instance of a gentleman getting privies built for his tenantry in the county Limerick, but they pulled down the privies, except one man, who got the name of "Jack the gentleman," and he at length had to make a compromise with local opinion—he let the privy remain up, but did not use it. Farmers even with 200 or 300 acres had not a privy, but simply a causeway extending to a deep ditch.

Dr. POLLOCK said Dr. Wright had, no doubt, brought forward a practical paper, but his sanitary measures were in great part retrograde, especially in suggesting the introduction of the old cesspool again. Earth was a great deodoriser, but, of course, its effect was limited to deodorising a certain quantity of matter. As an illustration, he knew of a cesspool at the end of a long garden which had so saturated the clay that a spadeful could not be turned up without producing the most abominable stench. A patient of his had nearly lost her life from the same cause.

Dr. R. MONTGOMERY mentioned having seen, in the neighbourhood of St. Patrick's Cathedral that day, a large heap of manure close to a room six or eight feet square, in which there was a child, set. 10, sick with fever. The room was in a dreadful state of filth. A woman lived there with seven children, along with her husband, who had 14s. a week.

Rev. H. SKEDDALL testified to the deplorable want of sanitary precautions among the peasantry all over Ireland. He had often pointed out the risks they ran of getting fever.

Dr. H. V. DILLON indicated the danger of cesspools polluting wells from which the country people obtained their supply of water to drink.

Dr. Cox did not see any reason, except dietary, why human excrement should be more deleterious than that of other animals, which, when exposed to the atmosphere for a time, became deodorised and practically inoffensive. Hence it was that, having regard to the habits of the peasantry who went some distance from their dwellings, the excrement was not productive of the danger that might be supposed, but from

exposure it became reconverted into its mother earth. Indeed, he could conceive that to be less harmful than where the excrement was conveyed in sewers and discharged into the tide and then washed back again. At the same time, he did not want to defend the habits of the peasantry. He suggested the innocuous disposal of excrement by incineration.

Dr. DOYLE concurred as to the effect of atmospheric exposure in rendering excrement harmless.

The PRESIDENT would have the whole material collected in one receptacle, like an ordinary liquid manure tank, which was provided in every well-regulated farm-yard in Scotland and England, and also in parts of Ireland. He believed the burning of excrement would be the course adopted in future, as was done in Glasgow, Manchester, Bolton, and other towns at present. When incinerated, it was reduced to an ash, which was used as a building material. The excrement was collected in pails from the house, the man throwing a pinch of carbolic acid into each pail, and thus preventing any noxious odour. Every town required some system that its local condition rendered more desirable than another. In Dublin he was doing all he could in inducing the people to give up filthy privies. There were 2,000 water-closets substituted for privies, while there were 16,500 water-closets as against 11,000 privies; and he hoped there would be no privies worth speaking of in the course of five or six years.

Dr. WRIGHT replied, it was amusing that the first speaker accused him of proposing a scheme too advanced for country villages, while Dr. Pollock told him he was retrogressing. His answer to the first speaker, and also to Dr. Cox, was that he did not propose to deal with isolated dwellings at all. Instead of the defective system at present existing, he would employ a pump with a hose, fifty or sixty feet long, and irrigate a field with the sewage, scattering it over a large area, to be absorbed by the grass. He would have the cesspool in such a position that the sewage would flow away from the water supply, and not towards it. The solid excrement would be pretty well dried by the current of air circulating through the privy, and it could be mixed with ashes when thrown out.

The Sub-Section then adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

In our report of the last meeting of this Society (*Medical Press*, May 9) the following passage occurs:—"Dr. F. G. Edwardes showed a specimen of dilatation and hypertrophy of the bladder and ureters," &c. This should read—Mr. F. Swinford Edwards showed a specimen, &c., &c.

THE UNQUALIFIED ASSISTANT SYSTEM AND THE ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 404.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.

THE employment of assistants by medical men is such a natural outcome of the organisation of labour that it must have been customary from the earliest times in which our occupation became a means of livelihood. In England, five hundred years ago, it was considered a matter of course that a "doctour of physike," whom Chaucer describes as a "veary perite practisour," should have "full ready" at hand dispensing assistants to send out his eleutheraries, and, when their master rode forth on his holiday trip, to keep his patients together to the mutual advantage of both parties—"For each of them made t'other for to winne." They acted as what is now called a "stop-gap." These assistants were legally "grocers" under the control of the company formed about thirty years before, and probably never hoped to be medical men. But many years after the custom was made a means of education through the establishment of the apprenticeship system under the Apothecaries' Company, and down almost to the present time, the apothecary's apprentice or surgeon's pupil was, in fact, an assistant placed by the law under strict domestic and professional discipline, and bound to receive such training as would be useful during his service to his master, and to himself in after life. (A graphic sketch from a favourable point of view of what an apprentice was half a century ago may be found in a "Memoir of a Country Surgeon." Reeve Bros.

1845. In *Medico-Chir. Library Tracts*, B. 154.) The disuse of apprenticeship and the requirements of preliminary education have deprived practitioners of the help they got from these incipient students. And at the same time the rapid increase of the population, and the yearly growing demand on practitioners for their services by classes formerly dependent solely on charity, or contented to forego those services altogether, have swelled the ranks of assistants, and recruited them with persons who look to be repaid for their work in money rather than in knowledge. The *bond fide* "pupil," who pays for and receives instruction from, while he is assisting, his master, is rarely to be found now, and when mentioned in this "Statement" will be distinguished from the assistants to independent practitioners who adopt the occupation of as a means livelihood, either during studentship or later in life.

The employment of "assistants" is of great advantage to the community in facilitating the establishment of clubs, provident dispensaries, and branch practices, for the supply of medical and surgical aid under the supervision of experienced practitioners among populations which cannot afford the full payments required in private practice. These populations could not support a local practitioner, they are very often distant from places which do support one, and in manufacturing districts are peculiarly exposed to sudden and grave accidents. They are, as a rule, very independent, and often prefer going without medical aid, or getting it from some ignorant neighbour or dishonest pretender, to a resort to charity. To lend a helping hand to such independence is thought by many philanthropists to be a duty.

The establishment of clubs, dispensaries, and branch practices, which is extended yearly, is of equal advantage to the medical practitioner as to the public; for by this means he is enabled to tap a new source of income, which, fed by such a wide area, must be in the aggregate very large; and the generally adopted custom in the manufacturing districts of payment by salary from a rate on men's wages, collected through their masters, is a safer, pleasanter, and more independent mode of receiving an income than either taking ready-money fees or sending in bills. In the prospectuses of practices for transfer the number of "clubs," "dispensaries," and "collieries" is frequently inserted as a special recommendation.

The number of these posts held by a single responsible surgeon is sometimes very large. In the *Medical Directory* for 1882 one medical man returns the names of fourteen collieries and clubs and one Union to which he is surgeon.

Without assistants it would be impossible to work these several kinds of public practice. There are also many private practices which must be extensive in order to yield a proper income, and therefore require the aid of an assistant. For midwifery practice this aid is especially required. And in certain populations it is required periodically, and temporarily only; while there is not such constant work as would justify the introduction of a partner or an additional independent practitioner. For example, in riverain and maritime villages, inhabited by deep-sea fishermen, all the husbands go to the Dogger Bank or elsewhere in a body for many weeks, sending home their fish in a steamer; they come home all at once, and after a time their wives require obstetric help all at once. The same thing happens in a minor degree among the families of haymaking and harvesting gangs. Again, in colliery districts, grave accidents are often epidemic in consequence of sudden meteorological changes, and an unusual number of hands temporarily required for surgical aid. Again, a practitioner in charge of public bodies is called upon from time to time to exercise a sanitary supervision which is impossible without assistants, but which becomes annually more and more important. So that year by year we may expect the demand for assistants to increase, and the necessity for recognizing as legitimate the long-established custom of centuries to become more imperative.

Assistants are divided into those who are registered as "qualified" by the usual examination and the "unqualified." To the latter I have understood the scope of this inquiry to be limited.

CHARACTERISTICS OF UNQUALIFIED ASSISTANTS.

The "unqualified assistants" may be classified as follows:—

- (a) The "apprentices" or "pupils" who, without having received any previous medical education, are employed in doing their master's work.
- (b) The students who during their hospital career are so employed.

(c) Assistants who have more or less attended hospital lectures, &c., but have failed to obtain qualification.

(d) Assistants who become such without previous professional knowledge, and pick up what they do know by doing their master's work, never intending at any time to become qualified.

Or, to put the matter less formally, unqualified assistants are to be found of all ages, from the boy who is endeavouring thus to pick up a knowledge of his profession before he goes to a medical school, to the ancient heir-loom who, by the transfer of a practice, has been handed over to successive masters and has become a sort of institution in the place. Between them lies the partially qualified student who has passed the preliminary and one or more professional examinations, and is looking forward to obtaining qualification. And very many are the middle-aged men in whom this ambition has died out, who settle down and marry, spend the money they had saved up to pay the expenses of becoming licensed, and never rise beyond the false position where they have placed themselves. A physician at Scarborough writes:—"I know at the present time at least half a dozen men over 40 years of age who have been acting as unqualified assistants for many years, and who have no earthly prospect of ever being qualified."

As of all ages, so are they of all qualities, from the honourable youth who is trying to save his friends the cost of his keep while attending the hospital, to the uneducated grocer, miner, or retired sailor. Among the former some are pupils, while the latter are mere servants, though they take charge of the sick, often at a considerable distance from their master or coverer. Some medical men keep both at once, the pupils in their own houses and presumably receiving instruction, the others left to their own devices or inhabiting different branches. Sometimes qualified and unqualified assistants are kept together by the same registered practitioner, and have the same duties assigned to them. The classes above enumerated merge one into another by many gradations, so that it is difficult for even the man himself to say to which he belongs.

It is difficult to make an accurate calculation of the numbers of unqualified assistants, for shame seems to prevent the giving of information on the subject. "The people able to give it are just those who might wish to withhold it" (Leeds). The writer of a series of articles in the *Medical Press* estimates them at 3,000 in England and Scotland, but does not say on what data that figure is based. The following examples, however, give some idea of their numbers in proportion to qualified assistants and employers. In Jarrow Division, County Durham, Mr. Scott reports, from the County Constabulary Office, that there are sixteen qualified medical men in practice, and seven (or eight) unqualified men who act as their assistants. In one town of 73,000 inhabitants, with twenty medical men, there are said to be ten unqualified assistants (*Medical Press*, April 19th, 1882), and you have information of five at least being in the service of one employer near Sheffield. A gentleman in Wales has, since May, 1868, employed thirty assistants, usually two at a time, of whom twenty-four were qualified and six unqualified, not counting a dispenser and a pupil. He is on conscientious grounds giving up the use of the unqualified. During the last four years the number of visits paid has been 115,072, patients attending personally at the dispensary not counted in. This gives upwards of twenty-six visits daily by each of the three persons engaged, besides a good deal of indoor work. At Halifax you are informed there were lately sixteen unqualified assistants, but that the number is now reduced to seven, in consequence of the personal efforts of the younger practitioners to put down the system. In the neighbourhood nearly all the country practitioners have unqualified assistants—numbers unknown. In an eastern fishing town there are five assistants employed, three of whom are qualified, two unqualified, one of whom practises on his own account under cover. In the neighbourhood there is one unqualified assistant, practising with his brother, who is a registered medical man. More than half of the annual births are attended by an unqualified assistant. In Manchester "about 30 per cent. of the practitioners of over five years' standing keep unqualified assistants of some kind; about 8 per cent. keep qualified assistants. In the towns round Manchester with large working populations the number of unqualified assistants is greater still."

In a large area in Staffordshire, with about 250,000 inhabitants, including six towns and many collieries and potteries,

there are stated by a hospital surgeon to be thirty-nine resident medical men, who employ thirteen unqualified and three qualified assistants. Of the unqualified, one practises quite independently, and is only "covered" by occasional visits from his principal. Pupils are not included. In Sheffield there has been for ten years a dispensary in private hands which has employed unqualified assistants and wrought much evil. Since last spring two similar establishments have been added, one of which has thrown off branches into neighbouring villages, all worked for gain. At a large manufacturing city, supporting nearly 100 registered practitioners, the influence of the unqualified assistant interest is so weighty, that the leading physicians, though opposed to the system, decline to furnish any statistics of the numbers, lest they should have a majority against them in their local Medical Society and a feud be stirred up.

As to their competency to attend the sick, I learn from a well-known surgeon in Hallamshire that "It is really the exception to find one thoroughly competent. But occasionally we get a practical man who from poverty or some unforeseen circumstances is obliged to find the means of completing his education by taking the post of assistant." And again, it is stated by another correspondent, well capable of judging, that "as a rule unqualified assistants are incompetent to treat the sick." It would appear, then, that the old-established unqualified man does not improve by keeping, and that the younger one who seeks the post only as a temporary expedient is the more efficient of the two. To others, however, he is more acceptable, from being "acquainted with the Shibboleth of the profession," and with "the routine of practice," as we are informed in South Wales.

Examples of ignorant *mala-praxis* by the unqualified are numerous, as may be supposed; but to quote them would require more investigation than lies in the power of the Committee. Moreover, taken alone, they would be irrelevant, and might possibly be answered by cases of alleged misconduct among the registered assistants, who are not the subjects of our inquiry.

A well-known general practitioner pertinently remarks, "Training of this kind does not make a good practitioner." "To the profession generally," a physician of Leeds says, "I believe the use of unqualified men is a convenience; but to the public, and so far as the best interests of the assistants themselves in the long run go, to them too it is a great evil."

In respect of provision for the future, as the last quoted correspondent implies, an unqualified assistant is indeed most unfortunately situated. He is liable to discharge at any time, with or without a character, the granting of which has been decided to be optional (see *Medical Directory*). In this respect he differs, greatly to his disadvantage, from an indentured pupil or apprentice, whose position is secure if he has taken care to pay a small premium. This, however, cuts both ways, and specimens are given, in the letters submitted to the Committee, of unqualified assistants who have discharged themselves at a week's notice, conduct very inconvenient to the master; for his remedy by civil action is doubtful, however great the damage done to him. This danger is by some medical men provided against in a formal written agreement, of which a specimen in print is filed, and which is stated to be a sufficient safeguard.

(To be continued.)

France

[FROM OUR SPECIAL CORRESPONDENT.]

THE greater part of the séance of the Académie de Médecine last week was occupied by M. Pasteur, who came up expressly from the country, in order to defend himself from the allegations of M. Peter, who at a former meeting showed himself antagonistic to the theories of the celebrated discoverer of microbes. In a lengthy communication, M. Pasteur endeavoured to refute the opinions of his adversary, and denied that his vaccinations were attended with fatal results. He reproached M. Peter with being entirely ignorant of the subject in question, and added, "I am not a

doctor nor even a veterinary surgeon and I often regret it. If I were younger, or even as I am, if I had better health, you would see me on the seats in the gallery. When I obtained the honour of being called to this Academy, I rejoiced in the idea that I was going to learn from you many things of which I was ignorant, but I consoled myself with the thought, that the path I had chosen, although deviating a little from the well beaten road of medical science, would perhaps contribute its share, however small, to the benefit of that science. To hear my learned friend talk with such contempt of chemists and physiologists, who touch the question of diseases, one would think that he was speaking in the name of a science whose principles were founded on a rock. Did he want a proof of the little advance that is made in therapeutics? He will find it in the fact that for the last six months a discussion is going on as to whether typhoid fever should be treated by this or that method, or not at all? And when on the eve of solving the question of the etiology of this disease by the microbia M. Peter has the audacity to cry out, 'what do I care about your microbes.' M. Peter thinks that because I turned my mind to chemistry, physics, and physiology, I should know nothing, but a labour of forty years permits me to defy such insinuations. I glory in one thing, and that is, that the great discovery of the attenuation of virus (charbon) by vaccine can be considered as wholly French." (Prolonged applause.)

At the Société de Chirurgie, M. Cazin said he could not accept the opinion emitted some days ago by M. Parrot, in reference to the relation of rickets to syphilis. Contrary to the assertion of his eminent colleague that rickets was always the result of congenital syphilis, he could see no parentage between the two affections. He collected a certain number of examples of rickets without syphilis and syphilis without rickets. Another fact confirmed him in this opinion, and that was, the treatment which, when consisting of mercury and iodide of potassium as forming the anti-syphilitic treatment, had not only no effect on rickets but was positively injurious. If rickets were the result of a diathesis it would be that of struma and certainly not syphilis. M. Despres sided with M. Cazin, and said that whereas rickets can be cured by cod-liver oil and phosphate of lime when not too advanced, congenital syphilis is nearly always fatal, no matter what the treatment.

Department of Lunacy.

BARNWOOD HOUSE ASYLUM.

THE report of the Barnwood House Lunatic Hospital, at Gloucester, for the year 1882, which has just reached us, clearly shows that that useful institution is pursuing its beneficent course with uninterrupted, and indeed with increasing, success. And the secret of that success it is not difficult to discern. It is indeed plainly set forth by the Managing Committee, who intimate that they are well aware that the excellent reputation enjoyed by the institution is due almost entirely to the admirable manner in which it is conducted by Dr. Needham, aided by the voluntary assistance of Mrs. Needham. The Committee take the opportunity of expressing their appreciation of the devotion of Dr. Needham to the interests of the establishment and its inmates. The Commissioners in Lunacy, who are, as a rule, and very properly, cautious and formal in their bestowal of praise, speak out freely in

the case of Barnwood House, and after noticing its flourishing condition and judicious management, echo the sentiments of the Committee as to the value of the services of its medical superintendent. A public asylum, like a public school, takes its tone and complexion from its head, and must rise or fall in general estimation according as he is capable and energetic, or the reverse, and Barnwood House seems to have been fortunate enough to secure as its head a sort of asylum Arnold, who infuses into all who act under him something of his own zeal and practical humanity, and who is steadily extending its usefulness and reputation. Barnwood House contained on the 1st of January last, 129 patients, 160 having been under care during the previous twelve months. Notwithstanding that a considerable number of patients are received at reduced and, indeed, merely nominal rates of board, the profits on the operations of the year amounted to £5,445. This profit was earned, too, while the utmost liberality was displayed in the administrations of the hospital and treatment of the patients. We are glad to notice that the Committee are making provision for the pensioning of old and faithful servants.

BROADMOOR CRIMINAL LUNATIC ASYLUM.

No fuller, clearer, or more interesting lunatic asylum report reaches us than that of the Broadmoor Criminal Lunatic Asylum. It presents a comprehensive and masterly survey of operations of the establishment, and supplies also much valuable medical information in the shape of summaries of cases, records of sickness and of the appearances observed at post-mortem examinations. The report for the year 1882, which has just been published, contains a modest reference to the alarming assault which was made on the able and accomplished chief of the Asylum, Dr. Orange, by one of the inmates on the 6th of June last. The assault consisted in a violent blow on the head with a heavy stone slung in a handkerchief, dealt while Dr. Orange was seated at a table reading some papers, by a patient who was standing beside him. The perpetrator of the act was the same man who fired at the late Master of the Rolls, whose loss we have been so recently lamenting, and the two murderous attempts of this lunatic seem to have been prompted by the same motive, viz., an insane desire to attract attention to a conspiracy of which he believes himself to be the victim. It is gratifying to know that Dr. Orange, although seriously injured and for a time incapacitated for work, has been able to resume the responsible and anxious duties which he has so long performed with distinguished success. When the nature of these duties are considered it must certainly create surprise that Dr. Orange's manner of discharging them has not obtained more liberal recognition. Although at the head of the State Asylum, and exposed to constant danger and ceaseless anxiety in guarding the public safety, Dr. Orange actually receives a less salary than the superintendents of several county asylums, and his remuneration has not been increased since he succeeded to his present office some twenty years ago. The Government ought certainly to look to this matter without delay and show a just appreciation of the labours of an invaluable public servant.

The average number of patients resident in Broadmoor

during last year was 495. Seven patients in all, five of whom had been convicted of murder, one of larceny, and one of arson, were discharged recovered, and eleven patients died. Since the opening of Broadmoor in 1863 1,349 patients have been admitted into it, of whom 345 had been guilty of murder, 224 of attempts to murder and maim, 104 of burglary or housebreaking, 323 of larceny, 91 of arson, 19 of manslaughter, 13 of rape, 17 of unnatural crime, and the remainder of a great variety of minor offences. Considering the antecedents and tendencies of the lunatics assembled together in Broadmoor, it is indeed a subject of congratulation to the officials that last year passed without a suicide, escape, or serious accident of any description.

THE DUNDEE ROYAL ASYLUM.

UNEXPECTED delays have occurred in the opening of the new lunatic asylum at Dundee, but the buildings are now ready for occupation—indeed, an advanced guard of working patients have been residing in them for some time, and preparing them for the reception of the main body of the inmates of the old establishment. The new institution has been carefully designed and fitted up with all modern improvements, and we may confidently anticipate for it a prosperous career under the guidance of its gifted superintendent, Dr. Rorie, whose management of the old asylum, in spite of all the difficulties arising out of irremediable structural defects and archaic arrangements, has been so praiseworthy. Four hundred and twenty-six patients were under treatment in the Dundee asylum during last year.

DERBY COUNTY ASYLUM.

DR. MURRAY LINDSAY presents, as usual, a thoughtful and satisfactory report on the state and operations of the Derby County Asylum during last year. Frequent applications, he intimates, are made to him for the admission of private patients, but these he is, of course, unable to meet, having only sufficient room in the Asylum for pauper lunatics chargeable to the several unions in the county. Such applications, however, reveal the want which exists for suitable provision for insane patients of the lower middle class, whose friends are able and willing to pay a moderate sum, but whose means do not enable them to pay the charges of private asylums. There can be no doubt that pauper asylums are, to some extent, misappropriated, unavoidably, perhaps, in the present state of the law, and for the reasons just given, by patients being sent to them, by the assistance of the union authorities, for whose maintenance ten or fifteen shillings a week might be, and is, paid, and who are not, therefore, really paupers. The visiting justices of the Derby Asylum called attention to the subject in their last report to Quarter Sessions, and all possible publicity should be given to it, so that charitable persons should be made acquainted with a channel in which their benefactions might flow with the certainty of doing a vast amount of good. Separate asylums for lower middle class lunatics are certainly very urgently needed.

Dr. Lindsay has had 548 patients in all under his care last year, and is able to report a high rate of recovery

(amounting to 43·2 per cent. of the admissions), and a low death-rate (only 8·2 per cent. of the average number daily resident). Differences of opinion may exist as to the practical wisdom of the step taken in depriving the patients of the Derby County Asylum of the beer ration which they have hitherto enjoyed without supplying them with any substitute, such as skim milk or butter-milk, but this, at any rate, is indisputable, that that step has been taken from excellent motives, and that the Asylum under is kind and careful management.

WOODILEE ASYLUM.

DR. R. BLAIR, Assistant Medical Officer of Gartnavel Lunatic Asylum, was, on the 9th inst., appointed Medical Superintendent of the Woodilee Asylum, Lenzie, at a salary of £500 per annum, in room of Dr. Rutherford, who has now charge of the Southern Counties Asylum, Dumfries.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1883.

THE MEDICAL BILL.

THE second reading of the Bill was not taken on Thursday, although—up to Wednesday—it stood first on the notice paper of the House of Commons. It will, therefore, not come on until a few days after the re-assembling of Parliament on the 21st, and the Committee stage of the Bill, at which the principal contentions will arise, will probably not be taken for the next three weeks.

Meanwhile all parties interested are actively preparing for the occasion. The General Council of the British Medical Association is to meet at Birmingham on to-morrow the 17th, to adopt petitions in support of the Bill, and the Irish Medical Association will send forward its petition in favour next week. The Council of the London College of Surgeons has withdrawn all opposition, and passed unanimously the following resolution:—"That the Medical Act Amendment Bill (1883), as modified and introduced into the House of Commons, meets with the general approval of this Council."

The Scotch Colleges on Tuesday week had a deputation to Mr. Mundella. The delegates were:—Dr. Balfour, Dr. Haldane, and Dr. Wyllie, for the Edinburgh College of Physicians; Dr. Heron Watson, Dr. John Smith, and Dr. John Duncan, from the College of Surgeons, Edinburgh; Dr. Scott-Orr, President, Dr. Eben. Watson, and Dr. D. C. McVail, from the Glasgow Faculty. In the course of the interview it was argued that the Medical Corporations were entitled to six representatives on the Medical Board, whereas the Bill only proposed to give them three, against eight from the Universities. This claim was based upon the ancient foundation and useful character of these institutions. The Universities, it was stated, had always shown a selfish and jealous disposition towards the College, and might still more prejudicially exercise this spirit in the future if allowed the undue preponderance proposed by the Bill to be given to them upon the Medical Board.

Mr. Mundella, without expressing any opinion of his own, said he would represent the views of the deputation to the Lord President when they came to consider any necessary modifications in the details of the Bill. The measure would probably not get into Committee of the House of Commons for several weeks, and it was desirable to make as few changes in it as possible, so as not to delay or imperil the passing of a measure which was so excellent.

The Irish Colleges are also prepared with amendments such as ought not, we think, to be seriously objected to. The College of Physicians wants to have an equal representation on the Irish Medical Board with the other licensing bodies, *i.e.*, three delegates. The College of Surgeons seeks to obtain uniformity of curriculum, and to limit the privilege of a cheap final examination to *bona fide* Arts undergraduates of a University. The College also presses for the admission to the Medical Board of the directly-elected representative, who is—by the Bill—to have a seat only on the Medical Council.

The coming struggle is, in fact, between the Universities and Colleges in Scotland and Ireland. The Universities are seeking to grab all the influence on the Boards and Council, and to introduce clauses into the Bill which will bribe students to resort to them in preference to the Colleges, and they will resist the admission of the direct representative to the Medical Board because they apprehend that he may be a College man, and may dilute the University influence. They wish to handicap the Colleges by compelling Collegiate candidates for the final examination to pay £15 or £20, while the University candidates would have to pay only about £5. Now this proposition is reasonable in the case of the older Universities of Oxford,

Cambridge, and Dublin, which require for their medical degrees a full course of academic study in Arts. In these institutions the student is taught as well as examined, and he has to pay a high price in money and labour before he can obtain his degree, and he is therefore reasonably entitled to a remission of the final fee in consideration of his superior culture, and of the fact that he has not had occasion to avail himself of the museums, libraries, and other means to education maintained by Colleges and Schools. But in the case of the Royal Irish University and some of the Scotch Universities, the case is altogether different. These are not teaching institutions; they receive for examination the students who have been taught elsewhere, and who have learned their business by means of the museums, libraries, and other educational paraphernalia of other institutions, for which advantages it is now claimed that they shall not be asked to pay, simply because they have taken their primary examination in a University instead of a College. Moreover, these Universities exact no education either in Arts or Medicine materially higher than that exacted by the Colleges, for they admit all comers to their degrees on the faith of a preliminary examination not a whit more comprehensive or more stringent than that held by the Colleges. These institutions are Universities in name, but in reality are mere examining centres, and cannot even claim credit as teaching bodies. They are simply touting for the patronage of the student, and they now seek to attract that patronage by securing to themselves the benefit arising from the admission of their students on a cheap final fee.

That privilege may be accorded to their *bona-fide* graduates in Arts, or to undergraduates in Arts of at least three years' standing; but it would be a monstrous injustice to extend these special advantages to students who have not earned them by specially high education, and not paid a shilling more for their instruction than the general run of candidates.

INDIAN MEDICAL SERVICE.

THERE can be little doubt that, while we owe the acquisition of most of our colonial possessions to the success of our arms in the first instance, we are indebted for our subsequent peaceful occupation of them to the successful administration of our non-combatant services, and that foremost amongst these, in the case of our great Indian dependency, is the influence which has been exercised for many years upon every class and caste of the native population by our Indian medical officers. It is equally certain that recent events have not placed us in a position in which we can afford to dispense with any of the props upon which our rule in this country has previously rested. It is upon this ground that we would appeal to the present Secretary of State for India to reconsider the decision arrived at last year by Lord Hartington with reference to the representations made to him by the committee of the "Indian Medical Service Defence Fund" to decline to receive any more such communications, as being neither 'to the advantage of the public service nor conducive to the interests of discipline.' It is impossible to deny that there is deep and widespread discontent among the Indian medical officers, and it is puerile to maintain that it can conduce to the interests of discipline to refuse a

hearing to a respectful exposition of its supposed causes. We will not now enter into the technicalities of "employed and unemployed pay," of stagnant promotion and alleged supersession, of prolonged service in the climate of India, and curtailed pensions; but we can assure the Secretary of State for India that, should he consent to refer the question to a Select Committee, and should the hardships complained of be pronounced frivolous, or insufficient to justify the action taken, the professional press would be the very first to hold up in their true light any body of public servants who, in the hope of grasping temporary personal advantages, would run the risk of bringing discredit upon so valuable a national service as the Indian Medical Department. We therefore have no hesitation in asserting that the true interests of the public service will be best served by exposing the sources of this discontent as illicit and unjustifiable, or rectifying them if just and well grounded, and that this can only be done by a full investigation before an impartial tribunal. Of the results of the present condition of things to the efficiency of the service itself we need not draw any picture; we have too recently seen it all enacted in the ranks of the Army Medical Department during its disruption prior to the granting of the last Warrant, but we would remind those responsible that they have no body of civilian medical men upon whom they can fall back to stop the gap if they allow matters to come to a like pass and wait "in the interests of discipline" till candidates refuse to compete for the appointments.

DR. CARPENTER AND ANTI-VACCINATION.

ANTI-VACCINATORS cannot fail to be much exercised in spirit over the cruel disappointment suffered by their hopes on the evening which was fondly expected by many of them to yield a harvest of success for "the cause." Mr. Hopwood, as their champion in the House of Commons, was to have challenged an expression of legislative opinion on the necessity for considering whether the time had not arrived for conferring as much freedom on British subjects to disseminate small-pox as has been extended to them in respect to syphilis. Circumstances, however, over which anti-vaccinators could exercise no control, have, fortunately for civilisation, for a time deferred the realisation of the dreams indulged in by the "League" presided over by Mr. P. A. Taylor, and upheld by his followers. But that the present is a critical period in the history of vaccination controversy, and of the warfare against science and common sense carried on by the fanatical bands of agitators against compulsory preservation of life, there is no question; and it is gratifying, therefore, to find that, while every description of tactic is being resorted to by the paid agents of anti-vaccination to swell the lists of apparent objectors to the Acts, such an able exponent of the fallacies they indulge in as Dr. W. B. Carpenter is watchfully busy in refuting the arguments used to bolster up "the League's" defences.

In a letter addressed to Sir Lyon Playfair, Dr. Carpenter deals Mr. P. A. Taylor what is probably the cruellest blow he has yet received, inasmuch as it utterly demolishes the beautiful theory so laboriously and triumphantly built up on the basis of statistics. From

information afforded by a table quoted in one of Mr. Taylor's own anti-vaccination essays, Dr. Carpenter shows that the small-pox death-rate has progressively declined since the introduction of compulsory vaccination; and this, too, in most striking fashion, particularly in Scotland, where the good sense of the people is proof against the frenzied enthusiasm of would be reactionists, and where a reduction of no less than *eighty-eight* per cent. of deaths due to variola occurred within five years after neglect of vaccination was made a punishable offence against the law.

There is often a good deal of astonishment felt by reasonable men at the wooden obstinacy with which the "thick and thin" advocates of infection refuse to perceive the force of facts. But when we are called upon to deal with the utterances of those who cannot excuse their words and actions on the plea of ignorance, amazement at the obtuseness of the less educated adherents of a defenceless cause gives place to a feeling of regret at the persistence with which mistaken views are clung to. It is not possible to assume that Mr. Taylor can be blind to the irresistible logic of such statements as Dr. Carpenter showers down upon him, each and all conclusively demonstrative of the absolute danger to public health arising from non-compliance with the Vaccination Acts. Thus, in the year 1881, the date of the last epidemic in this country, Dr. Carpenter states:—"Of the 2,375 recorded deaths (from small-pox) 962 occurred among the certified *unvaccinated*, and 524 among the certified *vaccinated*, 885 being reported as 'doubtful.' It is quite evident that, even if the unvaccinated residuum be admitted to constitute 15 per cent. of the metropolitan population, the advantage is enormously on the side of the vaccinated, for (putting aside the 'doubtful' cases), if the vaccinated portion of the population of London had died at the same rate as the unvaccinated, *their* mortality would have been 5,451, or more than ten times as great as it actually was." Doubtless an answer to Dr. Carpenter's conclusions will speedily issue either from Mr. Taylor or one of his staff of essayists, and attempts will be made to explain away the overwhelming truths contained in the pamphlet. One more passage from it we will quote in this connection:—"If vaccination affords no protection, the *ages* at which the vaccinated and the unvaccinated respectively die should correspond; but the *exact reverse* of this is shown to be the fact by the Registrar-General's latest figures, as by all previous comparisons. Of the 962 deaths among the unvaccinated, *three-fourths* (speaking roughly) occurred *under* the age of 20, the disease showing the same fatality among the young at present that it used to do in pre-vaccination times: but of the 524 deaths among the vaccinated, *three-fourths* occurred *above* the age of 20—that is to say, among *adults*, who had outgrown their original protection, and had not (so far as was ascertained) renewed it by revaccination. The proportion of children under 5 years old, vaccinated however indifferently, that died in the epidemic of 1881 was quite insignificant, being only 5.2 per cent. of the 524 deaths among the vaccinated; whilst the proportion of deaths among *unvaccinated* children under 5 years of age was 38.2 per cent. of the 962 deaths in that class."

Without any further following Dr. Carpenter in the carefully-reasoned and fact-sustained statements he advances to show cause why support should not be given to the demand for repeal of the Vaccination Acts, the letter from which the above-quoted passages are taken may be earnestly recommended to the perusal of all who can and will read truth and appreciate it for themselves.

For a long time the mode of warfare pursued by anti-vaccinating societies has called forth indignant protests from persons who are naturally scandalised by the contemptible tactics which seem to be justified by those who ask for subscriptions to carry on "the work." One mode of "working" which commends itself to "The London Society for the Abolition of Compulsory Vaccination" has recently come under our notice. It is as follows:—Armed with an almost inexhaustible supply of coloured handbills, headed "Medical Opinion concerning the Perils of Vaccination," an agent of the Society makes a raid on one of the blocks of industrial dwellings now so numerous in the metropolis. The hour chosen (wisely) is one during which the male population is away, and then the bills are distributed from house to house, the while the agent insidiously points to displayed sentences in the delectable trash he is giving away—such as "Healthy up to the hour of vaccination," "Abominable fouling of the human body," "Dismal results of vaccination," &c., &c.; and the mothers of children having been duly stuffed with this nauseous mixture, are solicited, and often enough consent, to sign a petition "against killing children in such frightful ways." This may be a mode of proceeding which commends itself to anti-vaccinators; to us it savours strongly of the most unblushing imposture; and what value can attach to petitions so signed may well be queried; while the ease with which the names of terrified mothers, ignorant even of the meaning involved by the terms they hear and read, can be obtained, may be at once imagined.

The particular document to which we have referred is in itself a curiosity of the first order; and we doubt not Mr. Bruce Clarke, M.B., F.R.C.S., will be interested to learn that it classes him amongst medical opponents of vaccination, an extract from a paper contributed by him to *St. Bartholomew's Hospital Reports*, attractively headed for anti-vaccination purposes "And the Child Died," forming an important section of the handbill. We are bound, nevertheless, to admire the catholicity exhibited by the selection of names made by the "London Society, &c., &c.;" and Mr. Clarke can also congratulate himself on association with, at any rate, well-advertised practitioners, for we note among the "authorities" Dr. Forbes Laurie, whom we last heard of in connection with a magnetic invention for the cure of piles and hernia. As Dr. Laurie's "testimony" includes incidental reference to another "authority" "who was 17 years engaged in the Isle of Wight in *curing cancer*," it may be concluded that his association of this disease with compulsory vaccination is another indication of that vast experience and knowledge of physical medicine so characteristic of "the Society, &c." While, however, we involuntarily pity Mr. Bruce Clarke's unhappy

position, we are unable to suggest how, so long as fanaticism and ignorance find that it pays to act in concert, honourable and scientific medical men are to avoid such indignities being thrust upon them.

Notes on Current Topics.

The New Law Courts.

THE precipitate haste which characterised the arrangements made for transaction of legal business within the new palace of justice is beginning to bear such fruit as should have been anticipated from hurried occupancy of a building which still retained the features of a new erection. From the moment of its first inauguration as a public institution the new Law Courts has been a ceaseless cause of physical inconvenience to many whose duties compel them to be constantly within its walls. The most incautious householder is usually chary of taking permanent possession of a new residence, until such time has passed subsequent to its completion as may suffice to dry the structure, at least moderately well. At the Law Courts, however, where, especially, much time and care would be required to thoroughly dry the massive walls composing it, there has been almost no attention, in the way of pause, paid to this first condition of hygienic importance to those destined to suffer whatever inconvenience may arise from the omission. The consequence is that cases of illness among officials engaged at the Courts are so frequent, and so evidently due to the nature of their surroundings, that these public servants are very naturally much exercised in mind over the affair, and are said to be about to present a memorial to the Treasury, praying that the Law Courts may be scheduled as an "unhealthy place." The effect of this action, if pursued, will be to entitle all who serve in the Courts to special additional pensions, granted in recognition of the increased dangers incurred through unhealthy surroundings. There is nothing in the memorial of an extravagant nature, moreover, a period of three years being the time named as that which is considered necessary to afford such experience as will suffice to show the various alterations needed to overcome existing defects, and also to dry the walls, in which, at the present time, a very great degree of moisture undoubtedly remains.

Sir Charles Dilke on the Proposed New Consolidated Order.

THERE is a Birmingham caucus which is said largely to influence Government policy in the present Liberal administration. As independent journalists, however, politics have to us no meaning, but we cannot help remarking that it was to a Birmingham deputation Sir Charles Dilke addressed the words of hope, "that the dismissal of Poor-law officers would soon be placed in the hands of Poor-law guardians throughout the country." The Poor-law medical officers throughout the country must have read these words with regret and surprise. Fixity of tenure had been secured by a legitimate agitation. Dismissal by the Local Government Board added to this meant security against injustice and malice. It would be a destructive policy on the part of the present Government to undo the work of their predecessors. In

the face of what they have done in reference to the Contagious Diseases Act, can we hope for much grace at their hands? We can if we are able to apply pressure so as to counteract the influences at work which have brought about the proposed consolidated order.

The Poor-law medical officers throughout the country ought to have some influence; they should now take action singly, whilst, at the same time, they should come forward and support the Poor-law Medical Officers' Association. Singly they should work in their own districts, and as a united body they should appeal to Parliament against the contemplated order. We shall be glad to aid them in the struggle, but we regret to have to state that the profession is frequently apathetic to its own interests, and it is in consequence of this that it suffers so many wrongs, and the Poor-law medical officers will be justly punished if they do not now rise to the occasion and protest in an emphatic manner against the injustice about to be perpetrated upon them.

The Fisheries Exhibition.

ON Saturday last an event of very considerable importance to the whole community occurred at the Royal Horticultural Society's Buildings, South Kensington, when, with much pomp and magnificence, and in the presence of many thousands of spectators, the Prince of Wales, in the name of Her Majesty, opened the Fisheries Exhibition to the public. The exhibition, which has been many months in preparation, is most probably destined to initiate a very remarkable change in fish supply and fish consumption in this country. It will not only tend to awaken universal interest in natural and artificial pisciculture, in the nature and products of the various fisheries, and in the general magnitude and importance of fishing and fishers, but it will, if the best wishes of its promoters are realised, be the means of bringing home to the intelligence of the people the great fact that the sea is a practically inexhaustible source of supply of cheap, wholesome, and nutritious food. As a means to this end, visitors to the exhibition will be able to indulge in regular "fish dinners" at a reasonable charge; and many to whom the delicacy of fresh fish well cooked is all but unknown may be expected to return from visiting the exhibition endowed with a wish to test by further experience the advantages of a diet which has so much to recommend it. Of the wonders of the mighty collection it is impossible to speak in a note; but it may be said that much surprise will be felt by a good many persons who first notice on going through the collection how multitudinous are the associations of fishing with other arts and sciences. The six months during which the exhibition is to remain open will be scarcely more than enough to enable a diligent student to make a careful survey of all that there is for him to see and examine.

FROM a report furnished by M. Béclard, Dean of the Medical "Faculté" at Paris, to the Vice Rector there, it appears that the number of women following the profession as regular students, *i.e.*, those who have produced two diplomas, of bachelor of letters and science, or if foreigners, certificates equivalent thereto, is 39 during the past two years—10 French, 11 English, 5 American, 9 Russian, 1 Hungarian, 1 Polish, 1 Roumanian, 1 Indian.

Medical Fees in English Law Courts.

THE question may be fairly asked why the fee of one guinea is considered a sufficient remuneration to medical witnesses who are summoned to attend in criminal cases at the Assizes? For this sum the medical man is withdrawn from his professional pursuits, no matter what his status or income; he has to neglect his patients, with the possible chance of losing them, and to put up with the annoyance, trouble, and loss inevitably entailed for this niggardly fee. No wonder that practitioners of reputation shirk criminal cases, and whenever possible transfer the questionable honour to the young and necessarily inexperienced. We are aware that justice does not gain by this; but is it reasonable to expect medical men to do what no other profession would condescend to, when not in the cause of charity. Our gratuitous work is extensive enough as it is, without trespassing too severely upon our philanthropy. Even our considerations of duty must necessarily have a limit, and we make bold to assert that most medical men draw the line at police cases. If occasionally there be a failure of justice from this cause, the responsibility rests upon those who have fixed the fee at a guinea. Three guineas a day would hardly be considered excessive for attendance at the Assizes in criminal cases.

The Minutes of the Medical Council.

THE complete volume of the minutes of the meeting which was held last week was issued on April 30 with praiseworthy celerity. It contains also the record of the proceedings of the Executive Committee and of the English Branch Council, and is in the hands of the public much sooner than has heretofore been usual. An item of special interest in the volume is the report by Dr. T. King Chambers on unqualified assistants, which is now appearing *seriatim* in another part of this journal.

The Registrar-General's Annual Summary.

IN the Annual Summary for 1882, just issued by the Registrar-General, in respect to London and other great towns, the number of large towns included in the list of weekly variations has been raised, in accordance with the change made in the beginning of the year, from twenty to twenty-eight. The additional towns are Derby, Birkenhead, Bolton, Blackburn, Preston, Huddersfield, Halifax, and Cardiff. The population dealt with in this return is 9,466,292, or more than one-third of the total for England and Wales. In this population the deaths reached to 205,235, or 21·8 per 1,000, Derby being lowest, with a rate of 18·7, and Preston highest with 27·6 per 1,000; London and Brighton were 21·4 and 21·7 respectively. It is interesting to know that with the exception of the years 1850 (21·0) and 1881 (21·2) the death-rate for last year is the lowest recorded, that for 1872 having exactly equalled it. Of the whole number of deaths 16·3 per cent. or 13,553 were registered as due to zymotic diseases, the aggregate rate thus reaching 3·49 per 1,000. As recorded in the report, the most remarkable fact in this connection was the subsidence of the small-pox outbreak. In 1881, 2,367 deaths took place from this disease, in 1882 only 431. Of these 431 persons who died, 108 were certified to have been vaccinated, 184

unvaccinated, while 139 were doubtful. These figures, therefore, show that, while the deaths among vaccinated persons were 37·0 per cent., of the unvaccinated 63·0 per cent. died. Another curious point in connection with the same figures is that of the vaccinated 23 per cent. were under 20, and 77 per cent. over 20 years of age; while among the unvaccinated the proportions were nearly reversed, viz., 67·4 and 39·6 per cent. respectively.

Venereal Disease among our Troops in Egypt.

MR. WARTON asked, last week, in the House of Commons, whether, lately, at Cairo, in one battalion about 650 strong, 75 men were laid up at one time in consequence of venereal disease.—The Marquis of Hartington replied that on April 13 the soldiers of the force at Cairo under treatment for venereal disease amounted to 2·65 of the strength, which would give an average of only about 17 for a battalion of 650 men. By a later return, received May 3, it appeared that of the whole force in Egypt about 3½ per cent. were in hospital for venereal disease.

The Adelaide Hospital.

At a meeting of the Medical Board of the Adelaide Hospital, Dublin, held on Friday, the 11th inst., H. Head, Esq., M.D., in the chair, the following resolution was unanimously adopted:—Resolved, "That the Medical Board of the Adelaide Hospital desire to record their deep regret at the death of Mr. B. Wills Richardson, who has been a valued member of the staff of this institution since its recognition as a clinical hospital. His strictly punctual and conscientious attention to his duties, his honourable conduct, and his uniform regard for the interest and reputation of his colleagues, caused Mr. Richardson to occupy the highest place in the regard of the members of the medical staff. They ever reposed the most perfect confidence in his honour, and cannot but feel that his death will be an almost irreparable loss to them and to the poor, in the treatment of whom he never spared time or trouble, and they wish to convey to Mrs. Richardson and the family their sincere sympathies in their bereavement."

Fissured Anus.

DR. THOMAS HAY, of Philadelphia, speaks highly of the value of iodoform in the treatment of this troublesome complaint. It may be applied either as a powder pure, or mixed with gum acacia; as an ointment, mixed with vaseline; or as a suppository, made with the oil of theobroma. The intensity of the iodoform odour may be moderated by balsam of Peru, carbolic acid, and oil of peppermint; but are not likely to be required for application to such a part. Care must be taken to reduce the iodoform crystals thoroughly to powder, otherwise great irritation may be induced. Applications should be made three or four times a day. The bowels should never be allowed to become constipated or relaxed; the alvine secretions should be always maintained in a soft condition. The anus and surrounding parts should be kept scrupulously clean. The great point to remember is to have the powder properly prepared and *very fine*.

Another Medical Act Amendment Bill.

A BILL was introduced last week into the Lords by Lord O'Hagan to make provision for the election of a representative of the Royal Irish University in the General Medical Council. The necessity for such a measure arose from the omission in the Royal Irish University Act to provide for the continuance in office of the Queen's University representative—Dr. Banks—as representative of the Royal Irish University, in consequence of which lapse Dr. Banks was entitled to his seat at the Medical Council only for the unexpired portion of his period of appointment. To remedy his difficulty a Bill was last year passed through the House of Commons; but—from some mistake or hindrance—it never went up to the Lords, and, of course, fell through. By this, Dr. Banks was unable to take his seat at the recent meeting of the Medical Council, his period of appointment having lapsed in the interval; and he is not now entitled to act as a member of the Irish Branch Council. We presume that Lord O'Hagan's Bill will go through both Houses unopposed immediately after the Whitsuntide recess—unless, indeed, Mr. Warton or Mr. Biggar, the rival bill-blockers, add to their high repute as legislators by putting a stop on this innocent and necessary measure.

Three Cases of Cæsarian Section.

THIS formidable operation has quite recently been performed three times by Professor C. Braun, of Vienna.

The first case was that of a woman the possessor of a rickety pelvis. She had never borne a child. The operation was carried out without difficulty. Two days afterwards the patient was free from both pain and fever. The second was that of a dwarf cretin. In this case some delay was caused by the protrusion of coils of intestine from the abdominal wound. On the following day the temperature was 38.4° C., and as the patient was an idiot, which of course interfered with the proper subsequent treatment, the prognosis was somewhat unfavourable. The third patient was the subject of osteomalacia. She had previously given birth to two children, which were extracted manually. In this case, at the date of report, the prognosis was favourable. In all the cases Porro's modification of the operation was the one carried out. These reports, which are from the *Wien. Med. Zeitung*, Nos. 18 and 19, 1883, lose much of their value by the omission of the results to the mother. The child in the first and last cases was extracted alive, but in the second it was dead in consequence of its inspiration of liquor amnii.

THE annual *convention* of the Pharmaceutical Society of Great Britain has been fixed for Wednesday, May 23rd, when the whole of the buildings of the South Kensington Museum will be thrown open for the occasion.

THE Sanitary Assurance Association have, on the motion of Mr. W. White, F.R.S., seconded by Dr. Norman Chevers, resolved on further legislation, compelling the builders of all new dwellings to obtain a certificate from some authority or qualified person as to their sanitary condition before it shall be lawful for such buildings to be inhabited.

Almost a Centenarian.

LAST week there died at Newbury, Berkshire, a member of the profession who had nearly reached the patriarchal age of a hundred years, in the person of Mr. Richard Rodd Robinson. Deceased was in early life an army surgeon, and was on the medical staff at the battle of Waterloo, and served in all the campaigns of the sanguinary period. He became a Member of the Royal College of Surgeons in 1810, and was, we believe, until a few days ago, the oldest living member of that College.

THE annual dinner of the officers of the Army Medical Department will take place on Friday, 25th of May, 1883, at the Inns of Court Hotel, London.

AT a congregation of the University of Cambridge, to be held on June 13, it is proposed to confer the honorary degree of LL.D. upon M. Louis Pasteur, Member of the French Academy, Director of the Ecole Normale, Paris.

THE Secretary of the Parkes Museum of Hygiene informs us that Her Majesty the Queen has written a congratulatory letter on the satisfactory progress of this institution, raised to the memory of our illustrious *confère*.

THE Dublin University Biological Association will hold its concluding meeting on Thursday next, the 17th inst., in the Museum Buildings of Trinity College, when an address on "The Collective Investigation of Disease" will be delivered by Dr. Finny.

THE Medical Board of Adelaide Hospital, Dublin, will proceed, on the 8th of June, to elect a successor to the late Mr. B. Wills Richardson, whose lamented death has caused a vacancy on the surgical staff of the hospital. Applications should be forwarded to the honorary secretary of the Medical Board not later than Friday, 1st of June.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their populations, were—Bradford, Brighton, Portsmouth, Derby 15; Edinburgh 16; Halifax 17; Leicester, Plymouth 18; Cardiff, London 19; Bristol, Birkenhead 20; Birmingham, Salford 21; Norwich, Wolverhampton, Newcastle-on-Tyne, Bolton 22; Blackburn, Nottingham, Preston 23; Huddersfield 24; Oldham, Leeds, Sunderland 25; Liverpool 26; Manchester, Sheffield 29; Hall, Glasgow 31; Dublin 34.

THE mortality last week in the large towns from diseases of the zymotic class was exceedingly light; in some towns no deaths were reported under this head; and the highest death-rates from whooping-cough were 1.5 in Hull, and 2.9 in Cardiff; from measles, 1.2 in Sheffield; from scarlet fever, 1.9 in Leeds, and 3.4 in Sheffield; and from "fever," 1.6 in Portsmouth, and 2.2 in Sunderland. The 24 deaths from diphtheria included 16 in London, 2 in Glasgow, and 2 in Liverpool. Small-pox caused 2 deaths in London, 2 in Birmingham, one in Liverpool, and one in Cardiff.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 24, Bombay 34, Paris 28, Geneva 30, Brussels 31, Amsterdam 25, Rotterdam 25, The Hague 26, Copenhagen 29, Stockholm 24, Christiania 15, St. Petersburg 40, Berlin 27, Hamburg 25, Dresden 26, Breslau 28, Munich 36, Vienna 37, Prague 41, Buda-Pesth 35, Trieste 27, Rome 35, Turin 25, Venice 28, Lisbon 27, New York 29, Brooklyn 22, Philadelphia 24, Baltimore 21.

THE Professorship of Anatomy in the University of Cambridge has become vacant by the resignation of Professor Humphry. Dr. Humphry will not, however, cease to be a Professor in the University. It is intended to establish a Professorship of Surgery, to which Dr. Humphry will be elected; and he has generously offered to discharge the duties without a stipend until the income of the University will permit the proper endowment of the chair. We understand that Dr. MacAlister, the distinguished Professor of Anatomy in the Dublin University School of Physic, will be a candidate for the Chair of Anatomy vacated by Professor Humphry.

IN our report of the proceedings of the General Medical Council it is stated that the record of Dr. Robert Gray's (Armagh) qualification as Licentiate of the King and Queen's College of Physicians in Ireland was erased from the Medical Register at the instance of the College. In justice to Mr. Gray it is right to explain that this erasure was effected not at all in consequence of his having incurred the censure of the College, but simply because the dispensing of prescriptions for the general public, which is part of Mr. Gray's business, is incompatible with the declaration which he took when he received his licence from the College. He, therefore, felt called upon to return his diploma to the College, and, as a matter of course, he was struck off the roll of Licentiates both by the College and the Medical Council.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

MR. WILLIAM McEWEN AND THE ROYAL INFIRMARY, GLASGOW.—In consequence of the recent decision of the Directors of the Glasgow Royal Infirmary on the chloroform question, Mr. Wm. McEwen has withdrawn his resignation as Chairman of the House Committee.

THE REGISTRAR-GENERAL'S RETURN.—From the official returns in the eight principal towns of Scotland for the week ending Saturday, May 5, the death-rate is estimated at 25.0 per 1,000 of population. This rate is 1.3 above that for the corresponding week of last year, but 2.6 below that for the previous week of the present year. The lowest mortality was recorded in Perth—viz., 15.3 per 1,000; and the highest in Paisley—viz., 35.3 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3.8 per 1,000, or 0.6 below the rate for the previous week. Measles was the most fatal miasmatic disease, the mortality therefrom being greatest in Glasgow. From acute diseases of the chest 132 deaths were registered, or 13 more than in the previous week.

GREENOCK.—DEATH OF DR. JOHN MACCULLOCH.—A telegram has been received in Greenock which announces the death at Otago, New Zealand, of Dr. John MacCulloch, the last surviving son of the late Rev. Dr. J. M. MacCulloch, of the West Parish, Greenock. Deceased, who was about forty years of age, was, for a considerable time previous to his sailing for New Zealand, in delicate health, and it was thought that the voyage might prove beneficial, but unfortunately this has not been the case. He leaves a widow, but no family.

STUDENTS' GRIEVANCES IN THE SCOTTISH UNIVERSITIES.—There is a very general feeling among the profession in the great seats of medical education in Scotland that the evident bias shown by Mr. Mundella in favour of the Universities before the recent deputation of the corporations and extra-mural teachers is based on a misconception of the true state of affairs. On the part of the students and of their parents, who should have some consideration shown them, we propose to state a few facts as clearly as possible. Anyone taking up the calendar of the University of Edinburgh will find a table giving the cost for obtaining the degrees of M.B., C.M., to be £107 18s., spread over four years. He will also find that one course of lectures in each branch of study is alone required. But what are the facts of the case? To be very plain we will take the student through the curriculum. Beginning in winter, he attends classes on chemistry, anatomy, and practical anatomy; during the summer on botany and natural history, and practical chemistry. During the second winter on physiology and surgery, at the end of which he may go up for his examination in chemistry, botany, and natural history. It will be noticed here that all the subjects for the first examination have been attended before the beginning of the second winter, but the regulations are so worded that "attendance on at least two classes during each of two summer sessions and one winter session" is required. To perform this feat the unfortunate student who begins in summer is obliged to take botany or natural history over twice, subjects which cannot be said to be of vital importance to the student. But further, during his second summer he attends practical materia medica, and during his third winter materia medica, pathology, and clinical surgery. Then comes the examination in anatomy, physiology, pathology, and materia medica. Anatomy, it will be remembered, is attended during the first winter, and physiology during the second. This refined arrangement necessitates two, if not three, courses of anatomy, and students have been known to pay the professor £20 for this subject instead of £7 7s., as stated in the calendar. This leaves the student one summer and a winter for jurisprudence, practice of medicine, midwifery, and clinical medicine. The real practical work of the profession condensed into eight months! The examination in botany, chemistry, and natural history could well be taken at the end of the first summer, and the subjects for the second at the end of the second winter, but this would not please the professors of botany and natural history, who get a second fee from those students beginning in summer, or the professor of anatomy, who looks forward to two, if not three, courses of anatomy and for the accompanying fees. In Edinburgh, where the extra-mural lecturers on anatomy are very strong, the professor of course feels the pinch of the extra-mural school, but being an examiner he frequently gets a fee, even from medallists in the extra-mural school, who admit that one must "kiss the son, lest he be angry." But there is another cause for complaint. The professors of pathology, physiology, materia medica, natural history, and botany have invented practical classes, with, of course, an extra fee. These classes are not required by the University, but are very

excellent means by which students are compelled to pay, for professors have been known to frequently put this question as a preliminary test of knowledge—"Have you attended my practical class?" "No!" is the reply. "It would have been better for yourself if you had done so." This, says our contemporary the *Scotsman*, "may be a simple truism coming from the professor; but when it is followed by plucking it has another look." Surely when a professor engages to teach physiology or pathology, he ought to teach it both theoretically and practically for one and the same fee. And again, when a student inquires of his professor what text-book he shall read, he is blandly informed—My book or syllabus; and if the professor has not been to the trouble of compiling one or other of these, there comes the answer—Take notes of my lectures. It is stated that there is only one professor in the University who informs students that his lectures are not sufficient, and that they must read the text-books he prescribed. It is to be hoped that, with these facts before them, those engaged in present legislation will take care that justice be fairly administered.

UNIVERSITY OF EDINBURGH.—LECTURESHIP ON OPHTHALMOLOGY.—Dr. Argyll Robertson, who was recently appointed lecturer in ophthalmology in the University of Edinburgh, delivered his opening lecture within the University on Monday, the 7th inst. Dr. Robertson said that that being the first special course on eye diseases delivered in their ancient University, rendered it more than usually imperative upon him to explain the conditions which had rendered the institution of such a course of lectures desirable. Hitherto diseases of the eye had formed a part of the ordinary systematic course of the Professor of Surgery, and a few lectures had with difficulty been set apart from his very much overburdened course to their consideration. But in consequence of the recent advances in diagnosis, the bounds of ophthalmological surgery had become enormously extended; and the University authorities, recognising the urgent necessity of affording efficient instruction in diseases of the eye, and the impossibility of the Professor of Surgery treating them in a manner adequate to their importance, had decided on instituting this course. Having glanced at the process of sub-division which had gone on in recent times in the different branches of knowledge and in their teaching, he considered the arguments for and against specialism and specialists in medical and surgical science and practice. Whilst condemning a narrow and exclusive specialism, he advocated the study and pursuit of a special branch of the profession by men who were careful to follow the general advance of medical science and to appreciate the bearing of this upon their speciality.

ABERDEEN UNIVERSITY.—OPENING OF SUMMER SESSION.—The summer session for medical students was opened at Marischal College, Aberdeen, on Monday, the 7th inst., and will extend over a period of three months. Before proceeding with the work of the anatomy class, Professor Struthers delivered an address, bringing under notice the additional courses of instruction which were now placed within reach of Aberdeen students. These included lectures on insanity, public health, diseases of the ear and larynx, and diseases of the skin. The great addition which had been made to the strength of the school, however, had been in pathological anatomy by the institution of a professorship through the munificence of Sir Erasmus Wilson, and he warmly congratulated the students on having the opportunity of so usefully occupying part of the day in the summer session of their third year by attending the practical class conducted by Dr. Hamilton in his pathological laboratory. Referring

to the position of medical schools generally, Dr. Struthers said that for years back Aberdeen had been in no way behind any school in its scientific tone, and that it had, over all schools known to him, the advantage of thorough practical teaching. The former weakness in the fourth year had been very largely rectified by the institution of a pathological department. In this respect, indeed, Aberdeen stood out alone among all British schools of medicine, and took rank with the Universities of Germany.

THE CHLOROFORM QUESTION AT THE GLASGOW ROYAL INFIRMARY.—The unfortunate dispute on the chloroform question at the Glasgow Royal Infirmary promises to terminate shortly on the following basis:—At a meeting of the managers, held on the 7th inst., the special committee to which this matter was remitted presented the following report: "1. When a surgeon receives a new assistant, he will instruct him practically in the manner of giving anæsthetics, and in the dangers to be guarded against in the administration thereof, as well as in the best method of combating these dangers when they arise; and the course of clinical instruction given by the surgeons shall include demonstrations on the practical administration of anæsthetics. 2. In appointing the assistants, the managers will consider it of importance that the candidates shall have received special instruction on the action of anæsthetics, or have a certificate showing that they have a proper knowledge of the subject. 3. When a surgeon is satisfied of his assistant's knowledge of the subjects mentioned in Rule 1, he shall grant to him a certificate to that effect, which the assistant shall present to the superintendent. 4. The assistants shall not be entitled to perform any operation under an anæsthetic in the absence of the visiting physician or surgeon unless they are legally qualified, and unless they have previously obtained and presented a certificate, as above provided, and then only in the presence of one of the dispensary staff, whom failing, the superintendent, and of one other assistant qualified as above provided. 5. In cases of extreme urgency occurring in the absence of the surgeon, and when neither the superintendent nor any of the dispensary staff are in the hospital, any qualified assistant, with the aid of another qualified assistant, may do what appears necessary until the arrival of the surgeon or superintendent, or one of the dispensary staff. 6. In the absence of the physician or surgeon, the superintendent shall exercise a general control over the assistants in the admission and treatment of patients under their charge, it being understood, however, that he is not to interfere with the treatment ordered by the physician or surgeon. 7. All cases of administration of anæsthetics in the surgeon's absence must be forthwith entered in the Operation Book, and reported to him at his next visit. 8. In case of a death occurring while the patient is under an anæsthetic, whether in the presence or absence of the physician or surgeon, he shall make particular note of all the circumstances of the case in the Ward Journal or Operation Book, and shall report the same, through the superintendent, to the next meeting of the weekly committee.

Correspondence.

DUBLIN HOSPITALS AND THE IRISH PROFESSION. TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—We are always saying that there is no profession so defrauded as ours, and yet we every day assist in defrauding one another. What is the use of talk without action? Silence would be more dignified than old womanly grumbings. I have, however, a hope that there is a growing awakening as to the absolute necessity for substituting deeds for mere words, and co-operation and energetic action for isolated and barren

protests. Here, now, are two instances where the profession has been wronged. Within the last two weeks two wealthy females who had arranged to be operated on by me for tumours at the Mater Misericordiae Hospital, Dublin, in order that they might be operated on for nothing, thus obtaining the services of our profession gratuitously, and at the same time depriving two poor persons of those beds which were designed for them and for none other. I notified the facts to one of the staff of the Mater, and called on them in their own interests quite as much as mine to insist on the removal of the parties to lodgings, so as to charge them proper fees or to send them home. That letter led to no action and I now bring the matter under the cognizance of the Irish profession at large, and I would remind them that it is not because these cases are samples, not exceptions, and that these acts of injustice are of long standing, are practised by every hospital in Dublin, and embrace within their wide sphere every doctor in Ireland, that therefore it is hopeless to attempt to deal with them, and that we provincials must continue to lie under the wrong and the loss. I tell my provincial brethren that if they only but will it, they can put down, and put down thoroughly and promptly and decisively this grievous injustice to themselves. I know that many provincial doctors do not care to operate, and that many of these, misled by a short-sighted jealousy, very often prefer to smuggle even wealthy patients into Dublin hospitals. I would meet such local jealousies by having the consultant allow the local man to operate where the latter brings him in; and where he is willing to operate and where he is not willing I would have his presence invariably sought as of right, and I think that such a course as this would go far to get rid of the provincial help at present given to the injurious system complained of. I will undertake to propound a practical proposal, and would invite as many provincial men as possible to form a society for meeting the action of those Dublin physicians and surgeons who would persist in keeping wealthy patients, whether medical or surgical, in hospital after having been informed of the means of the parties. One of us should be charged to report every improper case to the senior surgeon or physician of the hospital into which such parties might smuggle themselves, and to duly advertise the medical public on the action taken thereon by the different hospital staffs. In this matter medical students could render important service, and looking at the fact that it will be their interest to-morrow, as it is ours to-day, to stamp this practice out, I cannot permit myself to doubt that they will be found so wanting in shrewdness as to hesitate to give every assistance in their power. Let every offending Dublin hospital be convinced that there is at least a large body of provincials who are thoroughly in earnest, and we shall make an end of one of the most grievous systems of injustice that our profession has now to complain of. Once again let me appeal to my brethren to wake up to some kind of perception of the pecuniary loss which they sustain, and to the fact that it is in their power to make an end to such losses. It is not operation cases alone that are smuggled into Dublin hospitals, but wealthy medical cases are daily admitted into them also. There is not the slightest use, I fear, for one individual to appeal to the metropolitan staffs. They have been ere now appealed to again and again, and always in vain.

Yours truly,

Cashel, April 20, 1882.

THOMAS LAFFAN.

THE PREVENTION OF CONFLAGRATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your paper of May 9th, page 412, you refer to the precautions taken by the committee of the Royal College of Physicians to prevent the destruction of their fine library by fire. To my mind, however, the steps decided upon appear likely to be equally destructive as fire itself, because the agent intended to combat with the fire is water.

A very simple and inexpensive plan, devised by myself, will so flood a room or building with carbonic acid that combustion is impossible, and things could be so arranged that a child could start the carbonic acid stream, and a small gas engine, brought into action in a few minutes, could exhaust, by means of a fan, the ordinary atmosphere of the building, so allowing instantaneous entrance of the gas. By the systematic series of pipes necessary for the extinction of fire, the air of any building could be purified by aid of the

“chemical lung.” This system is equally applicable to theatres, warehouses, and any other structures, any of which can be kept flooded with chemically pure air, however crowded, or rendered absolutely indestructible by any flames. I have begged to be allowed to lay my scheme in detail before the committee.

Yours obediently,

RICHARD NEALE, M.D. Lond.

60 Boundary Road, South Hampstead,
May 16th.

Medico-Parliamentary.

HOUSE OF LORDS.—THURSDAY, MAY 10TH.

THE CONTAGIOUS DISEASES ACTS.

LORD ORANMORE and BROWNE inquired whether orders had been given to the police not to enforce the Contagious Diseases Acts at Chatham and other places, and, if so, on what grounds the Government had discontinued to enforce an Act of Parliament?

The Earl of NORTHBROOK replied that the House of Commons had decided, by a considerable majority, against compulsory examination. Under these circumstances, it had been considered undesirable to any longer employ in this connection the metropolitan police, for whose employment there was no obligation in the Acts. It had also been decided to introduce later in the session a Bill modifying these Acts, retaining those portions relating to voluntary submission to examination, and leaving out the compulsory powers.

The Earl of HARDWICKE remarked that, owing to the backward state of public business, it was improbable that any Bill such as that just referred to would pass this session. Did the Government intend to surrender their powers into the hands of a body of gentlemen who, though actuated by high motives, were bitterly opposed to one of the most beneficial and charitable measures ever adopted by a Legislature? These Acts had operated with the utmost benefit to all parties. The Government had given way to a popular outcry, and this ought to be resisted by their lordships. It was their bounden duty to express a stern and decided opinion on the action of Her Majesty's Government on this subject—in fact, he doubted the legality of their action. The House of Commons had not refused the money, and the matter might have been brought up on the vote, and discussed, instead of being decided by a snatch vote and a haphazard division. He trusted the Government would consider further their proposition with regard to the annulment of these Acts of Parliament.

The Duke of CAMBRIDGE wished to say one or two words upon this subject. He had no hesitation in saying that the Acts of Parliament had been of very great benefit wherever they had been put in operation, and those places would be the last to ask for their repeal. That being so, he thought that the question should be more fully considered by the Government. No doubt the question was a difficult one, seeing what had been done in another place, but he would ask their lordships not to agree to the sweeping away of these Acts, and, consequently, of all the good which they had done, because of the vote which was come to in the House of Commons. If the Acts had done good only to the two services, and not to the whole of the community at large, he would not say one word in their favour, but he believed that they had been most beneficial in their operation, not only to the two services, but to many others, as there could be no doubt that since they were passed there had been a great decrease of immorality in the garrison towns and seaports (hear).

The LORD CHANCELLOR did not rise to say one word on the question of the policy of the Acts, or of the alteration in regard to them in consequence of the vote in the House of Commons. But as the noble Earl (Hardwicke) had suggested that there was illegality in the course

which the Government had taken since that vote was given, he would say a word in explanation. Undoubtedly it was not in the power of the Government, without an Act of Parliament, to suspend the operation of any Act of Parliament enforced at the time being, and the Government had not taken upon themselves to do so. The only matters of obligation cast upon the Government by the Act of Parliament was that the Admiralty or the War Office should appoint medical officers for certain purposes, to act in certain hospitals, but he could not discover in the Acts any direct obligation laid on Government, either expressly or by necessary implication, to take steps with the view of putting in active force those powers of the Acts which had reference to the compulsory examination of certain persons taking place. The power of compulsory examination depended upon an order of the justice of the peace, which order might be made when information on oath was laid before him by a superintendent of police and supported by certain proofs. The Government had not taken upon themselves to prevent any justice of the peace from acting in the manner authorised by the Acts upon information laid by a superintendent of police, and there was nothing in the Acts which imposed upon the Government the duty of using any powers which they possessed to set in motion the police authorities for that purpose. Undoubtedly, so long as there was no vote passed by the House of Commons, the Government should take measures by the employment of police, to see that the Acts were put in operation when they thought that public advantage would result from it; but when the House of Commons passed a vote expressing an opinion by a large majority that there should not be compulsory examination, the Government were, at all events, not transgressing any part of the enactments, nor were they neglecting any obligation laid on them by the Acts if they abstained from taking active means contrary to the resolution of the House of Commons.

HOUSE OF COMMONS.—THURSDAY, MAY 10TH.

THE CONTAGIOUS DISEASES ACTS.

In answer to Sir H. D. Wolff,

Sir W. V. HARCOURT said the withdrawal of the Metropolitan Police from the districts protected under the Contagious Diseases Acts until Parliament had been enabled to decide on the Government Bill for the protection of young girls would not be consistent with the view the Government had taken. The Bill would be introduced in the House of Lords, and was strictly intended to carry out the recommendations of the Lords Committee. Its object was not the direct and immediate object of the Contagious Diseases Acts.

In further answer to Mr. Puleston,

Sir W. HARCOURT stated that, for the present, the removal of some of the inspectors would be postponed.

Literature.

COURTY ON DISEASES OF THE UTERUS. (a)

As is stated on the title-page, the preface to this work is written by Dr. Matthews Duncan. In it he tells the reader that "among books devoted to diseases of women, none has been, or is, more important than that of Professor Courty, of Montpellier." He says further that "it is certainly a great boon to the English-speaking peoples to have Courty's work translated; for the great mass of medical men are, unfortunately, ignorant of French, or not familiar enough with that language to enable them to use the book in its original form."

If a man is asked to write a complimentary preface to a book, if he be at all anxious to please his petitioner he will

(a) "Practical Treatise on the Diseases of the Uterus, Ovaries, and Fallopian Tubes." By A. Courty, Professor of Clinical Surgery, Montpellier. Translated from the Third Edition by his pupil, Agnes M'Laren, M.D., M.K.Q.C.P.I. London: J. and A. Churchill, 1882.

generally contrive to say something flattering. This may be done without reflections, the reverse of flattering, on the very people whom it is the preface writer's desire to interest favourably. We do not say that Dr. Duncan's praises are undeserved, but we hope and are rather inclined to believe that his reflections on the French acquirements of his medical brethren are.

With regard to the work itself in its English dress we accord it a hearty welcome. No man can be a truly accomplished physician who is ignorant of the medical thought of all countries but his own. There can be no doubt that a good French author has a better chance of being read if his book is published in English than if it remained in its original form. This, however, is not altogether owing to ignorance of French on the part of medical men, but rather to the fact that French books are not advertised as fully in English papers as English books are.

The work commences with an excellent, exhaustive introduction on the anatomy, physiology, and teratology of the organs of generation. This will certainly bear comparison with the corresponding chapters in any English work, if, indeed, it is not superior in this most important particular. It covers 94 pages, and is well worthy of careful study.

One hundred and thirty-nine pages are devoted to a consideration of uterine diseases in general. This part is also very good; but, bearing in mind the fact that it is after all but an introduction to the subject of uterine diseases in detail, in dealing with which most that is here stated has to be repeated, it is open to question whether it would not have been better to have cut away freely from this part so that much needless repetition might have been avoided. Whilst on the subject of redundancy, we may also remark that a great number of the plates are given in more than one place. Thus plates 42 and 45 are identical, plate 86 is identical with plate 219, 87 with 221, 89 with 223, 90 and 224, 91 with 227, 29 with 228, 32 with 230, and so on. A judicious economy in the avoidance of repetition of matter and plates would have been of advantage.

Dr. Courty's views on the etiology of the various displacements, deviations, flexions, &c., will be novel to many English readers; and being the views of a distinguished gynaecologist, they are deserving of thoughtful consideration. It is doubtless in consequence of his peculiar views that he employs Graaf's cradle pessary in the treatment of retro-flexions.

The subject of diathesis in relation to uterine diseases is well worked out, with the result that a flood of light is thrown upon subjects usually left obscure in works in our own language. It may be that the question of diathesis is becoming, or has already become, old-fashioned; but we believe it to be not the less important and deserving of study.

The chapters on ovarian and fibroid tumours of the uterus are already a little out of date, so rapid are the changes taking place in the treatment of these affections. What, for instance, shall we say of the following, on page 230?—"Lastly, comes ovariectomy, the most serious of all these operations—so serious that it has not yet been generally adopted." This surely must have been written for the first edition of the work, and preserved in the present one through simple inadvertence.

The translator has done her work, on the whole, well. Errors there are, but they are not more numerous than might be expected in a work of such magnitude. We observe that "phenomena" is used in the singular. The word (l) "vulva" is made use of; also "lochia" is employed for "lochia"; "presented" for "preserved," page 418; "chief" for "deep," page 633; and at page 464 ol. ricini is included amongst the saline purgatives. Notwithstanding these few errors, for which the translator must bear the blame, we may say of the work itself that it is evidently the expression of a scientific mind. The illustrations are both numerous and good, and everything connected with the get-up of the work is creditable to all concerned.

STOKES ON DISEASES OF THE CHEST. (a)

It is with a mixed feeling of satisfaction and of regret that we have perused in our mature years this reprint of a book which was the delight of our student days. At that period

(a) "Stokes on Diseases of the Chest;" with a Memoir of the Author by Dr. Acland, F.R.S. Edited for the Sydenham Society by the late Dr. Alfred Hudson. Medium 8vo, pp. 566.

we borrowed it, for it was already out of print; and in reading it we breathed the hope that the illustrious author would put forth a second edition. This has now been done from the notes of William Stokes, placed in the hands of Alfred Hudson for this purpose. Having said so much, we feel that the reviewer's task is over, for there are occasions on which silence is more powerful than speech. We will merely say that the work is done in a manner worthy of these two lights of the Irish School of Medicine, and we will not presume to review a medical classic which ought to be in the hands of every member of the profession as a source of information and as a beacon of the path he ought to tread. We must, however, pay a passing tribute to the touching beauty of the memoir of Stokes drawn up by the loving hand of Henry Acland. There is no more noble feature in the character of Stokes than the feeling of affection and veneration which he inspired in the minds of his English professional brethren who had the privilege of his friendship. Dr. Acland's memoir is creditable alike to the biographer and to his subject, and it is impossible to read it without emotion.

INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. (a)

THE medical profession is now so far reaching, and extends into so many details and specialities, that it would be impossible for any one intellect or any one lifetime to master its full extent. Still, it has been well said that a properly-informed medical man ought to know "something of every one of its departments and everything of some one of them." We fondly imagined that we complied with this requirement until we looked into the article upon "Arrow Wounds" in this Encyclopædia. Our conscience told us that our knowledge of this subject was simply nil, and yet we find fifteen pages of most interesting matter, embracing the experiences of the United States Army Medical Department in their brushes with the frontier Indians, and, like all the rest of the book, beautifully illustrated with pictures of instruments and of pathological specimens. The rest of this volume contains articles on more ordinary subjects—upon contusions; upon wounds, from the pen of Mr. Bryant; upon antiseptic surgery; upon poisoned wounds; upon gunshot wounds, by Prof. P. S. Connor, of Cincinnati; upon the effects of heat; upon those of cold; upon abscesses; upon ulcers; upon gangrene; upon venereal diseases of all kinds; and upon surgical diseases of the skin.

We have merely indicated the scope of the present volume; but it would be impossible in the limits of a review to enter into the details of these articles, which contain the newest and best information in every department. Judging by the two volumes, we doubt if the task can be accomplished in six of them; and we think it not unlikely that, after the example of Ziemssen, a supplementary volume or volumes will be required. At all events, the authors can say that they have completed *monumentum perennius* are in putting forward to the world such an exposition of the surgery of the nineteenth century. The illustrations, both chromo-lithograph and woodcut, are superb, and scattered with a lavish hand. The work leaves nothing to be desired, and proves what the late International Congress first showed us, that medical and surgical Europe will have to work hard to hold her own with the rising school of America.

A PHARMACEUTICAL PHRASE BOOK. (b)

As Dr. Barry does not in his short preface, tell us for what class of reader his little work has been especially designed, it is at first not quite obvious that it could be worth while to produce a German-English phrase book of which the subject matter is entirely pharmaceutical. When, however, one remembers that the German is ubiquitous, that there are few large English laboratories which do not number among their staff at least one assistant of that nationality, that in most American cities a knowledge of German is as much a necessity as a knowledge of English, the *raison d'être* of this little book becomes apparent. Admirably conceived and carried out in its plan, with both its German and English

columns not only sharply classified but alphabetically arranged, it is in fact a chemist's and druggist's technical dictionary. Condensed into its fifty pages are words and terms used in pharmacy, an almost exhaustive list of German-English equivalents for the names of drugs, preparations, "druggists' sundries" and pharmaceutical apparatus, names of diseases, and technicalities found in English prescriptions. Some examples of dialogue and of English correspondence seem hardly likely to prove so practically useful, but, considering the grotesque errors with which works of this nature usually abound, we accord no small praise to the author, when we are able to say that not alone not here, but throughout the book, have we discovered a single solecism or a single sentence which is not worded in perfectly idiomatic English. If its German critics be able to speak of it as favourably in this respect it cannot fail to secure a well-merited popularity.

PASS LISTS.

Royal College of Surgeons in Ireland.—At a meeting of the Court of Examiners held on Monday, the 2nd of April and following days, the following gentlemen passed the several examinations for the first half of the Letters Testimonial of the College:—

Frederick W. Allwright, Arthur J. Barlow, Patrick J. Barry, Louis A. F. Bates, John Bernal, William Boske, John J. Buggy, Henry J. Butler, Francis L. Carte, Robert H. Clemant, William Clifford, Arthur Cole, James V. Collins, Robert Cross, Samuel A. Crotty, Thomas Crowe, Alexander Cuffe, Godfrey O. Cuppalidge, Thomas J. Daly, William J. Darby, John J. D'Arcy, Joseph C. Dormer, Ignatius P. Doyle, William Dillon, Thomas G. Drake, George A. Draper, John Emerson, Peter J. Fitzgerald, George B. N. Flanagan, William E. Grunty, Charles H. P. O. Graves, John W. Greene, John H. Griffin, Frederick S. Heuston, Denis Kennedy, John M. P. Kennedy, Edmund D. Latouche, Frederick D. Lawson, John Lowney, Francis B. Manning, Nathaniel S. Manning, Francis W. M'Cauley, Francis J. M'Guire, John M'Grane, John M'Guinness, Alfred H. Middleton, Thomas Millerick, Cornelius Molony, Andrew Murphy, Albert W. Myles, Llewellyn T. M. Nash, James Normile, Wilson W. Nugent, Andrew J. O'Flanagan, William H. B. Robinson, William W. Scott, Edward N. Smartt, Henry W. Smartt, Edward C. Stack, Alexander Stewart, Whitley Stokes, Frederick J. W. Stoney, Francis W. Sullivan, William L. S. Symes, Augustus J. O. Tabuteau, Lancelot A. Whitecroft, George R. Williams, and John F. Yates.

On Friday, the 20th April, and following days, the following gentlemen, having passed their final examinations for the Letters Testimonial, were admitted Licentiates of the College:—

William G. Butler, James L. Callaghan, Loftus Campbell, Michael Carr, Joseph Coffey, Sir Charles Coote, Bart., Charles A. Daley, Quinton E. Darling, Patrick T. Dillon, Alfred E. Dugdale, Sinclair Finlay, George Fisher, Arthur O. Fitzgerald, John R. Fitzgerald, Diego Ganon, James Hamilton, Allen H. Hanly, James J. E. Jackman, Joseph J. Jackson, Andrew J. G. Kelly, Christopher P. Kelly, Wm. Love, Michael J. M'Cartan, Bernard A. M'Girrity, Alexander J. M'Kenzie, Charles L. Magill, Henry Morhead, Thomas Moore, Charles G. A. Morier, Francis S. Morrison, Patrick H. Murray, Joseph Niblock, Robert D. Patterson, John Robinson, Albert W. Shepard, John C. Seady, Thomas W. Spronk, John Taylor, Henry R. Todd, William A. Tomlinson, Henry E. A. Warren, and James L. E. Somers.

King and Queen's College of Physicians.—At the April examinations the following candidates obtained the Licences in Medicine and Midwifery of the College:—

MEDICINE.—Campbell Boyd, Shepherd Boyd, Michael Carr, Thomas Gibson Henry Hall, Patrick Hoey, Powell Hudsmith, Andrew John Kelly, Edward Emanuel Lennon, Thomas M'Inerney, Alex. Linton Mackenzie, Matthew Joseph M'Quaid, George Morgan, Charles George Drummond Morier, Henry Joseph O'Brien, James Dwyer Ryan.

MIDWIFERY.—Campbell Boyd, Shepherd Boyd, Michael Carr, Thos. Gibson Henry Hall, Patrick Hoey, Andrew John Kelly, Edward Emanuel Lennon, Thomas M'Inerney, Matthew Joseph M'Quaid, George John Morgan, Charles Drummond Morier, Henry Joseph O'Brien, James Dwyer Ryan.

MEMBERSHIP OF THE COLLEGE.—George John O'Reilly.
CERTIFICATE IN SANITARY SCIENCE.—Thomas Lane.

Royal College of Physicians of Edinburgh and Faculty of Physicians and Surgeons of Glasgow.—The following candidates, having passed the Final Examination for the double qualification, were admitted Licentiates of the College and Faculty at the recent sittings:—

Gammel, Arch. B., Glasgow.	Oakes, Henry, Glasgow.
Mackie, John, Aberdeen.	Read, Henry, M. A. Cantab.
Middleton, Wm., Glasgow.	San Francisco and Glasg.

Faculty of Physicians and Surgeons, Glasgow.—The following candidates, having passed the Final Examination, were admitted Licentiates at the recent sittings:—

Bosny, Alfred F., London.	Macdonald, Colin, Glasgow.
Carr, John A., Glasgow.	MacLachlan, D., Glasgow.
Jones, Gordon G., Glasgow.	Tarleton, E. E., Birmingham.

(a) "International Encyclopædia of Surgery." Edited by John Ashurst, jun., M.D. In six volumes. Vol. II. London: Macmillan and Co. Royal 8vo. Pp. 754.

(b) "A Pharmaceutical Phrase Book" *Englisches Conversations-Buch für Pharmaceuten.* Von Dr. Th. D. Barry. Berlin: Julius Springer. 1883.

University of St. Andrews.—The following registered medical practitioners, having passed the required examinations, had the degree of M.D. conferred upon them on April 18th:—

Andrew, James Lawton, L.R.C.P.Ed., M.R.C.S., Moseley.
 Artles, Harvey Eustace, F.R.C.P.Ed., Adelaide.
 Bown, Andrew, M.R.C.P. & L.R.C.S.Ed., London.
 Fisher, Henry Francis, L.R.C.P.Ed., L.F.P.S.Glas., Liverpool.
 Gambier, Thomas, M.R.C.S., L.S.A., St. Leonards-on-Sea.
 Giddings, William Kitto, M.R.C.P.Ed., M.R.C.S., Calverly, Leeds.
 Hanson, John Edw., M.B. & C.M. St. And., Huddersfield.
 Jamieson, James, F.R.C.S.Ed., Edinburgh.
 Jay, Fredk. Fitzherbert, L.R.C.P.Lond., M.R.C.S., Slough.
 Kempster, Wm. Henry, L.R.C.P.Ed., M.R.C.S., London.
 Smith, Thos., F.R.C.P.Lond., F.R.C.S.Ed., Woodley, Stockport.

Notices to Correspondents.

A CASE FOR GENERAL SYMPATHY.

WE are asked to acknowledge the receipt of the following subscriptions towards the "Hurford Fund," in response to the letter which appeared in the *Medical Press* of April 18:—Amount already acknowledged, £342 14s. 6d.

C. M. Elliott, Esq., £5 5s.; Thomas Smith, Esq., £3 3s.; J. E. Meredith, Esq., £2 2s.; E. B. Holland, Esq., £2 2s.; C. Elliott, Esq., £2; George Kell, Esq., £2; Dr. Philipota, £2; Miss E. Parrott, £1 10s.; Dr. Travers, £1 1s.; C. Crawford, Esq., £1 1s.; E. H. Addenbrooke, Esq., £1 1s.; Dr. Bull, £1 1s.; B. £1 1s.; W. Davies-Colley, Esq., £1 1s.; Dr. Bisset Hawkins, £1; Surgeon-Major N. V. Churchill, £1; T. F. Fernandez, Esq., £1; Dr. W. W. Stainthorpe, 15s. 6d.; Joseph Williams, Esq., 10s. 6d.

MR. ENSOR (Liverpool).—There are but three other cities in the world beside London with a population exceeding a million—viz., Paris, with 2,240,000; New York, 1,250,000; and Berlin, 1,190,000. Pekin may possibly come under this category, but the number is unattainable. Taking the annual rates of mortality of these four cities, it is curiously enough in inverse ratio to the size, London, the largest, having the lowest death-rate, and Berlin, the smallest city, the highest death-rate.

A POOR-LAW MEDICAL OFFICER'S EPITAPH.

THE correspondence between the Brentford Board of Guardians and Dr. Whitmarsh (who has been officially dismissed from his post of medical officer for the district of Hounslow) has terminated with a letter from the doctor, in which he enclosed what he terms his "official epitaph," as follows:

"To the memory of Michael Whitmarsh, M.D., M.R.C.P.; he was sacrificed on the altar of slander. He departed his parochial life on the 9th day of May, 1888, having served the Brentford Union faithfully for 22 years. They repaid him, not with a pension, but with injustice and want of fair play, which has at all times been their strong point.

"Farewell, O Board! I've had enough of thee,
 And carest not what thou canst say of me.
 Thy smiles I court not, nor thy frowns I fear;
 I'm 'Dilke'd,' but yet I do not feel so queer.
 What faults you see in me take care and shun,
 And look at home, O Pharisees—there's something to be done."

HONOURS TO MEDICAL MEN.—The *Wiener Med. Zeitung* has the following in its last issue: "The Queen of England, in recognition of his past services in the cause of science, has bestowed the dignity of a baronetcy on Spencer Wells. *England honours its great men!*" The italics are not in the original.

MR. WATSON is referred to the *Students' Journal* for an answer to his inquiry. We do not publish examination questions.

A M.R.C.S.—We quite coincide with the opinion expressed by your friend; it is undoubtedly the best text-book for the higher examinations.

THE COST OF VEGETARIAN DIET.

DR. NORMAN KERR, whose enthusiasm in the cause of temperance in drink is well known, has initiated a crusade against gluttony. On Friday last a party, consisting of nearly 100 *employes* of the Marylebone Vestry, were entertained at a vegetarian supper at the "Walmer Castle" Coffee Tavern, at his invitation, Dr. Richardson, F.R.S., being also present. The repast consisted of three courses, accompanied by a plentiful supply of brown bread and a cup of excellent cocoa for each guest. A "hotch-potch" soup was first served. The ingredients in this were potatoes, turnips, carrots, leeks, celery, green peas, parsley, and butter. It was palatable, and it is claimed for it that it is nutritious. The next dish was a savoury pie made up of haricot beans, flour, onions, and butter; and then followed the sweets, in the shape of a pleasant hot mess of rhubarb, rice, and sugar. The cost of the entire meal was less than £1 5s., being at the rate of 8d. each person. The food was heartily enjoyed.

F.R.M.S.—Naphthol bears the same relation to naphthalene that carbolic acid bears to benzene, possessing the properties and characteristics of phenol. There are, however, two varieties, which probably accounts for your want of success. Naphthol ointment has proved most valuable in the treatment of scabies and some other skin affections, its curative properties being surprising.

AN UNCERTAIN HEALTH OFFICER.—We cannot better or more fully answer your queries on the requirements of the "Notification of Infectious Diseases Bill" than by referring you to the series of articles on the subject in the early numbers of our present volume.

DR. O'FLANAGAN—Your letter is unavoidably held over.

T. E. A.—The essential treatment in all these cases is rest, and the utmost endeavour to secure complete physiological repose should be made. Your patient's age is decidedly favourable to recovery, and

the case should, with care and attention, be safely piloted to restoration.

SOUTH EASTERN.—Your query should be addressed to the editor of a "Social" paper. We have no means of replying to it; nor is it a subject suitable to be referred to in the columns of a medical paper.

MEETINGS OF THE SOCIETIES.

THURSDAY, MAY 17TH.

HARVELAN SOCIETY OF LONDON.—At 8.30 p.m., Mr. Gant, On a Case of Umbilical Hernia, with co-existing Peritonitis, simulating Strangulation.—Mr. Cripps Lawrence, On a Case of Broncho-pneumonia occurring in a Child.—Dr. Buzzard, On the After History in some Cases of Syphilitic Disease of the Nervous System.

FRIDAY, MAY 18TH.

ACADEMY OF MEDICINE IN IRELAND (Medical Section).—At 8.30 p.m., Living Specimens: Dr. C. J. Nixon, Case of Aortic Aneurism, with Patency of Aortic Valves; Anomalous Physical Signs.—Mr. Copping, A Case of Paralysis following Gun-shot Wound of the Spinal Cord.—Specimen exhibited by card: Dr. J. Magee Finny, Nodose Condition of the Hair.—Papers: Mr. Story, Three Cases of Exophthalmic Goitre.—Dr. Walter Smith, Successful Removal of a Laryngeal Polypus by Voltolini's Method.—Dr. Henry Kennedy, On Dilatation of the Colon.

Vacancies.

Dalrymple Home for Inebriates.—Medical Superintendent. Salary, £150, with board, &c. (See Advt.)

Denbighshire Infirmary, Denbigh.—House Surgeon. Salary to commence at £25, with board and residence. Must be conversant with the Welsh language. Applications to be sent to the Secretary before May 26th.

Glasgow Royal Infirmary Medical School.—Teacher of Physiology. Applications to the Secretary on or before June 15th.

Glasgow Royal Infirmary Medical School.—Teaching of Chemistry. Applications to be lodged with the Secretary not later than June 15th.

Glasgow Royal Infirmary.—Extra Dispensary Physician. Applications to be lodged with the Secretary not later than June 1st.

Manchester Royal Infirmary.—Resident Medical Officer. Salary, £50, with board and residence. Applications to be directed to the Chairman of the Board on or before May 24th.

Poplar Hospital for Accidents, Blackwall, E.—House Surgeon. Salary, £100. Also Assistant House Surgeon. Applications to be sent to the Secretary on or before May 22nd.

Appointments.

COCHRAN, C. H., L.R.C.P.E. & L.R.C.S.I., a Surgeon to the Reading Dispensary.

DONKIN, H. B., M.B.Oxon., F.R.C.P.Lond., Physician to the Westminster Hospital.

DRESCHFIELD, J., M.D., M.R.C.P.Lond., Honorary Physician to the Royal Infirmary, Manchester.

FROST, W. A., F.R.C.S., Assistant Surgeon to the Royal Westminster Ophthalmic Hospital.

GRAHAM, C. E., M.R.C.S., Surgeon to the Royal Albert Edward Infirmary, Wigan.

HARTRIDGE, G., F.R.C.S., Assistant Surgeon to the Royal Westminster Ophthalmic Hospital.

LEGGE, R. J., M.D. Royal Univ. Irel., L.R.C.S.Ed., Assistant Medical Officer to the Derby County Asylum.

MARTIN, Dr. J. W., Third Surgeon (acting) to the 2nd Volunteer Battalion, York and Lancashire Regiment (Hullamshire Rifles).

ROOCROFT, W. M., M.R.C.S., L.R.C.P.Ed., Medical Officer to the Royal Albert Infirmary, Wigan.

SHEARIN, Mr. E. Colby, House-Surgeon to the Lincoln County Hospital.

STEWELL, G., M.D.Ed., M.R.C.P.Lond., Assistant Physician to the Royal Infirmary, Manchester.

WATSON, J. C., Medical Officer to the East Bishoptonmouth District and Sunderland Districts of the Sunderland Union.

Births.

BECKINGSALE.—May 9th, at Sydney House, Chiswick, the wife of D. L. Beckingsale, M.D., of a daughter.

LEPTWICH.—May 7th, at 281 Kennington Road, London, the wife of Ralph Leptwich, M.D., of a daughter.

BAYNER.—May 7th, at Tiviot Dale, Stockport, the wife of Edwin Bayner, M.D.Lond., F.R.C.S., of a daughter.

Deaths.

BRUCE.—April 30th, at 70 Old Street, London, E.C., suddenly, of apoplexy, Robert Bruce, Surgeon, aged 60.

FITZGERALD.—May 7th, whilst on duty at the hospital, John Fitzgerald, B.A., B.M., T.C.D., Resident Surgeon Whitworth Hospital, Drumcondra.

HAMILTON.—April 4th, at sea, on board the *ss. Larcies*, John Robert Hamilton, L.R.C.S.I., aged 25.

JONES.—May 5th, at Blycote, Enfield Highway, after a short illness, T. W. M. Jones, M.D., aged 75.

KEATINGE.—May 9th, at 47 Belgrave Square, Rathmines, Patrick Keatinge, M.D., late of Callan, co. Kilkenny, aged 82.

SHORT.—April 37th, at Clenchwarton, Norfolk, William Hooper Short, L.R.C.P.Ed., aged 42.

SMITH.—May 5th, at the residence of his son, Bisleigh Rectory, George Pysmont Smith, M.D., late of Leeds, aged 67.

YATES.—April 19th, at his residence, Tregew, Falmouth, Walter Yates, F.F.P.S., late of Nottingham.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 23, 1883.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Lectures on Hysterical Contraction of Traumatic Origin. By J. M. Charcot, M.D., Professor to the Faculty of Medicine, Paris	439
On the Difficulty of Diagnosing True Syphilitic Disease in Women, and the Nature of its Contagion. By C. H. F. Routh, M.D., Fellow of University College, London	441
Some Remarks on Puerperal Eclampsia. By J. E. Burton, L.R.C.P. Lond., Obstetric Physician to the Ladies' Charity and Lying-in Hospital, Liverpool	442

FRANCE.

Strangulated Hernia	444
Treatment of Meningitis with Iodide of Potassium	444
Typhoid Fever	444

TRANSACTIONS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON—	
New Test Paper for Albumen	415
Examples of the Two Classes of Cases in which Cerebral Abscess, Meningitis,	

or Pyæmia originates in Disease of the Ear	445
Case of Morphea in the Region of the Fifth Nerve, with Paralysis of the Intra-Ocular Branches of the Third ..	446
ACADEMY OF MEDICINE IN IRELAND—	
Medical Section—	
Therapeutic Value of Nerve Stretching ..	446
Thoracic Aneurism	447
The Unqualified Assistant System and the Illegal Signing of Death Certificates ..	447
LEADING ARTICLES.	
DAMAGES FOR DEFECTIVE DRAINAGE	450
CONCEALMENT OF DISEASE UNDER COMPULSORY NOTIFICATION	451
NOTES ON CURRENT TOPICS.	
Proposed Medical Benefit Society	452
The Health of Our Sailors	452
Volunteer Medical Organisation	453
A Hint to Anti-Vaccinators	453
The Health of Hastings	453
Dalrymple Home for Inebriates	453
Death of Mr. Druitt	453
An American Cancer Quack	453
Hysterectomy	454

A French Society of Otolgy and Laryngology	454
SCOTLAND.	
Special Appeal for Aberdeen Infirmary ..	454
Resignation of Professor Ogston	454
Health of Edinburgh	454
Anstruther Parochial Board	455
Glasgow Death rate	455
Death from Drinking Nitric Acid	455
A Shocking Practical Joke	455
Glasgow Royal Infirmary	455
The Glasgow Faculty of Physicians and Surgeons and the New Medical Bill ..	455
CORRESPONDENCE.	
The L.R.C.P. Edin.	456
Unqualified Practice in France	456
The Tenure of Office of Workhouse Surgeons	457
OBITUARY.	
Dr. William Edward Steele	457
Dr. Friedrich Fieber	458
LITERATURE	
A Treatise on Foreign Bodies	458
NOTICES TO CORRESPONDENTS	459

Lectures

ON

HYSTERICAL CONTRACTION OF TRAUMATIC ORIGIN. (a)

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

(Continued from page 419.)

LECTURE II.—TWO CASES OF HYSTERICAL CONTRACTION OF TRAUMATIC ORIGIN.

GENTLEMEN,—You will remember that in our last lecture I expressed the intention of comparing two cases which presented themselves to us at the same time, of the nature of a hysterical contraction, due to a traumatic origin, the one being occasioned by a wound from a broken glass, and the other owing to a superficial burn. These two cases present features strikingly identical, notwithstanding that the one is that of a girl, æt. 16, and the other that of a vigorous man, a smith, æt. 35, married, and the father of several children. Since then the young girl has been the subject of close attention; while, with respect to the male subject, whom we were able to submit to you only the other day, he was committed to our charge by M. Debove, under whose care he was at Bicêtre. I gladly avail myself of the opportunity of making in your presence an exhaustive examination of the case. I do so with especial pleasure, seeing that the case is one unquestionably rare, instructive in the first degree, and consequently worthy of commanding your attention. Before, however, proceeding with this case, it is necessary to complete certain details with respect to the young patient who occupied our attention in the last lecture. You will not forget that in all cases of hysteria the possibility of malingering ought always to be present to the mind of the clinician, as in this case sometimes real symptoms are exagger-

ated, while in other the symptoms are totally those of imagination. Everyone knows, indeed, that this proneness to lie and to deceive, as a work of art, so to speak, sometimes to create a sensation, at other times to excite pity, is a common occurrence in cases of hysteria. This is an element which we encounter at each step of this disease, and which for many a day cast disfavour on the studies appertaining to it.

But at present, notwithstanding that the subject of hysteria is often handled and raked up, it is as difficult as any one could wish to discriminate between the simulated and real symptomatology. This may be well illustrated by a reference to a case to which I directed your attention during the past year. The case was one of catalepsy provoked by hysteria. The question is this, Was this condition simulated to the extent of deceiving the clinician experienced in these questions? It is generally believed that if a cataleptic subject be placed with the arm horizontally extended, that attitude is maintained so long that this feature alone would obviate all suspicion of simulation. This observation does not accord with my experience. After from ten to fifteen minutes the arm of the cataleptic commences to descend, and from twenty to twenty-five minutes it takes the vertical position in obedience to the laws of gravity. But a vigorous man attempting the same is able to maintain it during the same limit of time. Hence a distinctive feature of diagnosis is sought. On the malingering and on the cataleptic we apply a *tambour à réaction* on the extended arm, which registers the least oscillations of the member. Again, a pneumograph is placed upon the chest to obtain the respiratory curves. The following are the results obtained:—On the cataleptic the pen which acts with the *tambour* applied upon the arm traces on the registering cylinder a perfectly straight and regular line; in the case of the malingeringer, on the contrary, the line is at first straight, then broken, and finishes by presenting great oscillations in series. The tracings furnished by the pneumograph are equally significant: in the cataleptic the respiration continues mild, superficial, and regular to the end; in the malingeringer the trace presents two distinct portions—at first, the

(a) Translated from *Le Progrès Médical*.

respiration is regular and normal, then, corresponding to the oscillations of the members which indicate muscular fatigue, there is observed irregularity in the rhythm and extent of the respiratory movements, the rapid and deep respiratory depressions which accompany the phenomena of effort.

The cataleptic does not feel fatigue, the muscle without effort, or the intervention of the will. The malingerer is betrayed by the trace of the member indicating fatigue, and by the respiratory trace, which indicates the effects of fatigue. We have in these days resorted to a somewhat similar manoeuvre to test the contraction of our young patient. The forearm is applied on a table to which the back of the hand is firmly attached by means of a bandage. A small sling embraces the thumb. This is attached to a cord which passes through two pulleys, and suspends the scale of a balance, in which is placed a weight of a kilogramme. The experiment is continued for half-an-hour. During that time the thumb is progressively elevated, and is separated more and more from the index finger. At the end of the experiment the thumb immediately resumes its former position, and without appearance of fatigue, is as firmly applied as formerly. During all this time the pneumograph applied to the front of the chest registers each respiratory movement, and the trace demonstrates that the respiration is regular, not deep, normal, and equal from the commencement to the end; there is nothing absolutely approaching the respiratory trouble which characterises the phenomena of effort.

Substituting in like manner a vigorous young man—aneant patient—he gives voluntarily his left hand, putting it in the particular attitude of our young patient. The thumb, which at the commencement of the experiment has been applied against the index finger, is submitted to the same continuous traction, and during the same time—viz., half-an-hour. By degrees it gives way, and is progressively withdrawn from the index finger in spite of the voluntary effort of the person experimented on. Hitherto, nothing distinguishes between the real case of disease and that of health, but turning to the respiratory tract the contrast is manifest. At the commencement, during the first few minutes, the respiration is equal and regular, but soon it becomes disordered; the inspirations are prolonged, marked by strong depressions, and separated by large horizontal interlines. The phenomena of effort then become quite evident. Hence, thanks to this method of investigation, the respiratory tracing reveals deception.

In cases of hysteria one cannot be too strongly fortified with proofs. But you will observe that the proof to which we submitted our young patient is in some manner superfluous, as we have had already numerous proofs of the real nature of the affection. I think that I have sufficiently insisted, and that it is established in your minds, that the phenomena which we have already studied together are perfectly real pathological phenomena, in which the will of the patient participated in no sense whatever. I will show you instantly that all the symptoms of our young female patient apply one by one to our male patient, whose case I proceed to consider. [The hysterical phenomena of the young girl totally disappeared under treatment by galvanism, M. Charcot having shown her completely cured of her deformity on the 12th January, 1883.]

I will preface by a few words on the subject of hysteria in the male. Then hysteria does occur in the male? Yes; and more frequently than one would be disposed at first sight to grant. The subject of hysteria in the male is one to which physicians have directed some attention during the past few years. Thus, no less than five inaugural dissertations on the subject have been presented to the Faculty of Medicine of Paris from 1875 to 1880. Déjà Briquet, in his excellent work, has expressed the opinion that for every twenty women affected with hysteria in Paris, at least one man is found

similarly affected. This estimate appears to me somewhat too high. M. Klein, the author of one of the theses of which I have spoken, was able to collect seventy-seven cases of male hysteria, to which he added three which came under his own personal observation, thus giving the considerable number of eighty; hence we must conclude, at least, that in man hysteria is not truly a very rare disease.

An important fact disclosed in the same work is that where hysteria is developed in man it is most frequently hereditary. This circumstance was noted 23 times in 30, and the heredity was on the maternal side. Hence, hysteria in the mother frequently occasions hysteria in the son. Another observation was made by Dr. Russell Reynolds, of London, viz., that hysteria in the male most frequently appears at the adult age, after 14, from 20 to 30, and sometimes even later. Without doubt hysteria in the male may be encountered before puberty, from 5 to 14 years; but hysteria in the adult is more common. Another point worthy of note: hysterical male patients do not always present characters of femininity; they are frequently robust men, presenting all the characteristics of the male sex, possibly belonging to the military, married artisans, and fathers of families, men in a word in whom it is surprising to find a disease commonly regarded as peculiar to the female sex. Finally, I would add that in man, as in the female, this nervous may present itself in a subdued and modified form; and it is quite established, on the other hand, that it may be found in man in its most characteristic form of hystero-epilepsy, and grande hysteria. Last year I cited to you many observations fairly justifying these facts. At present I shall only point out the analogous psychic modifications in the two sexes, relatively to the following points:—

1st. The sensorial and sensitive hemianæsthesia which almost certainly characterises hysteria (when the effects of lead-poisoning and alcohol are wanting)—that hysterical hemianæsthesia, in a word, may be encountered equally in the male as in the female. The limitation even of the field of vision, and the transposition of the limits of the field of vision for colours even exist equally. I have already demonstrated to you an example.

2nd. The ovarian irritation, one of the most frequent symptoms of female hysteria, has its counterpart in the male, in whom, in certain cases at least, the irritation of a testicle retained in the abdominal ring, or pressure of the testicle arrests or provokes the attack.

3rd. Likewise we find hystero-genetic points in the man, with the same characters as in the female; but in him the points of election are especially the crown of the head, the sides of the chest or abdomen, and especially the left flank.

4th. Again, the series of the phases of the great hystero-epileptic seizure are found equally in the male with the female (*vide* among other cases those of Bourneville and Olier, and of M. Fabre, of Marseilles, without including the four or five cases of the same kind that I have myself encountered).

5th. The paraplegic or hemiplegic paralysis, with exaltation, or on the contrary, disappearance of the tendon reflexes, is a phenomenon which is sometimes observed, much more frequently than contraction, which seems to have been rarely noticed.

But you will not expect to find, in the male subject, all the striking manifestations of hysteria united. The hysterical nervous is more frequently found in him modified, and wanting in its classic attributes, in a maimed form, so to speak, and it is thus that we will find it in the patient of whom I am about to speak to you. I hope to succeed in persuading you, notwithstanding the absence of these grand characters, that it is with a case of hysteria that we have to deal.

(To be concluded.)

ON THE DIFFICULTY OF DIAGNOSING TRUE SYPHILITIC DISEASE IN WOMEN, AND THE NATURE OF ITS CONTAGION. (a)

By C. H. F. ROUTH, M.D. Lond.,
Fellow of University College, London.

(Continued from page 420.)

THE amount of (syphilitic and venereal diseases) among the inmates of brothels as compared with other prostitutes, and the effect upon the men, who, under a false sense of security, frequent them, has been accurately determined by the official Belgian and Parisian returns. (See Tables IV., V., VI., VII., VIII.)

TABLE V.
Paris.—Syphilitic Cases.

Year.	Licensed Prostitutes.								
	Isolated.	Syphilitic	Per Cent.	In Brothels	Syphilitic.	Per Cent.	Arrested.	Syphilitic.	Per Cent.
1872	8110	186	5.9	1126	261	23.1	6639	343	5.2
1873	3460	241	6.9	1143	338	29.5	7899	364	4.6
1874	3468	216	6.2	1109	285	25.6	9270	272	2.9
1875	3496	181	5.1	1149	293	25.5	10203	234	2.3
1876	3348	154	4.5	1145	263	22.9	9465	199	2.1
1877	3129	125	3.9	1168	253	21.6	8819	149	1.7
1878	2879	110	3.9	1278	246	19.2	7766	167	2.1
1879	2597	130	4.9	1188	243	20.7	7070	178	2.5
1880	2113	102	4.8	1041	205	19.6	6748	207	3.0

Year.	Unlicensed Prostitutes.		
	Clandestine.	Syphilitic.	Per cent.
1872		663	2.2
1873		521	1.7
1874		479	1.5
1875		327	1.0
1876		231	0.7
1877		243	0.9
1878		351	1.1
1879		339	1.3
1880		603	2.3

TABLE VI.
Brussels.—Venereal Cases.

Year.		Entered into Hospitals.		Entered into Hospitals.		
1871....	225	50	22.2	73	35	47.9
1872....	231	58	24.8	72	34	44.4
1873....	234	45	19.2	74	35	47.3
1874....	222	75	33.8	69	20	29.0
1875....	230	74	31.3	71	30	42.2
1876....	217	146	67.3	91	43	50.0
1877....	321	119	36.9	97	49	50.5
1878....	319	97	30.4	12	89	65.5
1879....	249	117	47.0	143	87	60.8
1880....	277	86	31.0	100	85	53.1
			34.3			49.0

TABLE VII.

Messa. Puche and Fournier found by careful interrogation that out of 873 venereal men, who had been contaminated,

- 625 were by licensed prostitutes ;
- 52 " kept women or others ;
- 24 " married women ;
- 20 " maid-servants ;
- 100 " workwomen ;
- 4 " clandestine prostitutes.

(a) Read before the Medical Society of London.

TABLE VIII.

Mireux states that out of 100 syphilitic cases in his private practice and in his dispensary among men,

- 62 were referred to brothels ;
- 38 to city prostitutes, i.e., isolated or clandestine.

In Belgium, where the system is more general, more encouraged, where even married women are allowed to misconduct themselves in houses of ill-fame and the law cannot touch them, for all is lawful in these dens of infamy, the disease is even more severe than in Paris.

This untoward result of the injurious influence of brothels in spreading disease may yet be accounted for in two other probable ways, and, although I would not say it is so in England, I must add that, in France they are both entirely a limited. One is the inadequacy of the examinations made. This would follow from the opinions before expressed by Ricord, Lancereau, Langenbeck, Nixon, who all recommend different modes of examination ; but it is still better explained by, 1st, The rapidity and number of examinations at a time ; and, 2nd, The carelessness with which they are made, which entails the communication of disease from one woman to another by the use of infected specula.

1st. In 1841, the year in which the speculum was introduced by Ricord in these cases, Pelacy states that from eighty to ninety women had to be examined in one hour to one hour and a half.

From the years 1855 to 1870, Carlier gives the figures, at the dispensary 5,050 examinations have to be made by one medical man in twenty-six days, six hours daily, i.e., about thirty-two per hour, allowing something under two minutes for each woman. M. Clerc is stated upon the authority of Routier, of Ballemont, that he visited one hundred and twenty women in one hour, i.e., two women in a minute.

2nd. Mr. Yves Guyot asserts that it has been directly communicated by the speculum, and he is not alone in this assertion. This source of contamination is equally admitted as in full operation by such men as Lancereau, Fournier, Giersing, and many other reliable writers. The hurry of examination itself may account for these accidents. M. Guyot himself asks, and very properly, if in Naples two hundred women have to be examined in two hours, and with the same instrument, how could it be washed for each patient.

In England the same result obtains, as evidenced by the returns of the Contagious Diseases Acts. True syphilis as it occurs in the protected districts is much more severe than when it occurs in the unprotected districts. Dr. Nevins has shown from the official returns that comparing fourteen protected, with fourteen unprotected army stations, the number constantly sick in hospital had increased in the former from 26.85 to 28.58, and in the latter decreased from 28.67 to 24.80.

Its severity is further proved by Dr. Lawson's own tables.

The average ratio or percentage of secondary syphilis in primary sores are stated as follows by Dr. Lawson : -

Periods.	Protected Stations.	Unprotected Stations.
1861-62 ...	34.1	29.8
1867-72 ...	37.6	31.2
1873-78 ...	56.0	42.4

Thus we have come by the Contagious Diseases Acts to induce a disease which will yield fifty-six cases, where without them it would be only forty-two ; or, in other words, Dr. Lawson affirms that the chances of a soldier contracting syphilis in the protected compared to the unprotected districts is as 36 to 33.

Now, I believe Mr. Lawson made his statement honestly and from conviction. Still later experience gives us a very remarkable commentary on his views. The last Army Report for 1880, which has only been pub-

lished since the close of the late inquiry of the Parliamentary Committee reveals the fact that, in that year the number of men admitted to hospital with primary venereal diseases increased in the protected districts collectively by the enormous proportion of 57 per cent. on the previous year's admissions, against 45 per cent. in all the unprotected districts.

I am not sure whether I am not justified in hazarding a prophecy from these data. I have said that in England the hard sore is to the soft as 1 to 3; abroad, 2·8 to 1. May we not fear that the more you extend the Acts not only is the disease more severe in the protected districts than in the unprotected, but that the tendency is to increase the relative frequency of hard as compared to soft?

If it be, therefore, true that women who undergo examinations, however carefully done, may escape detection, that these examinations are as a necessity in many cases inadequately made, and sometimes the very channels by which a woman is infected; if it be the fact, also, that their secretions, even up to four years after the disappearance of all primary sores, are infectious; if a woman once infected and cured becomes syphilitised, and is, through mediate contagion, in the most favourable condition to infect any number of men, and if the effect of regulation of vice is to increase the number of these, and chase away the younger women, in whom syphilitation does not exist; lastly, if it be shown that brothels, instead of being places of security, are only the most powerful foci of infection; whereas isolated women, and particularly clandestine prostitutes, are very much less liable to spread syphilis—we may fairly ask, Why are brothels tolerated? Now, as we know—I speak at least for abroad, and, as you may judge from the quotations already given—that the opponents and supporters of brothels equally concur in the greater danger of infection from these houses, their maintenance appears inadvisable in every way. But, no! supporters of the licensing system tell us it is the *fons et origo*, the very backbone of all regulation of vice. Here it is the *police des mœurs* (a title which should only be ironically applied) become initiated in their duties. Here it is the poor women learn to have a wholesome dread of these officials. Here it is the officials become acquainted with the appearance and physiognomy of the women, so that, with all the skill of detectives, they may hunt to death their prey if they refuse to submit. From these women the medical examiners learn the diagnosis of disease, and what a benefit to science! In this way they are kept from parading the streets, and thus offending morality. Be it so. *Credat Judæus apella, non ego.*

But what I do feel is this. It has been reserved for our Government in the nineteenth century, under the names of protection and hygiene, to initiate a system by which vice is encouraged and disease increased, and by which poor deluded women are deprived of the assistance of judge, jury, and justice, and reduced to a debased slavery, and all to gratify the vile appetites of degraded libertines and a debauched soldiery.

En résumé, I draw the following conclusions:—

I. Speaking of true syphilis, that is, the sore which leads to constitutional disease, as opposed to the chancre or dirt sore, in women—

1st. That, according to some of the best authorities, and for reasons before stated, it will frequently escape observation, probably in a proportion of five out of ten cases.

2nd. That this is especially true if the examination be confined to the sexual organs only.

II. As regards its contagious character—

1st. That it is communicable by the secretions of a woman to three, perhaps four, years after all primary sores have disappeared.

2nd. That it can be communicated through "mediate contagion," and especially so by a syphilitised woman.

3rd. That it is always more frequent and most severe in women confined in brothels, less so in isolated pro-

stitutes, and least so in clandestine prostitutes, and also is more or less communicable to men in the same order.

4th. That where vice is regulated the chances of getting true syphilis are greater than where it is not, and this is probably also true for secondary syphilis.

Lastly, and, therefore, that the regulation of vice (especially in the establishment of brothels) has a tendency to increase true syphilis, and therefore should be abolished.

SOME REMARKS ON PUERPERAL ECLAMPSIA. (a)

By J. E. BURTON, L.R.C.P. Lond.

Obstetric Physician to the Ladies' Charity and Lying-in-Hospital, Liverpool.

In commencing a paper on this subject it seems very desirable at the outset to fix in our minds what we mean by the name we employ. In the following remarks I shall take the term puerperal eclampsia to be any convulsion coming on during pregnancy, labour, or child-bed attended with loss of consciousness, provided it is not apoplectic, epileptic, hysterical, or anæmic, i.e., that it is not the convulsion that comes on in death from hæmorrhage just as the individual is *in articulo mortis*.

The causes of puerperal eclampsia remained in darkness till 1842, when Dr. John C. W. Lever had the honour of first drawing attention to the relations between albuminuria and puerperal eclampsia in Guy's Hospital Reports. In 1851 Frerichs pointed out the resemblance between puerperal and uræmic convulsions, and gave his opinion that "true eclampsia occurs only in women suffering from albuminuria." In 1857 Karl Braun, of Vienna, published his classical "*Lehrbuch der Geburtshilfe*," and ever since that time the exhaustive chapters on puerperal convulsions contained in that work have been the well whence author after author has drawn his modicum of information. I am not aware that a second edition of this work has been published, so that I do not know how far his present views agree with those expressed in 1857. We may presume, however, that they have not altered materially, for his colleague, Professor Späth, during the course of a clinical lecture in the early part of last year on a case of puerperal eclampsia, mentioned no other views than those expressed by Braun in 1857, and said that "the views of gynecologists as to the origin of convulsions were still hazy;" whilst Braun himself, in a still more recent lecture on a case of albuminuria with dropsy and gangrene of the labia (but without convulsions) makes no mention of any new opinions. We may say, then, that the teaching for the last quarter of a century has been that in the vast majority of cases so-called puerperal convulsions are accompanied by albumen in the urine of the patient, and that this albumen stands in some obscure causal relation to the convulsions. I need not mention the names of many writers. Braun, on page 458 of his work, calls eclampsia "only a partial symptom of another disease" (*nur Theilerscheinung einer anderweitigen Krankheit*). On page 465 he says: "Several years ago I came to the conclusion that acute Bright's disease and uræmic intoxication of the blood are the cause, and not the effect, of the eclampsia." Frerichs followed Braun, and having discovered carbonate of ammonia in the blood of a patient suffering from puerperal convulsions, he concluded that the eclampsia was caused by the carbonate of ammonia, and that this originated in decomposition within the blood of retained urea. Braun himself seems to have accepted this theory in part, and, acting on it, treated sixteen consecutive cases with acids and chloroform, and in every case with success. Murphy, of Sunderland, in an able paper on the subject, goes so far as to make albuminuria the pathognomonic symptom of the disease, and to exclude from the category all those cases in which albumen cannot be discovered. Lusk says that it is the renal insufficiency,

(a) Read before the Liverpool Medical Institute, Apr 2, 1883

and not the albuminuria, that is the cause of the convulsions, and seems to argue from the convulsions, a necessary renal insufficiency as the cause of them. Leishman under the term includes all cases of convulsions occurring during pregnancy, labour, and after delivery. He says: "Epilepsy is to be distinguished partly by the symptoms, but more particularly and conclusively by the absence of albumen in the urine. With rare exceptions, then, puerperal eclampsia may be looked upon as being essentially connected with uræmic poisoning, which again is associated with, or dependent upon, an albuminous condition of the urine."

Galabin saw 37 cases, and examined the urine in 22, finding albumen in all but one. In 3 out of the 21, however, the albumen was only found after the convulsions commenced.

According to the generally-accepted view, then, the sequence of events in puerperal convulsions is as follows:—

1. Pregnancy; 2. Pressure on the renal veins by the gravid uterus; 3. Parenchymatous nephritis (acute Bright's disease of Braun); 4. Uræmia, originating in some obscure manner (5) the convulsions; but whether by carbonate of ammonia poisoning, or by hydræmia, or œdema, or by retention of the general urinary excretory products, has never been settled to the satisfaction of all parties.

From the time of Braun's first publication, however, there have always been opponents to the uræmic theory of convulsions, men who have been quick to detect its weak points, and to seize hold of any fact that might be made to tell against it. Such a man was Seyfert, of Prague, the director of a huge lying-in hospital in that city. Lusk tells us that he opposed the uræmic theory on the ground of the following facts, or supposed facts:—

1. That convulsion may occur without albuminuria; 2. That albuminuria is in many cases the effect, and not the cause; 3. That in many fatal cases the kidney lesions were absent or wholly insignificant; 4. That convulsions are rare in chronic Bright's disease that has existed prior to pregnancy; 5. That in true uræmia, such as is necessarily produced by the suppression of urine, when the ureters are invaded, convulsions do not occur. Dr. Lusk very pertinently replies to the first proposition that it is the renal insufficiency or incompetency, and not the albuminuria, that is the cause of the convulsions. It is now recognised on nearly all sides that convulsions may and do occur without albuminuria; Dr. Lusk even goes further, and acknowledges puerperal convulsions without uræmia or renal incompetency: "Without uræmia puerperal irritation can provoke eclampsia." Murphy, of Sunderland, and Leishman, on the other hand, get rid of this objection (the first of Seyfert) by declining to acknowledge convulsions as puerperal unless they are accompanied by albuminuria. The latter calls these cases epileptic, and tells us that "the absence of albumen will enable us without difficulty to discriminate," i.e., between puerperal convulsions and epilepsy. Notwithstanding that he has shown us a royal or easy method of distinguishing between two diseases with somewhat similar symptoms, caution comes into play, and he finds it advisable to hedge a little. He says "no one can take a clear and comprehensive view of the pathology" of the subject "who does not freely admit that there are cases in which no uræmic poison exists." He first tells us that we can distinguish epilepsy from puerperal convulsions by the absence of albuminuria in the former, and next that puerperal convulsions can occur not only without albuminuria, but without uræmia, for albuminuria is of course nothing at all if it is not a symptom of an entirely distinct morbid condition—uræmia.

Playfair, who does not seem at all wedded to the uræmia theory, says: "It may be taken as proved that albuminuria is by no means necessarily accompanied by eclampsia. Cases were observed in which the albumen only appeared after the convulsion, and in these it was evident that the retention of urinary elements could not have been the cause of the attack." He goes on to quote from Braxton Hicks, that the two are almost invariably combined, and that the

nearly simultaneous appearance of the two, albuminuria and convulsions, must be explained in one of three ways:—

1. That the convulsion is the cause of the nephritis.
2. That the two are produced by the same cause—viz., some detrimental ingredient in the blood.
3. That the highly congested venous condition induced by spasm of the glottis is able to produce the kidney complication.

After considering the remainder of Seyfert's objections to the uræmic theory, I shall return for a moment to Playfair and Hicks.

Seyfert's second objection is nearly identical with Hicks' explanations Nos. 1 and 3—viz., that the convulsion is in many cases the cause, and not the effect.

Believing that puerperal convulsions and epilepsy spring from essentially the same causes, I have endeavoured to learn whether epilepsy is ever the cause of albuminuria. Saundby (a) examined the urine of a great many epileptics, both before and after the fits, and concluded that the attacks did not cause albuminuria. Professor Fiori, of the University of Cagliari, in a great number of epileptics, not only met with albumen, but hyaline cylinders and sugar. It was found also in animals rendered epileptic by Faradisation. He says, however, that the excretion of albumen was only transitory, and limited to the first moments after the attacks. (b) Klewdgen (c) examined the urine in 36 male and 21 female epileptics, always within four hours of an attack, and found albumen. In many cases the reaction was very slight, and only rarely was there any deposit. He soon extended his researches to the attendants, and, singularly enough, found traces of albumen in their urine, and finally concluded that there is nothing remarkable in post-epileptic urine. It appears to me that Fiori's statements require revision. They should either be confirmed or contradicted authoritatively. At present the statements of the three inquirers as to whether convulsions can produce albuminuria are contradictory, but I think the evidence upon the whole points to the conclusion that they cannot.

The third and fourth objections of Seyfert—viz., that in many fatal cases the kidney lesions were absent or wholly insignificant, and that convulsions are rare in chronic Bright's disease that has existed prior to pregnancy—are substantial ones, and are valid arguments against the uræmic theory. The fifth is also a valid one—viz., that in true uræmia, such as is necessarily produced by the suppression of urine when the ureters are invaded, convulsions do not occur. Cornil and Ranvier confirm the truth of this statement in an emphatic manner, and say that in no instance had convulsions taken place. I myself am able to verify this statement, or, to put it more correctly, in fatal cases of uterine cancer in which I have had reason to suspect occlusion of the ureters to be the immediate cause of death, although I have sought for evidence of uræmic convulsions, I have never been able to discover any. If, then, such complete retention of the urinary constituents as must of necessity exist in these cases fails *per se* to produce convulsions, it seems tolerably certain that some other factor is necessary for their production.

Dr. Hick's second alternative explanation of the nearly simultaneous appearance of convulsions and albumen may possibly be correct, but if it is it will negative the statement of Playfair to the effect that "retention of urinary elements could not have been the cause of the attack," for, as will be shown, there may be retention of urinary elements and no albuminuria. As I have already stated Lusk says it is not the albuminuria but the renal insufficiency that is the cause of the attack. We have heard from Dr. Andrew Clark of the baneful effects of renal incompetency without albuminuria. Israel, of Berlin, stated recently (d) that uræmia might arise without albuminuria and without nephritis, in consequence of the kidney not being able to do the increased work

(a) *Med. Times and Gazette*, Oct. 14, 1882.

(b) *Deutsch. Med. Zeit.*, 1883, p. 15.

(c) *Centr. Bl. f. d. Med. Wissen.*, 1881, p. 780.

(d) *Berliner Klin. Wochenschrift*, Nov. 20, 1882.

thrown upon it by the pregnancy. He experimented on rabbits and learned that by gradually accustoming them to the injection of urinary constituents they could bear the introduction of a large quantity without injurious consequences, but that if he injected similar large quantities into animals not previously prepared death rapidly resulted. He does not say, however, that death was preceded by convulsions. These experiments prove only that large quantities of urinary constituents suddenly thrown into an unprepared animal cause death and not, as he would claim, that they produce convulsions.

Now after all that has been said I am prepared to admit that, in the great majority of cases of puerperal eclampsia, urinary constituents in the blood play the part of contributories to the eclampsia, but I cannot accept the theory that they are the sole cause, and in this I follow Playfair as against most writers.

It is now necessary to inquire how the albumen gets into the blood, and what is the condition of the kidney in the albuminuria of pregnancy. Is there a real parenchymatous nephritis, as those who believe with Braun and Bartels affirm there is? Most probably not.

Dr. Angus McDonald published a remarkable paper on this subject, (a) in which he described the kidneys in a fatal case. To his surprise, no parenchymatous nephritis was present, as he had expected it to be. He says: "The kidneys were quite different from anything I have ever seen in acute renal disease. The sole change was apparently degeneration of the tubular epithelium." In Germany the condition of the kidney under these circumstances has also been noticed to be different from the form met with in acute Bright's disease. The condition is so marked that it has been designated by Leyden "the kidney of pregnancy" (*Schwangerschaftsnier*). Halbertsma, of Utrecht, denies that the condition is one of nephritis. Dr. Hiller, a German staff-surgeon, reports the autopsy of a fatal case, and says that there was no sign of any change in the interstitial structure of the kidney. Dr. Flaischlen, of Berlin, (b) gives the differential diagnosis between acute morbus Brightii and the kidney of pregnancy, although he acknowledges that it is not always easy to establish this with certainty. In the latter (kidney of pregnancy), according to him, hæmaturia is not present, the pulse is not so hard and incompressible as in acute nephritis, whilst the presence of fat corpuscles in the urine is a characteristic of the affection. The pathological change is a degeneration of the epithelium of the glomeruli.

Thus we have a series of original investigators who now deny that the condition of the kidney met with in the albuminuria of pregnancy and labour is ever acute Bright's disease, and assert that it is one of simple degeneration of renal epithelium. These investigators, as I have shown, are M'Donald, Leyden, Hiller, Halbertsma, and Flaischlen.

(To be continued.)

France.

[FROM OUR SPECIAL CORRESPONDENT.]

STRANGULATED HERNIA.—The treatment of strangulated hernia by subcutaneous injections of morphia is giving all the success vouches for it by Dr. Phillippe, who first brought it before the notice of the profession. The facts related by him caused others to try the experiment, and last year M. le Dentu brought it before the Société de Chirurgie in a report in which he expressed himself as favourable to the method when employed in recent cases. In a contrary case the success would be doubtful. M. Fleury, of Clermont Ferrand,

has just published two cases of strangulated hernia in his service in the hospital treated by subcutaneous injections of morphia with one of complete success. One case was that of a man who came to the hospital with abdominal hernia. The patient was in a very serious condition and refused all idea of operation. The morphia was injected twice, and the tumour was able to be reduced one-half, but no more, and the man, persisting in his refusal, in spite of the grave symptoms, sank the next day. The second case was that of a woman aged sixty-eight, who entered the hospital with a strangulated crural hernia. Simple taxis was tried, but failed, and morphia was injected, followed again by taxis, but still the tumour resisted. Ether spray was made to play on it with no better success. The patient was then put into a bath, where she remained two hours with a like result. A second injection of morphia was made as a last resource before operating: this time the alkaloid threw the patient into a kind of stupor like that produced by chloroform, and the muscles being entirely relaxed, the taxis was recommenced, and in five minutes of manipulation the tumour receded with its characteristic *bruit*. The woman left the hospital two days afterwards. To country practitioners this method of obtaining the reduction of strangulated hernia when other means fail must be a great boon, as the operation is of the simplest, and no aid is required.

TREATMENT OF MENINGITIS WITH IODIDE OF POTASSIUM.—Dr. Vovard, of Bordeaux, has published a series of cases of meningitis treated very successfully with iodide of potassium internally and croton oil externally. The oil—the head of the child being previously shaven—was laid on with a brush and the head covered with a bonnet of oil silk, which prevented the absorption of the oil by the pillow. The croton tiglium was renewed three times a day until an abundant suppuration took place, and then an irritating ointment was applied, which kept it up for several days. The cases cured by this means never suffered a relapse.

TYPHOID FEVER.—The discussion on typhoid fever which occupied the Académie de Médecine for the last six months was closed definitely by M. Fauvel in a long discourse on the cause of the affection. He commenced by saying that the doctrine of microbes was far from being proved, as they have not yet been discovered. According to M. Fauvel, typhoid fever is a malady *sui generis*, developed from a specific germ, transmissible, and which confers on those who have had it once immunity in the future. In France it is seen under two forms—the endemic in the large towns, the epidemic in the small localities. Overcrowding, insalubrity, contaminated water, drains, cess-pools, &c., do not engender the specific principle of typhoid fever; but all these conditions together united in the habitations of the large towns contribute powerfully to its propagation and gravity. In the small localities where the disease is epidemic the cause will be found in importation. Such was the doctrine exposed by M. Fauvel. The question will naturally be asked—What are the results of this long discussion in which the first lights of the Académie took part and freely expressed their views? I am afraid the answer will be rather disappointing, although the speeches have been very brilliant, and a great deal of science and talent has been expended. Many excellent and practical things have been said, different points in the evolution of the affection have been discussed and cleared up. Some of the phenomena, such as hyperæmia, received worthy attention; and I have no doubt that many will benefit by the *ensemble* of the views of the *savants* members. But if the question were asked—What is the cause of typhoid fever? according

(a) *Medical Times and Gazette*, 1880, vol. 1., p. 375.

(b) *Zeltseh. für Gynækol. und Geburtsh.*, Bd. viii., H. 2.

to the Academie, the answer would be very embarrassing, as it would still more if the treatment were asked. The result, as has been already said, is disappointing, for great things were expected; but, at any rate, it must be confessed that if there were many men of many minds each one was sincere in his convictions, and the desire of every member was to benefit by his experience not only his *cofreres* but the public at large, and so endeavour to mitigate, if not stamp out a disease, that has made so many yearly victims. As a result of the indefatigable devotion of the medical men attached to the hospitals in the recent epidemic, it may be mentioned that the mortality was kept well within the limits, rarely exceeding 14°.

At the Société de Chirurgie M. Verneuil gave his opinion as to the treatment to be followed in artero-veinous aneurism, which was that of tying the vessels above and below the sac. Contrary to the opinion of M. Reclus, he thought that it would be preferable not to open the sac. Recently he had a case in which he opened the sac, and a lymphatitis followed; and it was with great difficulty the patient recovered. Another member read a paper on bone suture in transverse fracture of the patellar. He had practised the operation on a patient, aged thirty-four, of a strong constitution, who in wishing to stop a run-away horse received a kick on the left knee, and the patella was broken transversely. Not being able to unite the fragments, suture of the bones was decided upon; and for that purpose the articulation was laid open under antiseptic precautions. A silver wire was passed between the two fragments, and the wound closed; the limb was fixed in a starched bandage. The result was highly satisfactory. In four weeks the patient could walk, and in six weeks he was about as usual. The author was able to collect nineteen cases in which the same practice was followed without one failure.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 11TH.

The President, ANDREW CLARK, M.D., LL.D., in the Chair.

DR. OLIVER, of Harrogate, read a communication on a
NEW TEST PAPER FOR ALBUMEN,

and demonstrated the reactions obtained by several experiments.

EXAMPLES OF THE TWO CLASSES OF CASES IN WHICH CEREBRAL ABSCESS, MENINGITIS, OR PYEMIA ORIGINATES IN DISEASE OF THE EAR.

Mr. DALBY read notes of eight cases in which suppuration within the tympanum had ended fatally. They were selected to show how, by the consideration of a large number of cases, they might be divided into two very distinct classes. In the first class were those in which a person apparently in good health, with both tympanic membranes entire, is attacked by acute inflammation of the tympanic cavity, ending in rupture of the membrane and a discharge from the ear. Within a period to be counted by days he or she has rigors, and in due course the usual symptoms and endings of meningitis, cerebral abscess, or pyemia. In the second class, before any serious complications arise, perforations have existed for many years, attended either continuously or at different times by a purulent discharge; and these might again be sub-divided into those in which the bone forming the tympanic cavity is diseased and those in which it is not. The questions which were discussed in this paper were as follows:—(1) Can it be predicted of any case in an early stage of its history that the probabilities are in favour of a fatal termination? (2) What are the local conditions of the ear,

or the symptoms which would point to such a conclusion? (3) Should any especial precautions be taken? (4) Is there any treatment of a local kind that should be employed as a protecting influence? (5) Is there any treatment which is often employed in perforations that should be especially avoided? From a consideration of these cases, as well as of many others which had come under the notice of the writer, he maintained that certain conclusions might fairly be drawn from them; at any rate, that although the subject of any perforation of the membrane was in some degree of peril, that those in which the bone was diseased were in greater danger than those in which it was not. It was not difficult to determine whether the bone was affected: a careful examination with the probe under reflected light, exuberant granulations and bony *sebor* would decide the question. At the same time, it should be remembered that a considerable area of diseased bone in the tympanic cavity is quite compatible with long life, and this is especially the case if the patient has learned to manage the ear by scrupulous cleanliness, and by some sort of protective pad which would keep the external air from the lining membrane of the tympanum. Influences which may lead to a fatal ending are the entrance of sea water into the ear, and the use of strong mineral astringents. Thus, in estimating the probabilities of a long life for persons with perforations, their habitual discretion forms a distinct element as to their chances, and this might well be kept in view by insurance companies. Other points for consideration are the urgent necessity of removing a polypus if it prevent the egress of discharge from the tympanum; the important bearing of head pains, whether occurring either at the commencement of the inflammation of the middle ear, or at a later period; the importance of, in recent cases, great profusion of discharge, attended with feelings of giddiness.

Mr. WARRINGTON HAWARD said it was useful to be reminded of the possible gravity which might attend the existence of ear-discharges, and it was important to consider how far the surgeon's power to relieve might extend, especially in the class of cases so commonly met with among children. As a rule, however, in dangerous cases, advice was sought at too late a period for fatal issues to be averted. The existence of profuse discharge, with necrosed bone and internal granulations, raised the question, What course ought to be pursued in respect to this condition? It was obvious that should a polypus exist, its removal would be imperatively demanded; but whether, otherwise, operation would facilitate evacuation of contained pus, became a most important point for decision. It had been shown that even simple lotions might be powerful to initiate most dangerous consequences. Profuse discharge, however, should in any case be assisted to escape, and hence the cleansing of the tympanum through perforations into the mastoid cells formed a method of proceeding which called for anxious consideration. Even, however, when such treatment was justified by the condition of the case, it might be too late to pursue it successfully, and hence the most important point connected with the whole subject of treatment in such cases resolved itself into this one of creating additional channels of escape for contained purulent deposit.

Mr. JESSETT asked if post-mortem examination of the cases recorded by Mr. Dalby had been made? The evidence afforded by their history pointed to pyemia. The speaker was recently called to see a girl who had profuse discharge from the ear. The skin over the mastoid region was brawny; there was a temperature amounting to as high as 108° F., and profuse sweating. The child died, and on post-mortem examination necrosis of the petrous bone was discovered, and at one point communication through to the cavernous sinus was opened up.

Dr. DE HAVILAND HALL suggested the propriety of excluding such cases as were referred to entirely from the lives accepted by medical examiners to insurance offices.

Dr. R. J. LEE considered it was essential, from a practical point of view, accurately to decide on the real nature of such cases. In one case seen by him some time ago a child under treatment for typhoid fever was found to suffer from cerebral mischief, and on inquiry he discovered that two months previously she had discharged a quantity of matter from the ear. He perforated the mastoid region, with the result that pus was evacuated, but death supervened. In another case, that of a boy who had fallen from a bicycle, opening into the mastoid cells was suggested by old perforations found in the tympanic membrane, and two days after the

operation pus flowed freely, general improvement of the patient taking place thenceforward. Dr. Lee was of opinion that the operation was called for when no harm was likely to arise from its performance, and if beneficial results were, as in the case he related, to be expected as its result.

Dr. MAHOMED observed that aural surgeons encountered very large numbers of patients with ear discharges who did not suffer the terrible consequences described. Exceptional cases would naturally create alarm, but their existence should not lead to forgetfulness of the fact that many less dangerous instances of the affection were met with. His own experience did not endorse Mr. Haward's conclusion that bad cases come under treatment too late for good to result to them. He instanced the case of a boy from whose ear a profuse discharge was passing, and in whose condition much improvement was shown as a result of trephining the mastoid; and similar treatment produced similar good effects in other cases also. In another and recent case—that of a man with aural vertigo, no perforation, and who died from suppurative meningitis—nothing was found in the state of the ear on post-mortem examination to account for the result.

Dr. RODGERS quoted his experience of the good results obtained after treatment of ear diseases by means of leeching and counter-irritation, and by application of lotions, even in severe cases of perforation and profuse discharge. He had witnessed many instances in which persons rejected from Civil Service employment on account of ear disease preserved good health, notwithstanding, for many years; and he would not be inclined to refuse acceptance for insurance of such patients as had for a long time been troubled with recurrent discharge.

Dr. ANDREW CLARK suggested that it would be highly valuable if Mr. Dalby would give the percentage of fatal cases met with, and also if he would describe the proper methods to pursue in treatment of such diseases.

Mr. DALBY deprecated any wish on his part to imply that perforation was frequently fatal. All practitioners must necessarily be acquainted with numbers of persons who, though possessing perforated tympana, yet enjoyed long life. It was difficult to give the proportion of fatal cases; his own experience included eight deaths, all in private practice, extending from 1874 to 1883, and in addition four others, in which no post-mortem was possible. Probably death occurred after perforation in one out of two or three thousand cases. He would not dream of rejecting every case of perforation as unfit for insurance. Those persons so afflicted who were duly careful in regard to cleanliness and protection he would accept; but would recommend the imposition of higher premiums on such as were not apparently alive to the necessity for great precautions on their own account. Post-mortem examinations had been made in all but one of the cases recorded. He recommended opening into the mastoid cells in cases where profuse discharge and great head pain were associated with the production of pain on pressure over the mastoid eminence. Leeches were useful in some instances, but not in cases like those narrated in his paper.

Mr. C. HIGGINS and Mr. G. NETTLESHIP on

A CASE OF MORPHEA IN THE REGION OF THE FIFTH NERVE WITH PARALYSIS OF THE INTRA-OCULAR BRANCHES OF THE THIRD.

The subject of this case was a married woman, *æt.* 35, who applied to Mr. Nettleship in November, 1880, with mydriasis and partial cycloplegia of the left eye, with evidence of some dilatation of the retinal vessels and thickening of the coats of the retinal veins, and dilatation both of those vessels and the arteries. She also had single patches of ivory-white morphea on the corresponding temple, side of nose, and upper lip, and a similar but less characteristic change in the skin of the forehead and front of the scalp on the same side, with thinning of the hair. The eye symptoms were of three months' duration; she had not discovered the skin changes. She was out of health from recent parturition and old uterine troubles. There was no proof of syphilis. She used eserine, and took various medicines, including iodide and arsenic, for a year, and then went to Guy's Hospital, where, under Mr. Higgins's care, she has continued the same local treatment and taken iodide of potassium and mercury. The symptoms in the left eye are unaltered, except temporarily, by the eserine drops; the healthy skin affected by the morphea has become partially atrophic, and the hair on

the affected area has nearly all fallen. Latterly there have been threatenings of an onset of the same disease on the right side of the face and in the right eye, but it is not at present declared. During the course of the case there has been some eczema behind the ear and on the palm on the same side as the morphea. The authors point out that, whilst the morphea is strictly confined to territories supplied by the first and second divisions of the fifth nerve, the eye symptoms point clearly to affection of the branches of the third to the interior of the eyeball; and they observe that in this respect the case may be compared with those cases of herpes of the fifth in which the third or other motor nerves are also affected.

Mr. HIGGINS added that, having seen the patient since the paper was written, he found that an additional white patch had appeared over the angle of the left scapula.

Dr. HADDEN asked if any pronounced loss of sensation had been observed? He was inclined to regard the existence of further patches as described by Mr. Higgins as evidence of more diffused cerebral or spinal change.

Mr. NETTLESHIP replied that no such impairment of sensation had been noticed, except over the patch on the temple.

Dr. STEPHEN MACKENZIE exhibited a male patient the subject of myxedema, and the following cases were also shown:—Congenital deficiency of femur; Sclerema neonatorum; and Lateral curvature.

ACADEMY OF MEDICINE IN IRELAND.
MEDICAL SECTION.

The Medical Section met at the College of Physicians, Friday evening, April 20th; Dr. WILLIAM MOORE, President, in the chair.

Dr. MONTGOMERY, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

SPECIMEN.

Dr. McSWINEY.—Thoracic aneurism.

THE THERAPEUTIC VALUE OF NERVE STRETCHING.

Mr. STOKES read a paper on the therapeutic value of nerve stretching in *tabes dorsalis*. He commenced by pointing out that the evidence afforded by the cases of *tabes dorsalis* treated by nerve stretching indicated the fact that relief for some of the most distressing symptoms of that disease may, if the operation be performed sufficiently early, be anticipated. He considered that the absence of a physiological explanation as to how the operation acts is no reason for its rejection, and gave instances of other operative procedure, of which the *modus operandi* is, as yet, unexplained. The particulars of two well-marked examples of the disease treated by him, in one of which he stretched the sciatic nerve on one side, and in the other on both sides, were then given. Although the operations were not followed by any signal improvement in motor power, the results in other respects, as regards relief from lightning pains, vesical irritability and return of sensibility in certain regions of anaesthesia were satisfactory and encouraging. The views of various writers on the effects of stretching on the nerves were discussed, and those of Ceccherelli shown to be at variance with the results obtained in the author's cases, and also with the experience of Dr. Brown Séquard. Then Mr. Stokes discussed the importance of estimating accurately the amount of force that should be used, and was of opinion that a very moderate amount is sufficient to obtain the desired therapeutic results. He also stated his belief that many of the recorded failures of the operation were to be attributed to the employment by the surgeon of an undue amount of force. He advocated the use of an electric cord and dynamometer in nerve stretching, and believed that in the case of the larger nerves a force of about 10 lbs. would be found sufficient. Although a satisfactory physiological explanation as to how nerve stretching produces the results observed was still to be obtained, we were not wholly in the dark. He quoted Dr. Brown Séquard and Dr. Charlton Bastian, to show that after the operation a certain amount of vaso-paralysis is produced, resulting in vascularity and increased temperature of the part, and that the improvement which occasionally follows the operation is probably connected with these phenomena.

The PRESIDENT did not see why they should pass over nerve stretching merely because they did not understand the

rationale of the treatment. He thought the procedure would apply to nervous functional affections such as sciatica.

Dr. DUFFY said there was no doubt the operation gave a certain amount of relief to some of the distressing symptoms of the disease. Ceccherelli in giving an analysis of 100 cases of nerve stretching for various conditions, had described certain pathological changes when the operation had been followed by extravasations, or regenerative changes having taken place in the cord itself. In favour of this view, nerve stretching on one side of the body might relieve symptoms referable to both sides.

Dr. C. J. NIXON considered that the operation of nerve stretching in this disease should only be used in desperate cases, after all other means of giving relief had failed. He thought it a very doubtful point what amount of traction could safely be made on the cord.

Dr. FINNEY asked what was the right time at which the operation should be performed. He referred to the frontal nerve having been stretched in cases of facial neuralgia.

Dr. H. KENNEDY thought that slightly pinching the nerve and thus conveying irritation that could not injure its substance, might have a beneficial effect.

Dr. COBLEY considered the operation a most serious one to perform, and one to be approached with the utmost carefulness. In some cases of stretching the sciatic nerve, the cord answering mechanically to the stretch, would be moved as far as the cervical vertebrae. In the case of sciatica to which he applied it the nerve was affected with neuritis. The next day severe symptoms arose indicating that, although the force used was not great, it had effected serious changes in the cord. These symptoms disappeared after forty-eight hours. Two months had now elapsed since the operation with complete absence of sciatic pain.

Mr. STOKES, in reply, said that in Ceccherelli's cases undue violence must have been used. He could not lay down any rule as to the time at which the operation should be performed, but probably the earlier the better.

THORACIC ANEURISM.

Dr. McSWINEY read the notes of a fatal case of thoracic aneurism occurring in a sailor who had worked at his employment to within one month of his death. The aneurism was not diagnosed during life, as there were no signs or symptoms present specially characteristic of the disease. The man was supposed to have got cold from exposure during bad weather. He had cough, bronchial râles, and pain in the region of the heart. Physical examination threw no light on the nature of the case. The patient expectorated nine or ten ounces of bright-red blood, and died in a few hours afterwards. *Post-mortem 20 hours after death.*—The aneurism springs from the posterior and outer aspect of the descending portion of the arch of the aorta, and projects into the upper and inner part of the left division of the thorax, a portion extending across the vertebral column, eroding the bodies of the third, fourth, fifth, and the upper part of the sixth dorsal vertebrae, and lying in the upper and inner portion of the right division of the thorax. The third and fourth ribs on the left side have been eroded, and the tumour has passed backwards between them a short distance. The entrance into the aneurism is circular, and about as large as a sixpence; and a quarter of an inch below it a little pouch is formed in the site of the origins of the first pair of intercostal arteries. This is evidently the beginning of a second aneurism, the aorta being in this position very much diseased. The arch and thoracic portion of the aorta are atheromatous, as are all the valves of the heart in varying degrees. The bronchi and œsophagus do not show any sign of pressure. The thoracic duct could not be found, but large lymphatic vessels connected with glands lying at the sides of the dorsal vertebrae are to be seen. The sac is filled with laminated fibrine, and was covered with a quantity of tough matted tissue. The aneurism was, therefore, diffused. The recurrent laryngeal nerve was not to be found in the specimen. A few fibrous strings are to be seen at the upper portion of the pericardium, but no signs of pericarditis on any other portion of the pericardium. The lower lobe of the left lung at its superior posterior part has become adherent to the aneurism, which has here burst into it. There is a cavity in the central portion of the external part of the lobe which was covered only by pleura. The costal pleura is thickened on both sides, and on that portion nearest the tumour the deposited lymph has undergone fatty degeneration.

The PRESIDENT could not agree that symptoms were quite absent.

Dr. FINNEY drew attention to the absence of hypertrophy of the left ventricle, notwithstanding the size of the aneurism, which confirmed Stokes's observation on this point.

Dr. C. J. NIXON related a similar case of fatal aneurism, in which the only symptoms present during life were those of severe bronchitis.

Dr. HENRY KENNEDY having made some remarks on the case,

The Section adjourned.

THE UNQUALIFIED ASSISTANT SYSTEM AND THE ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 425.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.—(Continued.)

AN unqualified assistant's end is often very sad. In Halifax a late leading practitioner employed one for twenty years. His successor strongly disapproves of unqualified assistants, and the poor discarded drudge died lately in a county lunatic asylum. If he becomes paralysed or otherwise crippled he has, from the smallness of his salary, no savings to fall back upon, and is ineligible for aid from medical charities. There is one in Yorkshire who is "eking out a miserable living by cadding and barrowing." Others are thrust by misery into utter recklessness of most unclean living, despair, and suicide. It may seem unjust to attribute such awful results to the occupation we are speaking of; yet, surely, it is something more than a coincidence when a magistrate in the county of Durham, a barrister, informs me that four unqualified assistants, under one master, consecutively so ended their lives, while from another source we hear of a fifth case of suicide from drink and opium in a neighbouring colliery district.

The despair is not, in all instances, attributable to alcoholism. It may be an erroneous form of repentance. An assistant who had imperilled a patient's life by omitting to notice a strangulated hernia, was so pained by the oversight that his principal tells us he never saw equal remorse.

An unqualified assistant is often preferred by masters from an idea that he is less likely than a registered man to set up as an established rival, and to convey their patients to himself. In short, it is their interest to keep him out of registration, and selfish masters will throw impediments in the way of his attending a medical school. The ground of the preference is questionable, for, as a matter of fact, he often does start an illegal practice; and with a qualified man the danger is easily provided against by a formal agreement.

Economy is sometimes alleged as a motive of the preference alluded to; but in reality the pay of the two classes is about the same, according to the statement of a firm largely engaged in the transfer of practices. In the east of Yorkshire "an assistant, though unqualified, if he is sober, reliable, and gentlemanly in his habits, will of course command a higher salary than an incompetent qualified man. Sometimes an assistant who manages a branch gets a salary with a percentage on the profits also." In the metropolitan counties the salary ranges from £100 to £200 a year; a surgeon in an agricultural district used to pay £150 for the management of a branch. In Lancashire we learn the usual income of an unqualified assistant, finding his own board and lodging, is £120; if he lives in his master's house, £85; besides this, he usually has 5s. for attending each labour. Where only half a young man's time is contracted for, and he is allowed to attend a hospital school when disengaged, less is given—not more than £45, and sometimes much less. At Halifax indoor unqualified assistants get only from £25 to £45 a year. A man who is sober, reliable, and gentlemanly in his habits, though unqualified, will command a higher salary than a dissolute and incompetent qualified person.

Unqualified assistants are described by gentlemen who have employed them as being less "raw" than their qualified colleagues, "especially in midwifery, the knowledge of prescribing and drugs." "They are better up in the practical details of surgery work." "They make themselves more acceptable to patients, and are better acquainted with the routine of work." They are handier and neater in dispensing and better accountants. In the use of forceps and

other instruments of midwifery they are more experienced. They extract teeth with greater facility, and their handwriting is more readable. "They are more economical of their principal's goods." "They can be made to occupy a more subordinate position as residents in the house." These accomplishments, however, do not necessarily make them competent to take charge of the sick; and, moreover, we would remark that, for the comparison to be a fair one, even in the particulars enumerated, it should be instituted between two men who have not been engaged in the employment previously, and should be repeated after they have been a few months at work and have got into the ways of the place. Besides, rawness has at least this recommendation, that it implies the absence of much to unlearn.

The personal character of the unqualified assistant is sometimes so good that he is respected even by those who disapprove of his existence. An instance is quoted (in a MS. biographical sketch of the unqualified assistants in a large town by one of the surgeons) of one who had attended upwards of 8,000 confinements under a succession of masters. When he died, old and poor, the medical men of the town subscribed to bury him.

The unqualified assistant is often popular among the working classes, inasmuch that they will condone even his evident neglect. On one occasion in Yorkshire an unqualified assistant, through carelessness, vaccinated several children with impure lymph, and all died of erysipelas. He was committed for trial on coroner's warrant, and the grand jury threw out the bill. The police surgeon who communicates the tale, and who performed the autopsies supposed to criminate the accused, was hissed through the streets, and his house stoned; while the unqualified assistant was met with a carriage, in which he was drawn home by the mob in triumph. A surgeon to large ironworks says:—"The most popular assistant (but not by any means the best) I ever had was an unqualified man, who was sought after by all sorts of people." Dr. R—, of R—, believes that "as a rule, clubs do not object to being attended by unqualified assistants. They don't know, and don't inquire, whether they are qualified or not; and if the assistant have plenty of assumption, they take for granted that he is, and address him as Dr. So-and-so accordingly." Another large employer of assistants says, "The climax was reached when a deputation from a neighbouring works (and a very large one) waited upon him (an unqualified assistant) and offered to secure him the appointment of surgeon about becoming vacant." It is not stated whether he has accepted the post. But if so, he would have a precedent in a colliery parish of 5,000 souls, where the appointed medical attendant is the unqualified nominal assistant to a registered practitioner resident in a city several miles away, who supplies death certificates. The vicar, who gives this information, adds that the appointments are made through the influence of the "viewers." And it is affirmed from another quarter that the influence of viewers is secured by giving gratuitous attendance on their families.

This popularity is partly due to skill and tact in the management of normal midwifery cases, of which instances have been already given. Some think an unqualified assistant is cheaper for the patient to employ, which is not the fact. And the price at which a man can get medical attendance for himself and family from a respectable club—viz., by a rate of 2d. or 3d. in the pound of his weekly wage, really puts all preference grounded on supposed cheapness beyond the pale of sympathy.

Something also is due to comradeship and familiarity with the working man, found in those who come from the lower strata of society into the ranks of unqualified assistants.

Another important factor in the preference shown is a distorted belief that towards the making of a good adviser inborn sagacity is of more value than school learning, which is thought to smother it, instead of nourishing it.

It is not to be expected that among operatives at present a distinction will be made between qualified and unqualified men in favour of the former. A colliery agent for large underground property in a district where assistants of both sorts are much employed by the medical men, says: "Had the men on the collieries of which I have the superintendence been dissatisfied with the assistants, I have no doubt I should frequently have had complaints about it (Sept. 6th, 1882). Another says (Sept. 7th, 1882): "As a mining engineer I have well on to 3,000 men and boys under my charge, and I have never heard of any complaint made about

the unqualified assistants. Whether or not this may have arisen owing to ignorance of the fact I cannot say; but I do know that in some cases the people prefer the assistant to the principal."

Yet, in spite of this, "there is a growing discontent in consequence of the education of the public and the revelations of various inquests. . . . In a few years a more educated body of operatives will not be content with a low-class practitioner like the *officier de santé*."

USES OF UNQUALIFIED ASSISTANTS.

The uses of an unqualified assistant, as set forth in the numerous advertisements recommending him—some using being of importance to one master, some to another—seem to be as follows:—

1. To see patients at his master's house under supervision, and to carry out in his master's absence treatment according to specific instructions given him in each case; to visit gratuitously the sick at their homes, and treat them according to his master's directions; to carry on the work of dispensaries and branches under similar restrictions.
2. To keep the books and bring into his employer all the cash he receives.
3. If his master is unavoidably unable to attend when called to a serious emergency, to procure (if possible) a neighbouring practitioner to supply his place for the nonce.
4. To extract the teeth of casual patients, and to act as midwife in labours under supervision.
5. To perform post-mortem examinations.
6. To dispense medicines to his master's patients only, and convey them to the patients' homes when necessary; if he be registered under the Pharmacy Act, he may also sell over the counter to casual customers; to clean out the surgery, wash the phials, keep the instruments in order, and the drugs in their proper places; to answer the summons of the surgery and night bell.
7. To drive his employer or himself; to ride on the round of distant visits; to groom the horses, saddle them, and put them up, where no one else can be found to do it for him; and generally to perform the duties of a "gentleman help," that is to say, duties which a poor gentleman does not hesitate to perform for himself in cases of need. He is the living representative of the "squire" or "page" of the middle ages, of the "apprentice" of the last generation.

In all these foregoing points the use of the assistantship is almost entirely to the advantage of the master.

8. The beneficial use of this system to the unqualified assistant himself is that it cheaply offers him a chance of picking up the art of midwifery, of preparing and sending out medicines, of bandaging, and of performing minor operations, and of acquiring tact and readiness in dealing with patients. He also gains a knowledge of bookkeeping. Often he may obtain leisure to attend lectures at a medical school, and thus become qualified; and occasionally he may be favoured with real clinical instruction in a method which is best exhibited in the following extract from a letter in the possession of the committee, written by a gentleman endowed with a high sense of honour, and formerly a lecturer at a medical school:—"When I took the practice at — there was an unqualified assistant whom I employed for ten or eleven months afterwards. He had had nearly the full curriculum. A case was visited by him for the first time in my absence, and died speedily. I certified it, stating in the body of the certificate that it had not been seen by me, as death so speedily ensued, leaving it to the registrar to say whether or no it was satisfactory. He deemed it so, and I heard no more of the matter. That was the only such case that I know personally. Other cases died under him, but I saw them again and again, and discussed treatment. He left me to complete his hospital work, and is now in practice qualified."

In such like instances, the benefit conferred is undoubted but a master with equal love for teaching and equal competency is rare. And it may also be remarked that he did not try an unqualified assistant again.

Of the above-named Uses some appear inconsistent with the

growing customs and regimen of our profession, and can, year by year, be more easily spared without inconvenience. Book-keeping (Use 2), for example, except of the lightest and simplest sort, need not be done by an assistant, for an accountant will periodically make up the accounts at less cost, and, in fact, is generally employed. Use 3 is provided for by the naming of a qualified *locum tenens*, as is required of parochial medical officers by the Local Government Board. Co-operation in this arrangement among the neighbouring practitioners is described by a correspondent working a large club practice with much administrative skill, yet finding time for social and intellectual relaxation. Use 5 is a doubtful one, for coroners at best will not accept the report of an unqualified man. Use 6 is annually of less and less importance. Modes of prescribing simpler than of old are adopted; manufacturing chemists make in great variety convenient and portable preparations, and the parcel post distributes them with speed and punctuality. So that dispensing is in most practices a light work, such as any lady may, and sometimes does, assist in without interference with her domestic duties. Use 7, again, is out of date, and, were it not for advertisements, might have been supposed extinct. Use 8 is so very much greater in the case of those who have completed their curriculum of systematic instruction, that the almost unanimous opinion of teachers is in favour of its postponement till after qualification.

Yet in such Uses there are involved, of necessity, no breaches of the laws of the country, of morality, or of honour. And in some peculiar practices, especially of a public character, it would be a great inconvenience to be debarred from them. To the bulk of the profession the anxieties entailed by the use of assistants, especially when unqualified, outweigh the advantages conferred; in the words of a prudent practitioner in the Potteries, "they are more plague than profit." And several of the uses readily degenerate into serious ABUSES.

ABUSES OF UNQUALIFIED ASSISTANTS.

The chief ABUSES of the employment of unqualified assistants by registered practitioners are reported by employers and employed to be the following:—

1. *Unqualified assistants are made agents in dishonourable pecuniary dealings.*

The use of an unqualified assistant is to act "as a stop-gap," according to a large employer of them, who has communicated valuable and well-considered information on the system. His duty is to his master, whose practice he prevents from suffering damage by the principal's absence. Nevertheless, there is credible reason for believing that many medical men do abuse the system by obtaining payment from patients for visits, and for advice, and for other services rendered by unqualified assistants. They have no equitable claim for such payment, and if they try to enforce it by law, their claim is not allowed. This appears clear from a case tried recently (November 4, 1882) at the City of London Court, in which an L.S.A. sought to recover £3 for services rendered to a patient mainly by his unqualified assistant. Judgment was given for the defendant, on the ground that those services could not be charged for. To charge for them, then, is to presume upon the ignorance or apathy of the public, and is a false pretence. Private practitioners can avoid doing so, by taking care to book only their own *bona fide* visits; but the medical officers of institutions similar to colliery clubs cannot help it, since they are paid in advance by salary, or by a rate on the workmen's wages. They contract to supply medical advice, and if they supply in its place that which is not medical advice in the eye of the law and the common sense of the profession, they are committing a fraud, as surely as a shop-keeper who knowingly substitutes brass for that which has been paid for as gold.

The money gained by the unqualified assistant for his services evidently does not of right belong to the principals. Yet they are credibly reported to receive it, and are described as going round to outlying dispensaries and branches in London to collect what they consider as *their* profits. So strongly are they impressed with a sense of proprietary right, that they look upon the retention by the unqualified assistants of these moneys as an "embezzlement." A correspondent who has suffered much from unqualified assistants, naively says of them, "Many who play their cards well embezzle a quarter, or a third part (perhaps more) of the

receipts"—as if the money belonged to the writer. A strange blunting of honourable feeling, which is in every sense "infamous conduct."

No legal technical meaning is in England attached to the word "infamous." It is to be taken in its current ethical sense, in which an essential feature is that the deed is done or the conduct pursued for the sake of gain.

"If we understand the meaning of words, it is *infamous* to commit a wicked action *for hire*." The sentence is Macaulay's and is intended to characterise a strictly legal but cruel act, the hiring out of British troops to a native prince for the ravaging of Rohilkund. A few pages further on, the writer uses the word again in speaking of Sir Elijah Impey's acceptance of the Chief Justiceship of Bengal, on the condition of holding his tongue. He is described as sitting on the bench "rich, quiet, and infamous." The citation is made not as implying that the cases are precisely the same as that of the employment of unqualified assistants, but simply as illustrative of the use of the word in ethics, and the inclusion of the idea of gain as essential to "infamy" in the instance now being considered.

At the same time, "infamy" admits of many degrees, and justice demands that it should be visited with many degrees of punishment. Moreover, it may be partially or wholly condoned by previous or future distinguished services or good conduct. It is, therefore, much to be wished that the Council should claim the power of restoring to the *Register* names erased from it, to enable them to graduate the punishment in proportion to the offence.

Efforts, usually successful, are made by the proper authorities to prevent sick paupers being entrusted to the care of unqualified assistants. It appears, by a letter read to the Council, August 7th, 1878, from the Local Government Board, that "it is specially provided by Article 199 of the General Consolidated Order, that every medical officer shall be bound to attend personally, as far as may be practicable, the poor persons entrusted to his care;" and, further, in Article 200, "that every medical officer shall, as soon as may be after his appointment, name to the Guardians some legally qualified medical practitioner to whom application for medicine or attendance may be made in the case of his absence from home, or other hindrance to his personal attendance, and who will apply the same at the cost of such medical officer, and the name and residence of every medical practitioner so named shall be forwarded by the clerk of the guardians to each relieving officer, and to the overseers of every parish in the district of such medical officer."

The Board attach much importance to a strict compliance with the foregoing regulations, and it is their invariable practice in any case brought under their notice to express their marked disapproval of the employment by a Poor-law medical officer of an unqualified assistant in the treatment of the sick poor entrusted to his care."

Perhaps these orders are sometimes evaded. At an inquest, reported in the *Standard* of November 24th, 1882, as being held at Islington, it was stated by a witness that "the parish doctor's assistant" attended his child. As he declined giving a certificate himself, it may be presumed he was unqualified. Also from a letter in the *Medical Press*, of May 24th, 1882, a case may be quoted where a medical officer selected by some country guardians gave as his main recommendation that he had three unqualified assistants in charge of branch practices, who would help him in his parochial duties. Still the intention of the Local Government Board is evident.

To be continued.)

NOT any deaths were referred last week to any of the principal zymotic diseases either in Wolverhampton or in Derby. The highest annual death-rates from whooping-cough were 1.4 in Plymouth, and 2.7 in Hull; from measles, 1.0 in Bristol, and 2.5 in Liverpool; from scarlet fever, 1.4 in Halifax, and 1.8 in Sheffield; and from "fever," 1.6 in Portsmouth and 1.8 in Birkenhead. The 18 deaths from diphtheria in the twenty-eight towns included 13 in London. Small-pox caused 4 deaths in Newcastle-upon-Tyne, 3 in London, one in Birmingham, one in Liverpool, and one in Leeds.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 23, 1883.

DAMAGES FOR DEFECTIVE DRAINAGE.

MR. COMMISSIONER KERR'S decision in the case of *Cook versus Elvin*, given on the 7th of May in the City of London Court, is one of very considerable importance to landlords and tenants. It distinctly affirms the principle that landlords are legally responsible for the ill effects arising out of defective drainage.

The plaintiff, a builder and contractor, sued the defendant, a widow, for the sum of £4 16s. 6d., said to be due on account of rent. The defendant brought forward a counter-claim for £10, basing the claim on two points—1st, for breach of contract, by which she agreed to pay an increased rental of £4 a year on condition that the house was made habitable; 2nd, for illness and loss sustained through the bad state of the drains. The Commissioner decided in favour of Mrs. Elvin in both cases, granting costs on the higher scale. He stated that he would have awarded a higher sum than the £10 had he been asked, because no one could calculate the injury to health at the time, and in the future, from living in an unsanitary house. He further remarked that it was high time that landlords were taught that property has its duties as well as its rights.

The importance of this decision cannot be questioned, neither do we think that sanitarians will feel inclined to quarrel with its justice. We see no reason that tenants should be burdened with the trouble and expense of keeping the drainage in a state of proper repair, or, in the first instance, of seeing that the drains are in con-

formity with the well-ascertained principles and laws of sanitary science. The rent demanded ought to guarantee that the house is in every way fit to live in without prejudice to the health of its occupants.

It is quite time that responsibility in the matter should be placed on the proper shoulders, and not to allow the present unsatisfactory condition of affairs to continue. Too often we find that want of proper attention to sanitary principles is allowed to continue until sickness and death compel the occupants of a house to inquire into and to take steps to remedy existing defects at their own cost, rather than await the tedious process of convincing a landlord that such steps are necessary.

It is not necessary to be a very old practitioner to become acquainted with the terrible mortality and amount of human suffering and misery that can be clearly traced to defective drainage. Examples the most glaring are continually cropping up under one's notice of offences against the laws of sanitation and their ill effects. There are few men in active practice who are not familiar with what may aptly be termed "the sewer gas tongue," which is nothing more than, so to speak, the initial and, as it were, chronic stage of the true typhoid tongue, presenting as it does a furred surface, prominent papillæ, and triangularly reddish tip. This condition of the tongue is accompanied by a want of tone in the system generally, deranged digestion, and a diminished power of resistance to intercurrent attacks. One has seen in families where such a condition of the tongue and digestive system has been steadily persistent one acute febrile affection follow the other, the changes being rung upon typhoid, diphtheria, recurring ulcerated sore-throats, scarlatina, measles, rôteln, and diarrhoeic attacks. The members of such families, also, show a vastly increased susceptibility to inflammatory thoracic attacks, such as pneumonia, bronchitis, and broncho-pneumonia, and very often we find the lung mischief terminating in the advanced stages and fatal ending of phthisis.

One has also seen the immediate, steady, and permanent improvement that has taken place in such families when at last the question of defective drainage has been inquired into, and the defects set right.

One horrible custom that at present exists should be at once forbidden, and that is, the leading a wide drain-pipe straight into the underground cellar from the main sewer; and that, too, without any decent attempt being made even to trap it. The architects and builders of such houses ought to be subject to indictment when guilty of making, or allowing such an arrangement to exist. It is almost as blameworthy as the act of the poisoner. Assuredly they are morally responsible for every death that occurs in such a house from zymotic disease.

Too much cannot be said or written on this subject. Few men have done more than Mr. Pridgin Teale, of Leeds, to place the subject of proper house drainage before the profession and the public generally in a clear and understandable light. His work (a) on the subject, diagrammatic, and profusely illustrated, both by drawings of the various possible defects, as observed in

(a) "Dangers to Health: a Pictorial Guide to Sanitary Defects."

actual instances that have fallen under his notice, and by the cases of illness that resulted where such defects were discovered, leaves nothing to be desired to carry conviction to the minds of all as to the vast importance of the subject. We think Mrs. Elvin has done good service in bringing the question of a landlord's liability for ill effects arising out of defective drainage to the test.

In future, thanks to Mr. Commissioner Kerr's good common-sense judgment, it will be impossible for landlords to shirk their responsibilities, and should they attempt to do so, it will be at the risk of their pockets, should damage be sustained through their negligence. In future, tenants will do well, when demanding to have their drainage seen to and set right, to warn their landlords that if nothing is done, and loss is sustained, they will hold them responsible. Members of the profession would do well carefully to record and forward for publication every instance of defective drainage that may come under their notice, more especially when coupled with deranged health in the case of the occupants of the house. Such records would make useful data upon which to frame further legislation, if necessary, as to the responsibilities and duties of house-property owners.

CONCEALMENT OF DISEASE UNDER COMPULSORY NOTIFICATION.

WHEN we recently criticised the proposal to compel the physician to notify to the sanitary authority all the cases of infective disease which came within his notice we endeavoured to show that the natural tendency and immediate result of stringent enforcement of sanitary precautions is concealment of disease, and that it is reasonably to be expected that the physician will, with a view to secrecy, be habitually excluded from the early treatment of infective cases if he be made the agent for putting these sanitary precautions in force.

That our anticipation of the effect of such law is justified by experience, and that concealment of infection is rife in towns where the law is in force, is capable of proof by the testimony of physicians engaged in the treatment of this class of disease. This testimony is the only sort of evidence at our disposal, because the vital statistics of these towns are practically available only to their health officers and civic authorities, and are not tabulated in any official publication. From these statistics—from a comparison of the number of deaths registered, before compulsory notification was enacted, as "uncertified" (*i.e.*, having taken place without the attendance of a qualified practitioner) with those which took place under similar circumstances afterwards—it would have been easy for the advocates of compulsory notification by the physician to prove that our anticipations as to the exclusion of the physician are unwarranted. They have been repeatedly challenged to this test by ourselves and others, but have kept silence and declined our appeal to facts, and it may therefore be assumed that the figures, if available for public examination, would prove our case. In their absence, however, we are obliged to depend on such

testimony of competent medical authorities as we have been able to collect.

The most complete series of proofs on this point is to be found in a *brochure*, published by Dr. Robert Hamilton, Senior Surgeon of the Liverpool Southern Hospital, and a member of the Town Council. This statement is compiled from replies which the Health Committee of the Town Council had received from the civic authorities of twenty-six towns, and also from the more reliable report of a deputation which had been appointed to investigate the subject, in person, in eight towns in which the compulsory notification system was in force. It would seem that, notwithstanding a special official request made to the medical officer of health of each town that "medical practitioners representing both sides on the notification question" might be invited to meet the deputation, the testimony of the medical profession was deliberately cushioned by the civic authorities, and the deputation was obliged to insist on hearing some such evidence, or they would have returned home with an *ex parte* report dictated by the medical officer of health and town clerk of each such town. We recapitulate, as briefly as possible, the result of these inquiries in reference to concealment, as given by Dr. Hamilton:—

BOLTON.—That concealment of disease occurs was unwillingly admitted by the medical officer of health. This fact is, from its nature, a very difficult one to ascertain. The people who have concealed a disease are not likely to acknowledge it, not even to friends, and therefore it is not at all probable that it should ever come to the ear of the sanitary officer, except in those cases which terminate in death. But if there is one piece of information more than another which has been impressed upon me by my visit to the different towns, as an effect of the compulsory notification of disease, it is this of the concealment of the more prevalent diseases, measles, scarlet fever, and fevers generally, by the public. The slighter cases of all these diseases are kept secret by the parents or relatives—are unattended by medical men—are not surrounded by disinfecting precautions, because of the "tell-tale" nature of the latter; and so these slight cases became the "nidus" from which numerous others, more severe ones, sprung.

BLACKBURN.—The medical officer of health did not think concealment occurred. Dr. Cort, on the other hand, had found it, especially among small shopkeepers and beerhouse-keepers, and Dr. Morley amongst people of a higher grade.

WARRINGTON.—The inhabitants evade the provisions of the Act to a large extent. The sanitary authorities were compelled to admit, though they did it most unwillingly, this concealment of infectious diseases.

LEICESTER.—There is a class of practitioners, and that a very large one in Leicester, who just treat the Acts as a dead letter, and send in no notifications; and the medical officer practically admitted all this. He had "winked, and should think it advisable to wink, at non-notification in many cases." In Leicester the concealment of disease was not disputed.

NOTTINGHAM.—The opinion of an eminent medical man, Dr. Bell Taylor, is a very decided one. That the Act, since it has been put in operation, has not had the slightest effect in diminishing the death-rate, but that it has led to concealment of disease by the householder and by the medical attendant—that the latter do not notify, or if they do, it is often weeks after; also that the operation of the Act has not facilitated isolation of infectious diseases, but rather the contrary, because it had led to concealment, to which isolation would be antagonistic.

From Glasgow, Dr. W. T. Gardiner, one of the most distinguished physicians in the Kingdom, writes as follows :—

In Glasgow, if not in Edinburgh, one of the greatest of evils is that in hundreds of cases of epidemic disease among the poor the medical practitioner is not called in at all, or only casually, and at a very late stage of the disease. In the very cases in which it is most urgent to discover such diseases early—the cases in which there is the greatest ignorance or the most deliberate intention to hush up the facts—the mere idea getting abroad that the doctor is bound in law to notify, to become the “servant of the public” (as it is called), as well as the adviser of the sick man, will be sure to lead to his services being dispensed with altogether, or as long as possible. No doubt the machinery works smoothly enough as long as the householder and the doctor together are agreed as to the public duty of notification. The doctor takes the trouble and responsibility, writes and sends on his certificate, and gets his half-crown, and the thing is done. But I have been long enough a sanitary medical officer to know that those are not the cases that most require looking after.

(To be continued.)

Notes on Current Topics.

Proposed Medical Benefit Society.

SOME correspondence has lately appeared in the *British Medical Journal* in reference to the establishment of a benefit society, to be supported by and affiliated to the parent association. Such an effort, at first sight, must command the sympathy of every member of the profession. It is a laudable ambition to provide against sickness. The medical profession is so badly paid that its struggling members are able to save but little from their scanty incomes, so that the contingencies of illness become serious. As a consequence of this inability to save, many medical men have to work when they are in want of rest, and many valuable lives are thus annually lost. Any scheme which would afford provision in time of sickness must be a boon. This is a truism; and we have watched with interest the list of names sent in support of this movement; but considering the number of associates, it may so far be pronounced a failure. This no doubt arises from many explainable causes: as a rule, the men who really require a benefit society are the last to support it; only the truly provident come forward in a scheme of this kind. We have no doubt that a large accession of members may be expected after the Liverpool meeting. Many now hold back waiting to see what are the chances of success of such a society. Many more would like to see it worked out financially, and to know what premium they would have to pay. Up to the present the financial or actuarial aspect of the question has not been considered sufficiently ventilated or laid before the profession in a manner likely to secure adherents. The first step to be taken before the Liverpool meeting should be to consult the leading assurance authorities in England, and obtain replies to a series of questions relating to premium, benefits, &c. Problematical tables could be easily framed, showing advantages in proportion to number of members belonging to proposed society. It is absolutely necessary that a society of this kind should be financially sound;

there should be no leap in the dark, or experiment tried; all difficulties should be well and carefully considered, and every possible provision taken to prevent and detect fraud and imposture. The scheme must be elaborated in its minutest detail. It would be money well spent if, as we suggest, the leading assurance authorities of the day were consulted, and entrusted with the task of drawing up a perfected problematical scheme.

The Health of our Sailors.

A PARLIAMENTARY paper has been issued containing a memorandum by Mr. Gray, of the Board of Trade, relating to merchant ships, sea scurvy, food scales, and antiscorbutics. The conclusions arrived at in this report were as follows :—1. That scurvy has been on the increase in British ships since 1873. 2. That lime-juice, of itself, will not prevent scurvy, and that too much reliance is placed on it, to the neglect of varied food scales. 3. That lime-juice, in connection with fresh or preserved meat and vegetables, may prevent scurvy. 4. That the dietary scale of ships should, therefore, include a fair proportion of fresh and “preserved” meats, as distinguished from “salted” meats. 5. That more fresh vegetables should be carried, notably raw potatoes. No satisfactory reason is given why fresh potatoes cannot be carried on board British ships. The allegation that they will not keep good on board ship is clearly disproved by the fact that they do keep on board United States ships, and will keep for a fair time anywhere else. 6. That it is not at present desirable to insert a statutory scale of diet in the articles of agreement with crews serving on long voyages, though it may possibly be necessary hereafter, unless the ship-owners themselves move in the matter.

Volunteer Medical Organisation.

SURGEON-MAJOR EVATT'S scheme for the creation of a Volunteer Medical Department formed the subject of discussion at a meeting of the Medical Union Society, on Saturday last, when Mr. James Cantlie, F.R.C.S., of Charing Cross Hospital, occupied the chair. Dr. Evatt, in an introductory address, briefly sketched the history of existing modes of dealing with the wounded in war; and very forcibly insisted on the incalculable advantages which would accrue to the country and to humanity if all students of medicine went through a course of drill to fit them for ambulance service, at the same time as they were pursuing the curriculum of the schools. Mr. Cantlie spoke highly in favour of such training, and as a proof of the interest excited among students by the proposal of Dr. Evatt, referred to the successful formation of classes, numbering forty and thirty-three respectively, at his own hospital. A well-sustained discussion followed after the speeches of Dr. Evatt and the Chairman, and was joined in by Messrs. W. S. Richmond (St. Bartholomew's), Chas. H. Wade (London), Paterson (St. Bartholomew's), Treasure (Charing Cross), &c., as a result of which the following resolution was unanimously carried :—“That this meeting heartily approves of the scheme proposed by Surgeon-Major Evatt, and pledges itself, individually and collectively, to do everything in its power to ensure that the movement shall be successful.” Votes of thanks were passed with hearty

good will to Dr. Eratt and Mr. Cantlie at the conclusion of the meeting, which was throughout of a very enthusiastic description.

A Hint to Anti-Vaccinators.

"AN OCTOGENARIAN," writing to our contemporary the *Standard*, makes certain very suggestive reflections on the influence of vaccination on the people whom it protects. After expressing a wish that those who question the utility of vaccination could, without losing the advantages of youth, receive the memories of his own earlier days, he continues:—"I may safely say that for every person I now meet with seamed or pitted face I then met a hundred, many grievously disfigured, and not a few blind. This was bad enough, though even then, thanks to small-pox inoculation and more lately to the vaccine protection, sufferers were at least in a very decided minority; but I have heard my mother say that in her early days marks of small-pox were so prevalent that it was common to distinguish one free from them as a smooth-faced person."

The Health of Hastings.

THE quarterly report of the medical officer of health for Hastings, dealing with the first three months of the present year, shows that an exceedingly low rate of mortality has been prevalent in respect to the zymotic diseases, being only 0.27 per 1,000 of population, and in actual number 3, the deaths recorded under this head being scarlet fever 2, diphtheria 1. The total death-rate from all causes was no higher than 16.51 per 1,000, notwithstanding that an unusually large number of deaths have been registered as occurring from diseases of the respiratory organs, no less than 64 (including phthisis) being referable to that class. Of twenty-four deaths among visitors to the town as many as thirteen were due to lung disease. Such a statement is a natural one to be made in respect to a health resort which is notoriously sought by invalids in all but hopeless stages of illness; and it is eminently satisfactory to find that under such exceptional circumstances even the mortality of the place is 1.65 below the average of the corresponding period for the last seven years.

Dalrymple Home for Inebriates.

AFTER much endeavour and careful consideration, the committee of management of the Dalrymple Home for Inebriates have succeeded in securing a suitable establishment for the reception of patients under the Habitual Drunkards Act of 1879. This house is situated at Rickmansworth, about four miles from Watford, and comprises about twenty rooms, being surrounded by grounds four and a half acres in extent. Towards the expense of purchasing (£3,700) and fitting the house for the uses it is to serve, the committee now appeal for subscriptions, the sum of £5,000 being required to enable the institution to enter on its beneficent work. In aid of the movement a meeting, to be presided over by the Lord Mayor, will be held at the Mansion House on Thursday, May 31st, at three o'clock in the afternoon. With the aim of the promoters of the Dalrymple Home it is impossible not to sympathise; but it is much to be regretted that the mode of

seclusion of inebriates insisted on by the Act, which requires voluntary declaration of habitual drunkenness by the patient himself before a magistrate, militates so seriously against the prospects of its successful working. The attempt that is being made, however, deserves, as we trust it will receive, hearty and general support.

Death of Mr. Druitt.

THE name of Robert Druitt is one of the most familiar of those who have written in behalf of students, the "Surgeon's Vade-Mecum" having, wherever the English language is spoken, a reputation which is probably not inferior to that obtained by the most universally read of medical text-books. The present generation of students, perhaps less than that preceding it, is accustomed to regard the "Vade-Mecum" as the principal guide to surgical knowledge, for at one time it was *par excellence* among smaller manuals, the authority. Much regret will be felt, therefore, that its author has just recently died, aged sixty-nine, having been born at Wimborne, in Dorsetshire, in 1814. The deceased surgeon was a Fellow of both the Royal Colleges of London, having obtained the highest qualification of the College of Surgeons in 1843 by examination. In the preparation of his principal work, the "Surgery," Mr. Druitt received invaluable assistance from his wife, to whose artistic ability he was indebted for the excellent illustrations which contributed so much to the success of the manual as an educational instrument. He leaves a large family, one son being a member of the profession, and in practice at Clapham.

An American Cancer Quack.

ONE of that brilliant genus of quacks who delight to thrive in luxury provided at the expense of dupes whom they propose to cure of cancer "without the use of the knife," has recently passed through the ordeal of trial in America with the usual result—acquittal. This ornament of practice, Dr. Gast, is not without imitators in this country, the populous town of Stockport containing one, who, we are informed, is rapidly growing rich on the proceeds of his labours. The details of Gast's trial, as recorded in the *Philadelphia Medical Times*, are interesting, because they expose the method pursued by these charlatans who "cure cancer." They apply a caustic paste to the suspected region, and pack it away under the edges of the sore which exists—if none exists they make one—and continuing the process they succeed in removing very extensive areas of integuments, which are next bottled for exhibition as trophies of the "doctor's" skill. In the case in which Gast was indicted *seventy-five square inches* of skin were thus sloughed away, the sole cause for operation being a harmless and very limited sore on the breast of a woman seventy-eight years of age. It is a mournful fact that on both sides of the Atlantic Ocean jurymen should be so easily deceived, as in the case referred to by our contemporary, with the result that rogues of the Gast description are permitted to escape the just penalty of their crimes, and to pursue at will careers of wickedness and fraud in which the sacrifice of human life is the principal consequence of success.

A French Society of Otology and Laryngology.

A MEETING has recently been held in Paris for the purpose of founding a society bearing the above name. A committee of seven members was appointed, five resident in Paris, one from the provinces, and one foreigner. The names are those of MM. Baratoux, Cadier, Gellé, Ménière, and Moure, of Paris; Moure, of Bordeaux; and the foreigner is M. Bayer, of Brussels. M. Baratoux has been appointed secretary for this year, and M. Ménière treasurer. The society will have one extraordinary and two ordinary meetings in the year; the former, being more especially devoted to strangers, will be held about Easter. Among the papers which were read at the first assembly we notice one by M. Naquet, of Lille, "On a Case of Slow Hereditary Syphilis, with Loss of the Substance of the Velum Palati, and Median Otitis," which gave rise to a heated discussion on the diagnosis and treatment. M. Moure, of Bordeaux, read a paper "On Dry Laryngitis;" and that of M. Koch was on "An Interesting Observation of some Foreign Body situated on the Level of the Bifurcation of the Trachea." The next meeting will be held about October, and the exact date will be sent to the members by the secretary.

Hysterectomy.

THE *Medical and Surgical Reporter*, April 14th, 1883, p. 414, notices a case of this nature, the details of which were published in the *New York Medical Journal*, January 27th, 1883.

The patient was under the care of Dr. Emmet, of New York. She was suffering from enlargement of the uterus, due to the presence of eight fibroids, chiefly intra-mural. He used Eschsch's tubing prior to amputating, and after removal of the tumour, transfixed the stump with two needles and secured it with Kœberle's serrenœud. The patient was doing well up to the fifth day, the date on which the report was sent for publication. It seems a pity the result was not waited for and made known.

PROFESSOR F. OGSTON has resigned the Chair of Medical Jurisprudence in the University of Aberdeen. The candidates whose names have been mentioned are Dr. Beveridge, Physician and Lecturer on Clinical Medicine, Aberdeen Royal Infirmary; Dr. Angus Fraser, who holds the same position; Dr. Simpson, Medical Officer of Health, and Lecturer on Public Health, Aberdeen; Dr. Frank Ogston, assistant to his father; and Dr. Aubrey Husband, Edinburgh. Drs. Fraser, Simpson, and F. Ogston, jun., are already in the field.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 27, Bombay 30, Paris 29, Geneva 24, Brussels 29, Amsterdam 29, Rotterdam 29, The Hague 28, Copenhagen 23, Stockholm 20, Christiania 18, St. Petersburg 38, Berlin 27, Hamburg 32, Dresden 26, Breslau 34, Munich 33, Vienna 35, Prague 38, Buda-Pesth 37, Rome 33, Turin 27, Venice 21, Lisbon 25, New York 26, Philadelphia 22, Baltimore 19.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their populations, were—Bradford 15; Edinburgh 16; Derby, Bristol 17; Leeds, Portsmouth, Sunderland 19; Salford, Wolverhampton, Norwich, Nottingham 20; Brighton, London, Oldham 21; Newcastle-on-Tyne, Birmingham, Bolton, Plymouth, Halifax 22; Blackburn 23; Birkenhead, Cardiff, Leicester 24; Manchester, Preston 25; Sheffield 26; Huddersfield 29; Liverpool 30; Glasgow, Dublin 31; Hull 32.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

SPECIAL APPEAL FOR ABERDEEN INFIRMARY.—The question of the financial support of hospitals, no less than their prejudicial effect on public morality and the legitimate interests of the profession, when their benefits are indiscriminately administered, are among the serious social questions of the day. Of this there can be no doubt, that, beyond a limit which is being reached in all large communities, the public will refuse to support them in undue numbers or extravagant size. The city of Glasgow is burdened with two large hospitals, the younger of which is being maintained with extreme difficulty; it is unnecessarily large, and its "benefits" are loosely administered, to the great and unjust injury of the profession; and yet, in face of all this, a third hospital, with its pernicious social and professional concomitants is threatened. That there will be a difficulty in maintaining three large hospitals (other questions apart) in the city of Glasgow is plain to everyone. The straitened circumstances of the Western Infirmary of Glasgow are thus easily explained; but it is not quite so easy to understand why Aberdeen should not adequately support one hospital. Yet we find that the Aberdeen Infirmary, in common with so many hospitals and infirmaries throughout the country, is in an embarrassed financial state. There is at present a debt of £3,300 on this institution, and a committee of the managers, recently appointed, have now issued an appeal for contributions to wipe off this debt, and for new or increased annual subscriptions to the amount of £1,835, in order that the income of the hospital may, in future, be sufficient to meet its legitimate outlay. We hope the Aberdeen Infirmary limits its charity to the really deserving, and that it is not guilty, as so many hospitals are, of pauperising the artisan class, engendering improvidence and dissoluteness, and robbing a hard-worked and underpaid profession. It is estimated that a sum of not less than £6,600 will be required every year to meet the absolute needs of the hospital.

ABERDEEN.—RESIGNATION OF PROFESSOR OGSTON.—Professor Francis Ogston has resigned the Chair of Medical Jurisprudence and Medical Logic in the Aberdeen University. Dr. Ogston was appointed to the chair on its foundation in 1857, but he has lectured on Medical Jurisprudence in Marischal College since 1839, so that his services in connection with the Aberdeen Medical School have extended over a period of forty-four years. The appointment to the chair is vested in the University Court.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 12th inst., the mortality of Edinburgh was 69, and the death-rate 16 per 1,000. Diseases of the chest accounted for 40 deaths and zymotic causes for 10, of

which 1 was due to scarlatina, and 4 to measles—the intimations of those diseases for the week being 32 and 61. No death was recorded from fever or diphtheria. Of the 131 births, 12 were illegitimate.

ANSTRUTHER.—PAROCHIAL BOARD.—At a meeting of the parochial board of Anstruther, held on the 11th inst., Dr. Colin McCallum was appointed Medical Officer and Vaccinator for the parish, in room of Dr. MacArthur, resigned.

THE GLASGOW DEATH-RATE.—For the week ending with Saturday, the 12th inst., the deaths in Glasgow were the same as during the preceding week, viz., 31 per 1,000, as compared with 26, 26, and 32 for the corresponding weeks in 1882, 1881, and 1880.

KIRKCALDY.—DEATH FROM DRINKING NITRIC ACID (AQUAFORTIS).—On Monday, the 14th inst., James Gow, a brassfounder, residing in Glebe Park, Kirkcaldy, died from the effects of swallowing a quantity of aquafortis. It appears that Gow had been in the habit of using the acid for the purpose of cleaning brass, and about seven o'clock on Sunday morning he had gone to a press with the view of getting some table beer, but mistaking a bottle containing the aquafortis for a bottle of beer, he swallowed a portion of the contents of the former. He shortly afterwards began to take water in large draughts, and on being asked by his wife the reason of this strange conduct, he replied that he had drunk something from a bottle. Mrs. Gow immediately suspected that he had partaken of the dangerous acid, and despatched a messenger for Dr. Dewar, who on arriving applied the stomach-pump (!!), but without giving any apparent relief. Gow lingered on in great agony till ten o'clock in the morning, when he expired. Deceased, who was 42 years of age, leaves a widow and children.

A SHOCKING PRACTICAL JOKE.—Sheriff Lees, Glasgow, on Friday issued decision in an action raised at the instance of Andrew Robertson, who sued Margaret Frame, shopkeeper, daughter of Robert Frame, butcher, for £200 as damages for the death of his child, a boy nearly four years old. It seems that on 31st October last the defender, with the intention of perpetrating a practical joke upon several pony boys, purchased a quantity of jalap for the purpose of mixing it with a plum pudding, part of which she then gave to the boys. The boys handed pieces of the pudding to two killers employed by the defender's father, and they in turn gave the pieces to the pursuer's boy and to another child who was with him. Shortly afterwards the pursuer's child was seized with violent vomiting, which continued to the time of his death on 8th November. For the defence, it was pleaded that the defender was only seventeen years of age, and that her father ought to have been called to the action as her curator; also that the death of the child was not the direct consequence of her act. The Sheriff has found that the circumstances do not warrant sufficient ground for decree, and has dismissed the action, but without granting any expenses to the defender. In a note, his lordship says there are two strong objections to the claim made by the pursuer. If the defender is only seventeen years of age, and if she is living with her father, then he ought to have been called as her curator. But even if that were done, Sheriff Lees doubts the ground of liability would be too remote.

SIR ANDREW WALKER has sent twenty-four framed pictures to the Ayr Fever Hospital. This is in addition to his furnishing the children's ward, and giving £500 as a fund for its support.

GLASGOW ROYAL INFIRMARY.—The new medical and

surgical dispensaries in connection with this institution were opened for patients on Thursday, the 17th inst. On the motion of Mr. M'Clure, Mr. M'Ewen (in the unavoidable absence of the Lord Provost) was called to the chair. The Chairman intimated that he had received apologies from the Lord Provost, Sir James Watson, and Mr. Campbell, of Tillichewan. In the course of an interesting address, Mr. M'Ewen stated that, finding the old dispensary premises inadequate, new accommodation had to be provided. He referred to the important work in connection with the Infirmary which was overtaken by the dispensary department. Specialties received attention at the hands of experienced physicians and surgeons. In connection with the department for diseases of the throat, Dr. Eben. Watson had last year treated 586 cases; with that of the ear, Dr. M'Fie treated 1,136; the teeth, Dr. Woodburn, 1,011; and Dr. Stirton attended every Wednesday at 2 p.m., and gave advice on diseases of women, treating 650 cases. Dr. Stirton had also a special ward in the Infirmary, in which he generally had from 12 to 14 patients. 1,952 vaccinations had been performed by Dr. Tannahill during the year. Mr. M'Ewen expressed the indebtedness of the managers to the dispensary staff, not only in their own department, several of whom received no salary, but in carrying on the work of the house during the absence of the visiting staff. On the invitation of the Chairman, Dr. Wallace Anderson referred to the working of the dispensaries, and to the difficulty in discriminating between such as should receive medicine gratuitously and such as should pay for their medicine. Dr. Campbell Black proposed a vote of thanks to the directors for furnishing such handsome apartments for the out-door patients; and Mr. Peter Clouston, in proposing a vote of thanks to Mr. M'Ewen, warmly eulogised the services he had rendered to the institution, dwelling especially on the zeal and ability which characterised his long connection with such "a grand old institution." The various rooms were afterwards formally inspected.

THE GLASGOW FACULTY OF PHYSICIANS AND SURGEONS AND THE NEW MEDICAL BILL.

[COMMUNICATED.]

ON Friday, the 18th inst., a numerously attended and highly representative meeting of the medical profession in the west of Scotland was held in the Faculty Hall, Glasgow. This meeting was convened by the Faculty, and was, with his usual courtesy and dignity, presided over by the President of the Faculty, Dr. Scott Orr. It were vain and unbecoming to deny that the dead-set made against the Glasgow Faculty, based as it is on reiterated assertion, has raised the indignation, not only of its Fellows and Licentiates, but also, as amply shown at this meeting, of gentlemen holding qualifications from other Scotch bodies. The gravamen of the charge against the Faculty, and in consequence of which reformers south of the Tweed desiderate its virtual extinction, is, in the first place, that, through its portals incompetent men are passed into the profession. Many of us in Scotland are in the habit of thinking that incompetent men pass into the profession through all the portals, and notably those of the Universities, and as the result of the most impartial examination, we cannot find evidence which supports this charge in any special manner against the Faculty. But passing from this general statement, taking as the test of efficiency of examination the proportion of rejected candidates at the Faculty, and comparing them with the rejections at other boards, how does the matter stand? In the course of a long and very judicial address by Dr. Heron Watson at this important meeting of the profession, the reputation of the Faculty as a qualifying body was ably vindicated. Dr. Watson pointed out that the arch-traducer

of the ancient Glasgow Corporation was a gentleman connected with an important medical publication in London, who, in obedience to some fanciful scheme which he entertained as to the licensing of medical practitioners, found that the Faculty stood in his way, and that, while admitting that it was "a corporation of great antiquity, and one that had fulfilled important professional functions in the great and important centre of the West of Scotland," had no hesitation in declaring that it should be expunged as a qualifying body. This assailer of the Faculty does not further dilate on the grounds on which his iconoclastic opinion is based. Surely little importance should be attached to the mere *ipse dixit* of any individual, however influential as a journalist, as threatening the existence of an ancient corporation in behalf of which it is justly contended that it has worthily performed its part to the public and to the profession. Dr. Watson in the same address forcibly pointed out that the evidence of Sir James Paget carries deserved weight; but he further indicates the candour with which Sir James admits that his opinion was based on hearsay evidence, and he believed misinformation. To quote Sir James Paget's own words: "I have not heard the same objection (the examination being too high) made to the examination of the same kind in the Scotch corporations. I fully believe from all I have heard—but I am bound to say it is only by report—that they are at too low a standard." Sir James being asked if he would extinguish any of the Scotch corporations in consequence, replied that the evidence was not strong enough for that. The reader may appraise the value of such vague innuendoes as these. How now do the two Scotch corporations specially assailed, viz., the Edinburgh College and the Glasgow Faculty, compare as qualifying bodies with the College of Surgeons of England? The number of candidates rejected by the English College was 37 per cent., compared with 44 per cent. in the Edinburgh College, and the percentage of rejections at the Glasgow Faculty had risen during the last three years from 37 to 50 per cent. This does not look as if the Faculty examinations were less stringent than that of the English College. Further, and as against the vague accusations levelled at the Faculty, we have the evidence of the visitors of the examinations in Scotland, who report that "the point and plan of the examinations of the Faculty of Physicians and Surgeons of Glasgow are essentially good, and are evidently improving on correct lines. The visitors can speak favourably of the practical effect of the anatomy test introduced into the Faculty examination as being in advance of the London and Edinburgh Colleges. The plan of the Faculty examination is also in every way satisfactory." We submit, then, with perfect assurance, that the vague rumours affecting the Glasgow Faculty examination are baseless, and that its rights are equally entitled to consideration with those of the other Scotch corporations, certainly not excluding the Universities.

The *Lancet* points out that important amendments will be introduced into the Government Bill in the House of Commons, and of these the first, and certainly most important, is to give a title to the new licentiates, that of Licentiate of the Medical Council in Medicine, Surgery, and Midwifery. Without any such title, and the right to practise under it, it is really difficult to conceive wherein the great reform would consist. It is further remarked: "As to the title question, the corporations were never more ill-advised than in pressing the Government to deny a title—a registrable title—to the licentiates of the new Board—this even from the point of view of their own interests." But do the corporations really assume this attitude? Why, at the important meeting under consideration, it was moved by Dr. James Morton, a prominent and respected Fellow of the Glasgow Faculty, "That to all the candidates who pass a Medical Board examination there should be granted a registrable title;" and to the signal honour of the Glasgow Faculty, be it said, this resolution was carried without a dissenting voice.

The *Lancet* further accuses the Faculty of selling "its Fellowship even to those who have been refused a mere licence by other corporations." There is here a *suppressio veri*, if not a *suggestio falsi*. The qualifications for the Fellowship of the Faculty of Glasgow and the Edinburgh College are the possession of a recognised surgical or medical qualification, good moral character, and, generally speaking, personal acceptability to at least two-thirds of the Fellows, a "clubbable man." Properly speaking, the Fellowship in

Scotland is *not* a professional, it is a social qualification, and it is *never* conferred on any one without a recognised medical or surgical qualification. But really in the matter of conferring questionable distinctions, the friends of the Universities as against the Corporations would do well to maintain a discreet silence, when we consider the novel departure conceived by the University of Glasgow of creating Professors by purchase!

The Glasgow Faculty is further informed by the *Lancet* that "its influence in favour of free teaching will be all the greater and purer if relieved of examining duties." This is exactly the argument which medical reformers in Scotland apply to the Universities, between which and the Corporations there is, however, this important difference, that there is practically no limit to the number of teachers in a given branch which the Corporations will recognise, while the University, by means of its qualifying power, provides a virtual monopoly for one. That to be acceptable as a piece of legislation to the profession and the enlightened section of the public the Bill will require considerable amendments in the Commons we firmly believe. The interests and the rights of the great bulk of the profession cannot be longer ignored; the blighting influences of University monopoly must determine, and as the organs of the great bulk of the profession, the claims of the Corporations of Scotland must be considered, and must be respected.

Correspondence.

THE L.R.C.P. ED.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—For some time past I have received a journal called the *Midland Medical Miscellany*. This production is issued by a firm of druggists, and is sent out with their price list. A large portion of this latest addition to medical journalism is taken up with advertisements of the special nostrums sold by the firm. In their last number they have had the good taste to insert a paragraph in which some remarks of not a very professional character are made about my letter on the conduct of the R.C.P. Ed. I trust that it is unnecessary for me to do more than call attention to the grossness of the remarks made, and to say that I do not feel called on to enter into a discussion on the subject in a druggist's circular, which is not to my mind the place for medical men to ventilate their opinion in.

Yours truly,

May 18th, 1883.

L.R.C.P. ED.

UNQUALIFIED PRACTICE IN FRANCE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Pending the coming of the Act, the whole Act, and nothing but the Act which our Legislature is about to be delivered of now, it may be interesting to see how our neighbours manage those things. In your namesake *La Presse* of date I read as follows:—

"The only noise at present in the Commune of Chantilly is about the extraordinary death of R—, formerly an agent of police. He suffered from a skin disease, and went to have a consultation with *un rebouteur* of the neighbourhood, who prescribed for him a certain ointment. R— returned home, rubbed himself with the ointment, and died. The question is, Was the death caused by the ointment, or was it a simple coincidence? As it is impossible to tell which at present, the rebouteur has been handed over to the care of the police, and the dead body has been taken to the Morgue to undergo *l'autopsie legal*."

In review of the affair de Monasterio, where *la pauvre Fidelia* was engaged in a madhouse upon such medical certificates as a major in the army gave (a *soi-disant* doctor), it appears to me that men and manners medical are in France as with us, in a hazy state.

I am, &c.,

Houghton-le-Spring, Durham,
5th May, 1883.

J. O'FLANAGAN.

THE TENURE OF OFFICE OF WORKHOUSE SURGEONS.

THE reply of Sir Charles Dilke to the Birmingham deputation of guardians who were modest enough to ask for the power of capricious dismissal of their medical officers, to which we referred last week, has given rise to much anxiety amongst workhouse officers both in England and Ireland. But it turns out that the President of the English Local Government Board gave very little satisfaction to the deputationists, though he made use of language so ambiguous as to give rise to great apprehension. The account of the interview given by the *Local Government Chronicle* of the 5th of May, which journal is said to be inspired by the Department, says:—

We are in a position to state authoritatively that there is not, and has not been, any intention on the part of the Local Government Board to confer on Guardians uncontrolled powers of dismissal of officers. The Order of the 12th February, 1879, empowers boards of guardians to dismiss certain officers provided that the consent of the Local Government Board is first obtained, and in connection with the proposed new Consolidated Order, the question has been considered whether the Order of the 12th February, 1879, should be made applicable to other officers. It has hitherto been the invariable practice of the Local Government Board when they issued an Order affecting the tenure of office of officers to provide that the Order shall only apply to officers appointed after the date of the Order, and whatever change may be made with respect to tenure of officer by the proposed new Consolidated Order there is not the least probability that its provisions on the subject referred to will affect existing officers.

The last sentence of this paragraph is not satisfactory, for it implies that this injustice may be done to future officers, though those at present in harness are to be exempted from it, and this interpretation is confirmed by the following letter, addressed to the Chairman of the Parliamentary Bills Committee of the British Medical Association:—

Local Government Board, Whitehall, S. W.,
May 7th, 1883.

SIR,—I am directed by the Local Government Board to acknowledge the receipt of your letter of the 1st instant, and to inform you that the statement in the London press to which you refer is incorrect. It is not the intention of the Board to confer on boards of guardians uncontrollable powers of dismissal of officers. Any change which may be made by the proposed Consolidated Order with respect to tenure of office will only apply to officers appointed after the date when the Order comes into operation.—I am, Sir, your obedient servant, S. B. PROVIS, Assistant Secretary.

Any move in the direction of subjecting workhouse officers to dismissal by the guardians would be in direct defiance of the recommendations of two Select Committees.

The correspondence of the Irish Medical Association with the Irish Local Government Board on this subject has been closed by a letter in which the Board refuses to submit the legality of their recent order to the law officers of the Crown, with the view of confirming or refuting the opinion given by Mr. Purcell, Q.C., that this order was *ultra vires* and invalid. Since the letter of the Board was received, the question has been again considered by Mr. Purcell, with special reference to the view of the law put forward by the Board. Thereupon the learned counsel has given his final opinion as follows:—

I have read over the 3rd section referred to in the letter, and admit that on the terms of that section an argument may be founded in favour of the view put forward by the Board, but comparing it with the provisions of the 33rd

section, I am still of opinion that the Board has no power to delegate to the guardians the right of dismissing a paid officer.

T. A. PURCELL.

It remains for the Irish Medical Association to take all possible steps to set aside this order, which, it is advised, is totally illegal, and which, it is of opinion, is altogether unwise and unjust.

No doubt the Association will bring the matter before the higher authorities, and even before Parliament; but it will, we are sure, be ready to go further, and test the question by an application to the Queen's Bench whenever a case of dismissal of an officer by the guardians under the authority of this order arises. Therefore we invite any officer who is thus illegally deprived of his office to communicate with us, and we will undertake to bring the case under the notice of the Association in proper form, and aid in resisting this audacious attempt of the Irish Local Government Board to repeal the Act of Parliament by their own authority.

THE LATE DR. STEELE'S SUCCESSOR.

DR. ROBERT LYNN HEARD, who has been appointed by the Irish Branch Council to succeed the late Dr. Steele, as Medical Registrar for Ireland, received his Membership of the London College of Surgeons in 1855, and became a Fellow of the Dublin College of Surgeons in 1877. He is also an M.D. of the Queen's University, in 1880. He served as Assistant-Surgeon in the 67th Regiment at the taking of the Taku forts and Peking, and was formerly Resident Surgeon of the Belfast Union Hospital.

Obituary.

DR. WILLIAM EDWARD STEELE.

DR. STEELE, well known as the Director of the Science and Art Department for Ireland, and Registrar of the Irish Branch Medical Council, died on the 5th inst., after an hemiplegic attack, with which he was stricken some months ago. He was an Arts Graduate of 1836, and Doctor of Medicine of 1856, of the University of Dublin, and a Fellow, and for many years Registrar, of the Irish College of Physicians. During the earlier part of his career he lectured on *Materia Medica* in the Dublin School of Medicine, and for several years was one of Sir Patrick Duane's Hospital. His special studies were in the domain of Botany, at which he laboured with much success, publishing in 1852 a "Handbook of the Botany of the British Isles," which went through two editions, and which he was engaged in revising for a further issue up to a short period before his death. He was a skilled microscopist, and for many years a member of the Dublin Microscopic Club, and his active mind was constantly employed upon questions of art and science. In this way he became a skilled musician, not only as a performer, but as a composer of many pieces of church music, the construction of which marked him as thoroughly acquainted with the principles of harmony.

To the *University Magazine* he contributed, some years ago, the correspondence of Colonel Dennie, an officer who took a distinguished part in the first Afghan campaign. Of late years Dr. Steele's time was fully occupied by his duties as Secretary of the Royal Dublin Society, in which capacity he acted for more than a quarter of a century, and as Registrar of the Branch Council, which appointment he held for twenty-three years. To his energies, talent, and industry was, in great measure, due the advancement of the Dublin Society, and, through it, of the material progress of scientific agriculture in Ireland. Upon his retirement from the Secretaryship, which he resigned in 1878 to take up the appointment of Director of the Science and Art Department, his friends

testified their esteem for him by presenting him with an address and a handsome service of plate.

His death is felt to be a serious loss to the institutions which he had so long and so ably served, and his personal qualities were testified to by the sorrow with which the news of his death was received by all who knew him.

DR. FRIEDRICH FIEBER.

AN accomplished and much-regretted foreign *confrère*, Dr. Friedrich Fieber, who always had for English doctors a specially warm welcome to his *clinique* for electro-therapeutics and inhalations at the General Hospital, Vienna, has lately passed away, at the early age of 48, after many months of acute suffering consequent on a fracture of the thigh, the result of a tramway accident. Dr. Fieber was a native of Prague, a physician in large practice, and the author of several well-known works on diseases of the throat, inhalation, and electro-therapeutics. He devoted much time to the study of electrolysis as applied to the treatment of tumours, and he was indefatigable in his hospital wards in carrying out the electrical treatment of nervous diseases. With him the name of Fieber does not become extinct in medical circles. His brother, Dr. Carl Fieber, a very able Viennese surgeon, still survives; and it is to be hoped that he will not be often mistaken for his late lamented brother and reported dead, as he was recently to a friend of ours at Vienna.

Literature.

A TREATISE ON FOREIGN BODIES. (α)

THERE is a certain class of book in medical as well as general literature which, though it may not possess sufficient to interest the general reader, still must rank high as a book of reference, and as such ought to hold a place in every library. Such, now, is the work before us. No surgeon has hitherto thought of collecting in one book all the material which is scattered through the annals of science concerning foreign bodies. Dr. Poulet has not only collected, but classified them into two volumes, which, if we mistake not, will find a place, not only in the large libraries, but in the studies of the busy practitioner.

The first portion of Vol. I. is given up to a review of foreign bodies in general; the second part commences with foreign bodies in the intestines.

We will content ourselves by quoting one of the numerous interesting cases collected in this portion of the work:—"Napoleon gives the history of a case: 'When I commanded at the siege of Mentone, shortly before the surrender of this fortress, a German was arrested while endeavouring to enter the city. The soldiers, who suspected him of being a spy, searched him without success; they then threatened him in their own language, which he did not understand. Finally, a Frenchman was called who spoke German slightly, and who threatened him, in bad German, with instant death if he did not at once disclose all he knew. He accompanied this threat with furious gestures, drew his sword, placed the point of it upon his belly, and said that he was going to slit him open. The poor German, frightened, and not understanding the jargon of the French soldier, imagined, when he saw him threatening his belly, that his secret was disclosed, and cried out that it was unnecessary to slit him open, and that if he waited a few hours it could be obtained in the natural manner. This gave rise to fresh questions. He stated that he was the bearer of despatches for Wurmser, and that he had swallowed them as soon as he found himself in danger of being captured. He was carried to my head-quarters, whither several physicians were summoned. It was proposed to administer a purgative; but they stated it was best to await the operation of nature. He was then confined to a room under the surveillance of two staff officers, one of whom was constantly near him. After several hours the expected object was found. It was enclosed in wax, and was as large as a nut. When opened it was found to be a despatch written in the hand of the Emperor Francis, and which requested him not to be dis-

couraged, and to hold out a few days longer, when he would aid him with a strong column."

Next follows foreign bodies of the pharynx and œsophagus. Here, too, we find collected some interesting cases. The following example, taken from the *Lancet* of 1873, is interesting:—"MacLauren reports that a young man, while fishing in the low waters of a brook, wished to kill a fish which he had caught with his teeth. This fish, which measured three inches in length, and a half-inch in width (English measure), made a sudden movement and fell into his fauces. This was immediately followed by suffocation, nausea, efforts at vomiting, expectoration of blood and mucus, emphysema of the face, neck and chest. The fish could easily be felt, but could not be extracted on account of its sharp fins, which were embedded in the tissues. Attempts to push it down proved fruitless, and the patient was then made to swallow a great deal of vinegar and water. The fins became detached, and in less than 24 hours the fish was pushed down. At this time the emphysema extended to the scrotum, muco-purulent expectoration developed, and on the third day complete aphonia. All these symptoms gradually diminished without any further interference, and the patient had recovered eight days later."

Foreign bodies in the stomach and intestines next occupy the attention, and here may be found many interesting cases. One will suffice:—"A shepherd dwelt with his children in a cabin, which was infested every night with a large number of mice. One of the children slept with his mouth open, and a mouse suddenly entered it. The child, by an involuntary movement of deglutition, pushed the mouse into the stomach—pain, vomiting of blood. At the end of forty-eight hours the child passed a large mouse by the bowels; it looked as if crushed lengthwise, and its skin was denuded here and there. The child was ill for a long time, but recovered."

Vol. II. commences with foreign bodies in the air passages, then those in the genito-urinary organ; and the last portion those which find their way into other portions of the body.

The most useful portion of the work is that which treats of the extraction of foreign bodies, and this alone would be sufficient to recommend its perusal.

The whole book bears the stamp of very considerable labour and perseverance, but if we might suggest an improvement it would be, that in the next edition the scissors should be freely used, and the whole condensed into half its present size.

PASS LISTS.

Royal College of Physicians of London.—The following gentlemen were admitted Fellows on May 17th:—

Allbutt, Thomas Clifford, M.D. Camb., Leeds.
Cook, Henry, M.D. St. And., Shaldon, Teignmouth.
Dreschfeld, Julius, M.D. Warzburg, Manchester.
Elliott, George Frederick, M.D. Dub., Hull.
Gover, Robert Mundy, M.D. St. And., Home Office, S.W.
Murrell, William, M.D. Brussels, 38 Weymouth Street, W.
Fawyer, James, M.D. Lond., Birmingham.
Warner, Francis, M.D. Lond., 24 Harley Street, W.

The following gentleman was admitted Licentiate:—
Johnson, George Arthur, Guy's Hospital, S.E.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on Monday, May 14th:—

Camps, Samuel, L.R.C.P. Ed.	Mitchell, Henry, I.S.A.
Dodd, Anthony, L.S.A.	Morris, Albert, L.R.C.P. Ed.
Dowsing, H. Leopold, L.S.A.	Nicholson, J. William, L.S.A.
Doyle, E. A. Gaynes	Peskett, A. Freeman, L.S.A.
Etches, W. Robert	Phillson, S. Co well, L.R.C.P. Ed.
Gravelly, Frank, L.S.A.	Tatham, Edward, L.R.C.P. Ed.
Hathaway, H. George, L.S.A.	Vann, A. Mason, L.S.A.
Hitchcock, A. John, L.S.A.	Walter, W. Ernest, L.S.A.
Kay, Walter Smith, M.B. Ed.	Whitfield, D. W., L.R.C.C.P.
Wilson, James, M.D. Dub.	

The following were admitted on Tuesday, May 15th:—

Edgelow, Percy	Rowe, Arthur Walton
Gutteridge, Matthew Wilkins	Shorthouse, W. S. Neville, F.A.
Maling, William Haygarth	Smallpiece, William Deane
Martin, Albert	Stewart, Edward
Roberts, Edward, L.S.A.	Walton, Francis Melrose
Rogers, Frederick Arthur	Wilson, James

(α) "A Treatise on Foreign Bodies." By Alfred Poulet, M.D., Adjutant Surgeon-Major; Inspector of the School for Military Medicine at Val-de-Grace.

The following were admitted on Wednesday, May 16th :—

Carter, Eustace George
Coakey, Edward Percival
Croft, Edward Octavius
Fakken, E. B. Drummond
Forrest, John Rochell, L.S.A.
Harrison, Edward

Oliver, Vere Langford
Polson, James Ronald
Pulling, Herbert John
Spong, John Fuller
Stephen, Samuel, L.S.A.
Stokes, Francis Alexander.

The following were admitted on Thursday, May 17th :—

Brewster, William, L.S.A.
Cock, Frederick W., L.S.A.
Glover, John P., L.R.C.P.Lond.
Griffiths, A. P., Henry
Hicks, George B.

Kershaw, James E.
Levi, Reuben, M.D. McGill
Mickle, Herbert, M.B. Toronto
Rouse, Rolla E., L.S.A.
Verity, H. W. Steele, L.S.A.

The following were admitted on Friday, May 18th :—

Batt, E. B. Drury, L.S.A.
Bindley, Victor N., L.S.A.
Buckley, Thomas W., L.S.A.
Collins, Edward T., L.S.A.
Halpin, R. F. Bestall

Hart, Herbert Wheatley, L.S.A.
Jones, Robert, M.B. Lond.
Mason, Arthur H., L.R.C.P.Lond
Style, Mark, L.R.C.P.Lond.
Thornton, H. J., L.R.C.P.Lond.

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.

MOORE FUND.

THE Rev. F. R. Miller begs to acknowledge with thanks the following additional contributions :—

T. Smith, Esq., £3 5s.; J. P. B., 10s.; Beta, £2 2s.; Poor Apothecary, 5s.; Chas. Young, Esq., 10s.; Dr. Holden, 5s.; T. C. Beatty, Esq., 10s.; Dr. Coombes, 10s.; H. Harvey, Esq., 10s.; J. Watts, Esq., £1; Anon. (Sunderland), 10s.

DR. GODSON.—The paper has been duly received, and shall have insertion at the earliest possible date.

MR. NIXON.—Death certificates are not usually charged for by medical men, nor can any payment be exacted for them, the attendant being compelled, under penalty of a money fine, to certify the cause of death in cases under his charge. When, from circumstances, he feels unable to do this conscientiously, he must specify the reasons for his objection.

MR. SIDNEY DAVIES (Cairo).—We shall be glad to receive the Reports.

DR. M. K. G.—Not possible in the present number. On a more favourable occasion we shall be pleased to refer to the subject.

SIR WM. MACCOEMAC.—Received as we were going to press. Too late for reference this week.

MR. NORMAN PORRITT (Huddersfield).—Evidently an oversight. Will make inquiries.

DR. HOGGAN will please receive our thanks.

MR. CARRAN.—Your surmise is not at all correct. The precedent does not hold by any means, as you will at once perceive on reading through the list of presidents during recent years. The distinction to which you refer has been conferred for eminent services to humanity, and for no mere official labours. On this account it possesses a vastly greater significance.

"THE DOCTOR."—Your letter is crowded out of present issue; it shall appear in our next.

L. N. (Liberty St.).—The matter is at present under the consideration of the Poor-law Board. No such Act as that referred to has been passed during present session.

THE APPOINTMENT OF HOSPITAL BEDS TO CONSULTANTS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to a paragraph in your issue of April 25th, p. 367, stating that the Senior Physician of the Liverpool Infirmary for Children, on his retirement to the consultant staff, is to have six beds apportioned him, and that "for the first time in hospital management a consultant is to have beds," &c. Some months ago the committee of the Leeds Infirmary were announced in the weekly medical journals to have arrived at a similar resolution; and doubtless a similar arrangement prevails in other hospitals. The desideratum consists in affording the eager juniors opportunities for study as medical officers to a hospital, and yet not lose the experience of those who have advantaged and made good use of their appointments as medical officers to our hospitals. The arrangement suggested will help much, and is to be favoured.

Yours truly,

P. M. BRADWOOD.

Birkenhead, May 18th, 1883.

FEES FOR SANITARY PROSECUTIONS.

J. W. asks.—Can I recover two separate fees for £1 1s. each from the Board of Guardians for my evidence in two cases of prosecution under the Sanitary Act? The presiding magistrate made an order in each case for payment.

Nevertheless, the board of guardians has refused to pay me, as they imagine, because I am paid a salary as sanitary officer. I should also go out of my district as a witness, no matter what the inconvenience may be. I may state I was not summoned as a witness, but went when asked by the relieving officer.

[See 259 of Public Health Act ("Irish Medical Directory," page 666) provides that every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: provided always, that if any officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at

such rate as the L. G. B. shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time should be occupied in the discharge of the duties of his office; and such payment shall be deemed to be expenses incurred by the sanitary authority under this Act, and may be recovered as part of the costs of the prosecution. The order from the board of guardians must proceed from an authorized officer, as the R. O., but may be verbal or written. If the medical officer on his appointment agrees to include sanitary prosecutions within his duties, he can recover nothing, otherwise he must be paid.—Ed.]

MEETINGS OF THE SOCIETIES.

FRIDAY, MAY 25TH.

CLINICAL SOCIETY OF LONDON.—At 8.30 p.m., Dr. R. J. Lee, On a Case of Nystagmus Infantilis.—Mr. A. E. Barker: 1. On a Case of Goutre producing great difficulty of Breathing on Exertion; Excision; Recovery and complete Bellef. 2. On a Case of Sebaceous or Dermoid Cyst of the Tongue; Removal by Submental Incision; Cure. Dr. Habershon, On a Case of Ulceration of the Stomach at the Pylorus, in which Food relieved Pain.—The following cases will be exhibited:—Mr. J. R. Lunn: 1. Myxodema, Male and Female. 2. Peculiar Deformity of Wrists, probably of rheumatic origin. Dr. D. Drewitt: Myxodema. Dr. F. Taylor: Infantile Hemiplegia, with unusual Reflex Phenomena.

TUESDAY, MAY 29TH.

ROYAL INSTITUTION.—At 3 p.m., Prof. McKendrick, Physiological Discovery.

Vacancies.

Armagh Union, Blackwatertown Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, May 28.
Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to the Secretary before May 28.
Doncaster Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Hon. Sec. before June 3.
Dorset County Asylum.—Assistant Medical Officer. Salary, £140, with board, &c. Applications to the Chairman of Visitors at the Asylum, Dorchester, before May 28.
Denbighshire Infirmary, Denbigh.—House Surgeon. Salary to commence at £85, with board and residence. Must be conversant with the Welsh language. Applications to be sent to the Secretary before May 26th.
Hospital for Sick Children, London.—Junior Resident Medical Officer. Salary, £50, with board, &c. Applications to the Secretary, Great Ormond Street, by May 30.
Isle of Wight Rural Sanitary Authority.—Medical Officer of Health. Salary, £300. Applications to the Town Clerk, Newport, before June 6.

Appointments.

BROWN, F. G., M.R.C.S., L.S.A.Lond., Honorary Medical Officer to the Hospital Saturday Seaside Convalescent Home for Working Men.
DAVIES, E., M.D. St. And., M.R.C.S., L.S.A.Lond., Medical Officer of Health for the Northern Division of the Wrexham Rural Sanitary District.
EDWARDS, H. J., L.R.C.P.Ed., L.R.C.S.Ed., a House Surgeon to the Royal Infirmary, Edinburgh.
GRANT, J. D., M.A., M.D., Assistant Surgeon to the Central London Throat and Ear Hospital.
HARPEL, J. W., M.B.C.S., L.S.A.Lond., Medical Officer of Health for the Stowmarket Urban Sanitary District.
HICKS, J. B., M.D., F.R.S., Consulting Obstetric Physician to Guy's Hospital.
JAKINS, F., M.R.C.S., L.S.A.Lond., Registrar and Pathologist to the Central London Throat and Ear Hospital.
LAIMBEER, F. J., L.R.C.P.L., M.R.C.S., Resident Medical Officer to the Liverpool Royal Infirmary.
MACINTOSH, G. D., L.R.Q.C.P.I., Medical Officer for the Hallaton District of the Uppingham Union.
SUTTON, Mr. F., re-appointed Public Analyst for the County of Norfolk.
WRIGHT, A., M.R.C.S., L.S.A.Lond., Medical Officer for the First District of the Romford Union.

Births.

BLAKE.—May 16th, at Ravensdale, Dundalk, the wife of Dr. Richard Marlay Blake, of a son.

Deaths.

ALLATT.—May 14th, at 12 Pencaster Road, Dover, Christopher John Robert Allatt, M.D. Trinity College, Cambridge, F.R.C.P., aged 88.
ARNISON.—May 10th, at Allendale Town, Northumberland, William Campbell Arnison, surgeon (retired), aged 85.
DRUITT.—May 15th, at Strathmore Gardens, Kensington, Robert Druiitt, M.D., F.R.C.P., F.R.C.S., aged 63.
GILL.—May 14th, at Canterbury, John Beadnell Gill, M.D., formerly of Dover.
ROBINSON.—May 10th, Richard Rodd Robinson, M.R.C.S. (son of the late Ruby Vane Robinson, Lieutenant of the—now Royal—Marines, who was mortally wounded in Nelson's unsuccessful attack upon Teneriffe in 1797), aged 91.
WHATMOUGH.—Recently, at Cinderford, Charles Whatmough, M.D. Ed. M.E.C.S., aged 60.

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THE PRACTITIONER, of September, 1861, reports a lecture entitled "Recent Advances in the Therapeutics of Diseases of the Skin," by W. A. Jamieson, Esq., M.D., &c. The following is an abstract therefrom:—"Itching, which owes its origin to too slow a current of blood, of which the most typical example is that seen in Eczema connected with varicose veins of the leg—but to the same category also many examples of Pruritus Scroti, Labiorum and Ani may be referred—is best relieved by careful flannel bandaging, well applied suspensory bandages, and laxative salts or mineral waters, which unload the rectal veins by freeing the portal circulation, combined locally with weak tarry lotions, one of the best of which is Wright's Liquor Carbonis Detergens, a well-made solution of Coal Tar, suitably diluted."

From THE LANCET, Dec. 22nd, 1866: "In our hands it has been a most effective agent in skin diseases, especially of the chronic eczematous class; and one case of psoriasis, which had resisted all other kinds of treatment, speedily got well under the application of the Liquor Carbonis Detergens. We esteem it a very valuable addition to our list of skin remedies."

From the MEDICAL TIMES AND GAZETTE, January 19th, 1867:—"We have more than once called attention to the value of this remedy in chronic eczema."

From the BRITISH MEDICAL JOURNAL, September 22nd, 1871:—"We have tested it and can affirm its value as a detergent agent. We consider the Liquor is an article of great utility." Kept in stock and sold by all Druggists (Wholesale and Retail) throughout the United Kingdom and Colonies.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 30, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Lectures on Hysterical Contraction of Traumatic Origin. By J. M. Charcot, M.D., Professor to the Faculty of Medicine, Paris	461	Primary Consideration of Orthopædic Cases	460
Some Remarks on Puerperal Eclampsia. By J. E. Burton, L.R.C.P. Lond., Obstetric Physician to the Ladies' Charity and Lying-in Hospital, Liverpool	462	MEDICO-PSYCHOLOGICAL ASSOCIATION—	
On the Value of Lactopeptine in the Gastric Disorders of Children. By Aubrey Husband, M.B., C.M., B.Sc., F.R.C.S., Medical Officer to the Royal Dispensary, Edinburgh	464	Prognosis in Cases of Refusal of Food ..	469
		ODONTOLOGICAL SOCIETY—	
CLINICAL RECORDS.		Characters of the Teeth in Persons of the Arthritic Diathesis	469
Cases in Private Practice. Reported by John W. Martin, M.D.	465	FRANCE.	
The Unqualified Assistant System and the Illegal Signing of Death Certificates	463	Bacilli in Tuberculosis	470
TRANSACTIONS OF SOCIETIES.		Resection and Destruction of the Lung by the Thermo Cautery	470
ACADEMY OF MEDICINE IN IRELAND—		LEADING ARTICLES.	
Surgical Section—		THE CHARGES AGAINST THE ARMY MEDICAL SERVICE	471
Removal of the Thyroid Gland in Cases of Bronchocele	468	THE ROYAL COLLEGE OF SURGEONS, IRELAND, AND THE CERTIFICATE SYSTEM ..	472
		THE METROPOLITAN BOARD OF WORKS AND ITS WORK	473
		NOTES ON CURRENT TOPICS.	
		The Registrarship of the Irish Branch Council	474
		Lectures at the London College of Surgeons	475
		Quinine in the Treatment of Whooping-Cough	475
		Can Animals Have Syphilis?	475
		Feline Test for Defective Sewer Pipes ..	475
		Guy's Hospital	475
		Women Doctors for India	475
		Professional Confidences	475
		The Annual Meeting at the Irish College of Surgeons	476
		Stimulants in Workhouses	476
		Ship Surgeons	476
		The Irish Branch Council and the Sham Certificate System	477
		Society for Relief of Widows and Orphans of Medical Men	477
		Treatment of Goutre	477
		Parke's Museum	477
		Blood Globules	478
		SCOTLAND	473
		CORRESPONDENCE.	
		Unqualified Assistants	479
		Medico-Parliamentary	480
		London Apothecaries' Society and the Medical Act Amendment Bill	480
		The Apothecaries' Hall and the Irish Medical Board	481
		OBITUARY	411
		NOTICES TO CORRESPONDENTS	482

Lectures

ON

HYSTERICAL CONTRACTION OF TRAUMATIC ORIGIN.

By J. M. CHARCOT, M.D.,

Professor to the Faculty of Medicine, Paris; Physician to the Salpêtrière Hospital; Fellow of the Clinical Society of London, &c.

(Concluded from page 440.)

LECTURE III.—TWO CASES OF HYSTERICAL CONTRACTION OF TRAUMATIC ORIGIN.—(Concluded.)

GENTLEMEN,—Our patient is a man of 34 years of age, a blacksmith, the father of four children, moderately robust, and without any attribute of feminism. I would observe that in his history we have been able to trace no hereditary or personal antecedent of a nervous order, nor any moral emotion which might be held accountable for his disease, with the exception of that arising from a burn. On the 26th of June last a bar of iron at white heat touched his forearm and his left hand. The wound although quite superficial did not heal for six weeks, and at the present moment there remains a reddish-violet patch of from 3 to 4 centimetres by 10 to 12, occupying the inferior portion of the forearm and the back of the hand. The accident it would appear did not occasion an exaggerated amount of emotion. Furthermore, the contraction did not follow immediately after the receipt of the burn; strange to say it gradually developed. Some days after the accident he says he felt his arm heavy and a difficulty of moving his fingers without feeling as if they were benumbed; but for the contraction, without the intervention of any new cause, it did not occur until after seven weeks. On the 15th of August pains were felt in the forearm, patient did not sleep, and the following day his hand presented the characteristic attitude arising from interosseus spasm, the thumb being free. The next day flexion of the fingers supervened, and finally the thumb is applied in turn against the other fingers. During these periods flexion of the wrist, and pronation of the forearm take place succes-

sively. Let us examine more particularly this remarkable deformity of the hand, the result of a permanent contraction of certain muscles, a contraction so pronounced that it resists every attempt at reduction, and which during three months remained without intermission, not only during day, but, and on that point I lay stress, during the night. The shoulder and the arm are free; the forearm is in a state of pronation. The hand is flexed in the forearm; the four fingers are so flexed that the nails imprint the palm of the hand. The fingers are violently locked in one another, and the thumb is firmly applied against the external surface of the second phalanx of the index finger.

Here the most simple physiological analysis demonstrates that it is the median nerve which is in abnormal activity, seeing that it supplies the flexors of the wrist together with the superficial and deep flexors. But the ulna nerve is also in action, the adduction of the fingers reveals the action of the *interossei* muscles. We shall add that the extensors are also in action, as in every spasmodic contraction. Observe that attitude of the fist, closed, and very energetically closed, I insist, complicated with a flexion of the hand which is also energetic. There is here you will observe a fixed attitude of the first degree, an attitude difficult voluntarily to maintain for a very short time. This is the place to remind you of an ingenious remark of M. Duchenne. You know that in the hand the flexors and extensors are in a sort of antagonism to one another. If one extend the hand as much as possible and then endeavours to extend the fingers the latter become slightly flexed. The extension of the hand causes shortening of the extensors of the fingers, and consequently renders their action less potent, although that on the contrary the flexors of the extended fingers are also set in action. Conversely, and for a similar reason, if you flex the hand the fingers are easily brought into a position of complete extension. Meanwhile consider the combined action of the flexors of the hand and those of the fingers; there is here a sort of antagonism. Thus to firmly flex the fingers and shut the fist, as in an attitude of menace, the hand is extended, and the action of the extensors favours that of the flexors. If, on the contrary, the fist being strongly shut, you energetically flex the wrist you then observe that the

flexion of the fingers relaxes, and that they have a very marked tendency to extend. You cannot, without great effort, maintain them flexed in that position of the hand. This is a fact of such a nature as to exclude the supposition of simulation. No person would be able for many hours—not to speak of days—no matter what motive, to maintain his hand in the truly pathological condition of our patient. It is absolutely certain, in any case, that no one could so maintain the hand during profound sleep. But in our patient this attitude is maintained during sleep, as M. Debove has repeatedly observed. Furthermore, we purpose to submit our patient to the pneumographic test, and I do not doubt that the result will be the same as in the young girl whose case we have already mentioned. [This test was applied, and with the same results as in the young female patient.]

You, therefore, will concede that here we have to do with a true pathological condition, and not one voluntarily caused by the patient. It remains for me to establish that, as in the case of our female patient, it is a case of genuine hysteria with which we have to deal. I have already observed that this is a modified form of hysteria. The patient has had no attacks; there is neither psychical nor other antecedent to note. But if we refer to the observations made by M. Debove on the 1st of October, and to those made by ourselves a week subsequently, we find—1st. Left hemianalgesia; pinching causes no pain, only the sensation of simple feeling; cold is less appreciated along the whole of the left side of the body. 2nd. There is a marked perversion of taste, hearing, and smelling, on the left side. Proceeding to measure the field of vision, we find that it is circumscribed on both sides, but especially on the left; that for colour, is also limited in proportion, but the concentric circles which represent the field for each colour have preserved their relative reciprocal proportions; there is no transposition; no achromatopsy, and no dischromatopsy. 3rd. There is no trace of any hysterogenic zone. Be that as it may, in the absence of every other condition likely to provoke such symptoms, this contraction of the hand cannot possibly be due to any other cause than hysteria; and it presents, as we have seen, striking analogies with that of the young female whose case we have considered. Such was the state of the patient on the 7th October. Since then the condition has somewhat modified. Magnetism has been applied to the site of the contraction. Sensibility has gradually returned to the superior extremity, to the trunk, to the head, to the arm, but not to the hand or wrist. After an interval of absence from hospital, the patient returned. Galvanism has been reapplied, and the insensibility of the hand disappeared, but provoked a numbness, and the commencement of rigidity in the opposite hand. At present, the contraction alone persists. The hemianæsthesia has completely disappeared. A feeling of painful cramp exists in the contracted part, which sometimes causes trouble during sleep. [In a note by Dr. Charles Féré, it is stated that suffering from extreme pains in the forearm, due in part to the penetration of the nails in the flesh, and partly to the contraction itself, and the patient being urgent for surgical interference, M. Charcot had recourse to stretching of the median nerve, with the result that the pains in the forearm had disappeared, as likewise the contraction, though the fingers could not be completely extended.]

SOME REMARKS ON PUERPERAL ECLAMPSIA. (a)

By J. E. BURTON, L.R.C.P. Lond.,
Obstetric Physician to the Ladies' Charity and Lying-In Hospital,
Liverpool.

(Continued from page 444.)

Now comes the question, How is this degeneration of renal epithelium produced? Braun and the earlier writers attributed the kidney change to venous congestion

from pressure of the gravid uterus on the kidneys. This cannot always be the cause, for not unfrequently, according to Flaischlen, just quoted, the albumen often appears about the middle of pregnancy, when, of course, the uterus is not high enough up to press upon the kidneys. Dr. McDonald, in 1880, says that "all attempts to explain the very frequent occurrence of renal disease on purely mechanical grounds must be allowed to have proved in a great measure failures." Halbertsma, on the other hand, claims to have discovered a ground of explanation, and that a mechanical one. In 1871 he first drew attention to pressure by the gravid uterus on the ureters as the cause of the kidney degeneration. Last year he returned to the subject with convictions strengthened by 11 years' observation and thought. He points out the difficulty of verifying this pressure after death, and shows that only the effects of such compression should be looked for—catarrh and swelling of the ureters, and these have, as he says, been actually observed. This view has been adopted and defended by Lohlein, (a) who has made autopsies in a great many cases. He has found dilatation of one or both ureters in 25 per cent. of the cases of death from puerperal eclampsia, and only in 3 per cent. in cases of death from other diseases. Hiller has also adopted this view, and seen proof of the accuracy of it *post mortem*. Cruveilhier has been pressed into the service of this theory, and his statement that when the lower segment of the uterus is firmly distended, it must press upon the ureters, and thereby occasion dilatation of them, has been made use of in support of it. This view also receives the support of Dr. Matthews Duncan, who, in his recently-published "Lectures on Diseases of Women," p. 81, makes use of the following language: "Recently many observations show that obstruction of the ureters has a good deal more to do with the nervous phenomena of pregnancy, and even with uræmic eclampsia, than we have hitherto supposed." The mechanical theory certainly receives great support from the facts that a great preponderance of the cases of eclampsia occur in primipars, in whom the abdominal walls are comparatively tense and unyielding, and that again a large proportion of these are unmarried girls, who, to keep the appearances of pregnancy in the background as much as possible, voluntarily undergo the tortures of tight lacing, and than press the uterus back upon the ureters, with too often fatal determination and persistency.

Having now considered the important contributory part that uræmia, whether associated with albuminuria or not, plays in the production of puerperal eclampsia, we have to turn to those cases in which no uræmia exists. That there are such cases all are agreed. Luak says that in addition to eclampsia owing its origin to central causes—the central causes being, I take it, uræmia—"there is another class in which the convulsion proceeds from peripheral causes." "Without uræmia peripheral irritation can provoke eclampsia." There must be some common cause producing the convulsion in both classes of cases—those in which there is uræmia and those in which there is none. It seems to me that it would be just as reasonable to put down all infantile convulsions to anæmia as it is to attribute all puerperal convulsions to that cause. Most writers have omitted to mention the common cause that is operative both in the convulsions of childhood and those of the puerperal state. Playfair says: "The key to the liability of the puerperal woman to convulsive attacks is, no doubt, to be found in the peculiar excitable condition of the nervous system in pregnancy, a fact which was clearly pointed out by the late Dr. Tyler Smith and by many other writers." Dr. Barnes has also drawn attention to this peculiar state of "unstable equilibrium," as it might be called. Flaischlen calls it a state of predisposition, which may be taken to mean the same thing. In childhood, then, in pregnancy, and in epileptics permanently, this condition of unstable equilibrium may be

(a) Read before the Liverpool Medical Institution, April 26th, 1883.

(a) *Deut. Med. Zeitung*, 1883, p. 1

said to exist, and this is the one factor that is indispensable, and there is no other that is.

As to the immediate cause of the attacks most writers are agreed. Tenner and Kussmaul are said to have proved that the immediate cause of epilepsy is anæmia—cerebral anæmia.

Dr. C. C. P. Clark says that the condition of the system in epilepsy and puerperal convulsions is essentially the same. (a)

Hughlings Jackson believes that the attacks are due to anæmia of brain from spasm of cerebral arteries.

Nothnagel has proved that a collection of ganglionic cells in the substance of the pons furnishes the motor centre from which the convulsive impetus takes its departure. (Lusk, p. 534.)

McDonald, in his fatal case, found the meninges of the brain intensely congested, but the motor tract equally anæmic. He attributes eclampsia to over-stimulation of the vaso-motor nerves, which in turn produces anæmia of the brain.

Bidder (b) says: "It seems established in our day that the cause which engenders eclamptic convulsions or epilepsy is a sudden arrest of cerebral circulation. The vaso-motor spasm which is developed determines a sort of instantaneous ischæmia."

To summarise, then, I think we may conclude, from the evidence before us—

1. That puerperal eclampsia is a motor neurosis associated with loss of consciousness.
2. That it stands in intimate relationship to the convulsions of childhood and to epilepsy.
3. That only one factor in its production is constant, viz., a peculiar condition of the nervous system that may be designated as one of "unstable equilibrium," and that this factor is common also to the convulsions of childhood and to epilepsy.
4. That retention of urinary constituents when present vastly increases the tendency to convulsions in pregnancy, but that outside the conditions of pregnancy and childhood such retention is but rarely the cause of convulsions.
5. That nerve irritation—shock, emotion, violent pain, uræmic or other morbid condition of blood, &c.—is capable of setting up sudden vaso-motor spasm of cerebral blood-vessels.
6. That this spasm of blood-vessels causing sudden anæmia of the brain is the cause of the convulsions, and, I would add, of the consequent coma.

If this view of the etiology of puerperal convulsions be correct—and it is backed by facts and vouched for by men whose opinions are of weight—it leads naturally to the *Treatment*, and in fact furnishes an explanation of the success that has attended the employment of chloroform, ether, chloral, bromide of potassium, subcutaneous injection of morphia, and blood-letting. I do not see how this theory explains the supposed value of drastic purgatives.

Opium was employed long ago in this disease, and was recommended by Dr. Ewees, of Philadelphia, in 1825. Chloroform, ether, chloral were also promptly made use of on their appearance, and bromide of potassium on its virtue in epilepsy becoming known.

Wrixton, of Watford, in 1880, asked the question whether morphia would be appropriate. Just a word on the subcutaneous injection of morphia in eclampsia. It does not appear to have been employed much before this question was asked in the *Lancet* in 1880. It had been employed, however. Dr. Clark, in the *Amer. Journ. of Obstet.* of the same year, had drawn attention to the "strange tolerance of opiates" in this affection. Dr. Braun, of Stuhm, had published a case in 1879 in the *Berlin. Klin. Wochen.*, p. 385, in which a small dose of morphia, 0.02 gm., had not relieved the convulsions. Dr.

Trecoulat recommended the subcutaneous injection of gr. iss. every two hours, and said that he had never known the remedy to fail. Soon after this 21 cases were published by Smith, of Melbourne (15 cases); Beatty, Stockton-on-Tees (4 cases); and one case each by Harris, of Pendlebury, and Dr. Lucas, of this city. All these cases recovered. It appears, then, that we have in morphia injected subcutaneously a remedy certainly not inferior, perhaps superior, to any other yet employed in eclampsia. I have not yet had an opportunity of using it, but it is a remedy that will no doubt commend itself on many grounds.

Another remedy of comparatively recent introduction demands notice—I refer to pilocarpine. Bidder made use of it in 1872 with success in two cases. Vysin, of Olmütz; Breuss, Vienna; Triaire, Schülein, Braun, of Stuhm; Saenger, of Leipzig; and Hamilton, of Chester, have employed it in all 11 times. Of these 11, 4 died and 7 recovered, but in 9 out of the 11 dangerous symptoms of suffocation from œdema of the lungs came on, so that upon the whole we must conclude that pilocarpine, notwithstanding its undoubted power of diminishing arterial tension, is anything but a remedy to be commended in the treatment of puerperal eclampsia, as it appears that in every fatal case the patient died from the remedy, and not from the disease. Two other drugs that may have been already employed, although I have not met with any recorded instance of such employment, are nitrite of amyl and nitro-glycerine. They are remedies of proved value in epilepsy and some other spasmodic complaints, and I should certainly give them a trial, if opportunity occurred, as adjuncts to morphia, and as tending to prevent the need for very large doses of the opiate. (a)

In conclusion, I should like to mention one or two instances of the affection observed by myself.

The first was that of a woman in whom the premonitory eye symptoms were well marked. For two or three days before labour came on she could scarcely see at all, and after the first attack became blind, and remained so for about four days. In this case there was probably advanced kidney disease, from which recovery had not taken place after the lapse of two months, when I lost sight of her.

In the second case the attacks were apoplectic, or at any rate were complicated by apoplexy. The patient became hemiplegic, and never completely recovered the use of the affected side. This case occurred about fifteen years ago, and the patient still remains in this crippled condition.

The last I shall mention was that of most interest from a clinical point of view. I am sorry that I cannot find my notes of this case, so that I have to trust to too great an extent to memory. The patient was a very little woman, æt. 28, eight months pregnant of her second child. She had been subjected to a good deal of what may be termed domestic unpleasantness. Previous to this period—the end of the eighth month of pregnancy—she had suffered considerably from violent and persistent headaches, but the sight was not affected. I saw her on the evening of April 24th, 1877, when labour threatened. At 3 o'clock of the morning of the 25th I was summoned, and found she had had a convulsion. Labour did not seem to be progressing, and I did nothing but make use of the usual remedies for the convulsive attacks. No outward signs of pains were observed by me during the time I stayed with her, so that on making a vaginal examination, previous to leaving her for a short time, about 8 in the morning, I was extremely surprised to find the child expelled entirely. It was dead. Notwithstanding the birth of the child, the convulsions were no better, but kept returning at rather long intervals. There were no intervals of consciousness. About 11, I bled her to eight ounces, but with little effect. I then asked Dr. Dale to

(a) *Amer. Jour. of Obst.*, July, 1880.

(b) *Gazette Hebdomadaire*, 1872, vol. II., p. 481.

(a) In the discussion that followed the paper, Dr. Macdonald stated that he had employed nitrite of amyl in one case, and that it appeared to have the power of warding off the convulsions.

see her with me. Notwithstanding all treatment, the attacks continued until the evening of the next day, and lasted altogether about thirty-six hours, during which period she had about ten seizures. She still remained comatose. This condition of coma lasted till the 27th. At this date the case seemed absolutely hopeless. She was thoroughly exhausted by the violence and long continuance of the convulsions. For three days she had had no food or medicine except by the rectum, for the coma was so deep that the reflex irritability of the palatal and pharyngeal muscles was absolutely lost. Whatever fluids were put into the mouth, no efforts of swallowing followed. Nutrient enemata are at best but a poor substitute for gastric digestion, and although I have always made use of them in cases in which food could not be given by the mouth, I have never been able to satisfy myself of their great value. At this time death seemed so certain that my only expectation was to prolong life as much as possible. With this object in view, and to tide over time as much as possible, as I did not believe there was anything necessarily fatal in puerperal eclampsia itself, I determined to inject some food into the stomach. I procured a No. 12 male catheter, and by means of a piece of india-rubber tubing, attached it to a Higginson's syringe. I then mixed a breakfast-cupful of milk with an ounce of brandy, and as near as I could guess, a drachm of Liebig's extract of beef. For an epicure such a compound would perhaps not be palatable, but it was not intended to touch the palate of my patient, so that the flavour was a matter of indifference. I then passed the catheter into the stomach and injected the whole of the mixture, with the comfortable feeling that, at any rate, the poor creature would not die of starvation. If I were to say that the dose did wonders, I should not exaggerate. Within an hour consciousness returned, and from this time she was able to swallow. Her progress towards recovery was now uninterrupted.

The profound coma that follows these eclamptic attacks is almost certainly not due to compression of the brain from effusion of serum or œdema, as was formerly supposed, but to anæmia. If this be so, a ready explanation is offered of the remarkable and immediate change for the better that took place in my patient on the injection of food into the stomach.

I have since then attended her twice in confinement. The last time she suffered much from headache; but although I several times examined the urine, I could discover no trace of albumen. Both subsequent labours were perfectly normal.

(I ought to state that two gentlemen who took part in the discussion that followed the reading of the paper, Drs. Barr and Glynn, stated that they had repeatedly examined the urine of epileptics immediately after attacks, and had repeatedly found albumen. So that the opinion expressed above to the effect that epileptic attacks are not the cause of albuminous urine would appear to require modification.)

ON THE VALUE OF LACTOPEPTINE IN THE GASTRIC DISORDERS OF CHILDREN.

By AUBREY HUSBAND, M.B., C.M., B.Sc., F.R.C.S.Ed.,
Medical Officer to the Royal Dispensary, Edinburgh.

OF all the disorders to which young children are liable those affecting the digestive organs are at once the most common and the most fatal. It has been calculated from the Registrar-General's report that one quarter of the deaths among children under five years is due to diseases of the digestive organs, and this fatality is considerably greater under one year. The vague terms "Debility," "Atrophy and Debility," "Inanition," "Convulsions," which help to swell the reports of the infant mortality of this country all point to the inability to digest the food provided and to draw from it the nutriment required for the development of the growing infant. This mortality

is probably not due to any inherent complexity in the digestive organs of the child, but to the nature of the materials supplied as food, and it may confidently be asserted that the young of no other animal is subject to such a variety of dietetic experiments as that of man. Among the poorer classes of our towns these efforts to solve the problem of infant dietetics are unavoidable, and in most cases it is worse than absurd to lecture the people on the necessity for suckling their infants, or the keeping of their feeding bottles sweet and clean. It is not as a rule the feeding bottles that are at fault, but the materials placed in them, and which the force of circumstances compel the poor to use. Passing from these general considerations I would specialise one or two diseases which, from their constant recurrence at the Royal Dispensary, Edinburgh, cannot but fail to attract attention, and which, with the cordial assistance of Mr. Arthur E. Marsack, I was enabled to watch the effect of lactopeptine in their treatment. The cases were those chiefly of rickets, and of so-called infant atrophy, with dyspepsia and diarrhœa. The prevalence of rickets in Edinburgh and in Glasgow is most marked, and is to be attributed to the too early use of oatmeal porridge and other farinaceous foods. This opinion is of course most heterodox in Scotland, where attention is at once directed to the strength and vigour of the Highlanders; but it must be remembered that the two cases have nothing in common except in the use of porridge, for in these highland districts a large allowance of milk is taken with the oatmeal, whereas in large towns the supply of milk is scanty, and not of the best, even if it can be procured. These, again, the surroundings of the two classes are different, for whilst one has all the benefits of country life and fresh air the other is exposed to all the injurious effects of bad air and deficiency of sun light. The formation of an excess of lactic acid in the stomach of children fed largely on a farinaceous diet, and the irritation caused by it in the osteo-plastic or bone forming tissue of the long bones, as suggested by Wagner, together with the constant drain from the system of the salts of lime by the diarrhœa which, as a rule, accompanies the gastric derangements of children, is probably to be found the cause of rickets so prevalent in Edinburgh. It must further be borne in mind that the dread of large families, more keenly felt in large towns than in the country, causes women to prolong the period of lactation till pregnancy compels them to desist. Owing to the debilitating effects of protracted nursing the strength of the woman is greatly impaired, and her future offspring suffers in proportion. It is not, therefore, surprising to find an increasing want of vitality and vigour in each additional member of the series, and as the means of support do not increase in a proportionate manner to the number of children a marked tendency to infantile disease of an adynamic character followed with a high mortality is the result.

The following cases are of this type, and are recorded almost verbatim from the report of the gentleman above mentioned:—

1. C. D., æt. three. The little patient was brought by her mother to the dispensary with all the signs and symptoms of rickets. She had a heavy stupid look, the chest much contracted laterally, and the bones of both legs and arms much affected. She vomited occasionally, did not complain of any pain, but never smiled, and, in her mother's words, was "dwining away." She was ordered gr. v. of lactopeptine after each meal, and under this treatment the child gradually and then rapidly improved, the mother frequently expressing her gratitude for the change in the health of her little one.

2. M. W., æt. two. This child, when first visited, was found suffering with symptoms of gastric derangement, colic, vomiting, and loss of flesh. On inquiry the fact was elicited that the diet consisted of anything that could be obtained, from a piece of cheese to a bit of dried cod or a potato. As there seemed no chance of providing more suitable food for the child, it was hoped

that by means of lactopeptine the diet might be made more digestible and nourishing. Acting on this suggestion she was ordered gr. v. of the drug three times daily after food. The result was more favourable than was at first expected, and the treatment was combined as far as possible with regularity of habits, meals, &c. The little patient when last seen was quite well.

3. J. M., aged seven years and a half. This little lad appeared to be well cared for, but evidently of a strumous habit. He complained of no special symptoms, except that he always felt pain after taking food, and from the report of his mother was losing flesh rapidly. He could not take cod-liver oil. There were no chest symptoms. He was ordered gr. v. of lactopeptine as in the former cases. The treatment was continued for about a month, but before that time, however, he was able to take cod-liver oil without any return of the vomiting after each dose, which had before prevented its administration. He ceased to attend at the dispensary, and when visited was found to be quite well and able to go to school. The above cases, and several others which might be appended, serve to demonstrate the value of lactopeptine in the treatment of some of the gastric disorders of young children, and I may also state that I have found it of value in children far younger than those mentioned above. In two cases the children of a mother in the last stages of phthisis, the mother declared that the lives of her babes had been saved by its use. In these cases the doses are of course much smaller than those given above.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Reported by JOHN W. MARTIN, M.D.

Puerperal hyper-pyrexia—Suppression of the lochia—Abdominal tenderness—Distension—Headache—Restlessness and Insomnia—High pulse-rate, and weak, quivering pulse—Furred tongue—Anorexia and general malaise—Great prostration—Treatment—Result.

On Sunday evening, May the 6th, I was asked to see a Mrs. W., of Gloucester Street, Sheffield. She had been confined the previous day of her eighth child, and had been attended by a midwife, who, as far as I have been able to learn, is fairly qualified for her work, and intelligent. The labour was one of ordinary severity, lasting some eight or nine hours. According to the nurse's statement, the after-birth came away entire, and without traction on her part, in about twenty minutes after the child was born. Shortly after the delivery of the afterbirth there was a sharp dash of hæmorrhage, which lasted for 25 to 30 minutes, and by which the patient was greatly weakened. She got but little sleep on Saturday night, and suffered acutely from after-pains. On Sunday she passed, *per vaginam*, a mass about the size of a duck's egg, very firm in consistence, and closely resembling, as far as I could ascertain by a hurried examination, a fibroid tumour. I regret, however, that it was thrown away before I had the opportunity of making a more minute examination as to its nature and structure. If simply a clot, it was unusually firm in its consistence. On Sunday afternoon the abdomen became distended and very tender to pressure of any description, her cheeks flushed, the lochia suppressed, and her general condition such as to alarm her husband and friends. I saw her about 7.30 p.m. I found her lying on her back, scarcely able to move, every movement causing acute pain. Her face was scarlet, her eyes bright, and presenting a very restless, anxious expression. The tongue was heavily coated with fur, and there was complete loss of appetite. She complained of great thirst. The respiration was rapid and shallow. The skin was very hot to the touch; it was inclined to be moist and perspiring. The abdomen was greatly distended, and very tender to pressure or touch of any kind. I could not make out any unusual enlargement of the womb. The lochial discharge had ceased. The bowels had been well moved on Saturday. She was passing water freely, of a good colour, and free from deposit, or albumen. The pulse was 140 beats to the minute, weak and quivering under the finger, very

compressible. Temperature 106°2'. She complained of violent headache, and of the impossibility of getting to sleep. The patient is of medium height, stout, and of rather a flabby habit of body.

I ordered the nurse to syringe the maternal passages out well with warm water and Condy's fluid, and to repeat the syringing frequently; to apply a large turpentine stupa over the whole surface of the abdomen, following it up with frequently-repeated hot lined poultices, and prescribed the following mixture and draught:—

R Potass. nit., ʒiss.;
Sp. eth. nit., ʒij.;
Tr. aconiti, ʒj.;
Vin. ipecac., ʒiiss.;
Syrupi, ʒj.;
Aque chloroformi ad ʒviii.

M. ʒj. every hour and a-half for the first three doses, and then, every third hour.

At 12 o'clock she was to have—

R Potass. bromidi, ʒj.;
Liq. morph., ℥xxv.;
Hyd. chloral, ʒss.;
Syrupi, ʒj.;
Aque ad ʒij.

M. Draught as directed.

On Monday, May 7th, I found her better. She had passed a fair night, and under the influence of the draught had obtained several hours' refreshing sleep. The abdominal pains and tenderness were not so acute. The tongue was cleaner. Her skin was decidedly cooler and moister. The pulse had fallen to 120 beats, still weak, and with a slight quiver in it. The temperature was down to 103°. The face was not so flushed, and her general appearance was much improved.

At the evening visit there was but little change from the morning, with the exception of the thermometer, which had risen to 103°6'. She also felt sleepless, and seemed a little inclined to be restless. I ordered the draught to be repeated; other treatment to be continued.

8th.—At the morning visit I did not find her so well. The nurse had neglected washing with Condy the previous evening. The pain and tenderness over the womb had increased during the night, and the abdomen was greatly distended, and tympanitic. She had not passed a good night, and complained of severe headache. The bowels had not been moved since Saturday. The tongue was heavily coated with fur and thick slimy mucus. She complained of great thirst, and inability to rest in any position. The slightest movement gave her acute pain. The pulse was again 120 beats per minute, and very weak. The temperature registered 106°. Her face was flushed, and the skin was very hot to the touch, and perspiring. I ordered a good dose of castor oil to be given; fresh turpentine stupes to be applied, still keeping up the frequent application of hot poultices, and prescribed—

R Quiniæ sulph., ʒss.;
Acid. sulph. dil., ʒij.;
Tr. aurantii, ʒij.;
Sp. chloroformi, ʒiiss.;
Aque ad ʒviij.

M. ʒj. every 4 hours.

At 6 o'clock p.m., when again seen, the bowels had acted freely; the pain and tenderness with bowel distention were much relieved. The tongue was not so coated with slime. The pulse was 120, but stronger; and the temperature was down to 103°. She had only had one dose of the quinine mixture. A slight, slimy, foul-smelling discharge was noticed from the vagina. She was not so thirsty, flushed, or feverish. Draught repeated.

9th.—At the morning visit I found that she still maintained the improvement of the previous evening. Pulse 116, stronger. Temperature 102°6'. Face pale; general expression much improved. Free from pain and tenderness, and the distension of the abdomen greatly diminished. The amount of discharge from the vagina increased, colourless, and very offensive. Could detect nothing by a vaginal examination. I directed a close watch to be kept for the passage of any lump or mass, in case any portion of the placenta might have possibly been retained. The tongue was cleaning rapidly, and was well and firmly protruded. There was a marked improvement in her general expression and appearance. Took nourishment well, and was able to

move about freely. At the evening visit, the symptoms were the same as in the morning.

10th.—She had only taken half the draught, and had passed a good night, having enjoyed a good long, sound, refreshing sleep. She was free from headache. Face pale. The abdomen was soft and flaccid, and she could bear any amount of pressure over the womb without the slightest pain or tenderness. The discharge from the vagina continued to come in moderate quantity, and of the same character as recorded. The tongue presented a firm and clean appearance. The pulse had fallen to 108, and was much stronger and more resistant under the finger. The thermometer was down to 101.2°. The skin was cool, and firm to touch, and her general expression was much better and brighter than it had been from the commencement.

At the evening visit found her still improving. Pulse 104, and decidedly firmer. The temperature had fallen to 100°. Had two motions. Desire for food was returning. Ordered the other half of the draught to be taken at bed-time.

11th.—Had not slept so well; awoke frequently, and when asleep, dreamed heavily. In other respects, much improved. No pain, distension, or tenderness in the abdomen. The discharge from the vagina slightly increased; still of the same offensive character. The passages were kept well washed out. Nothing but the discharge passed. Tongue clean and firm. No thirst. Taking her nourishment freely. The pulse was down to 88 beats a minute, and firm to the finger. Temperature 99.2°. Ordered the mixture to be continued, and a whole draught to be taken at bed-time. Discontinued my evening visit.

12th.—Found her sitting up in bed at the time of my morning visit, looking pale, but bright, and free from pain. The pulse was 100 beats a minute; but I think this must have been due to the sitting up in bed. The temperature was down to 99°. The tongue was clean and firm. Appetite returning. She had had a good night's sleep. The discharge continued as before. The bowels had been moved twice. I ordered the poultices and draught to be discontinued, and the mixture to be continued steadily.

13th.—Slept well, and without having to take the draught. Felt better, and more herself. Skin cool and natural to the touch. Pulse firm, 88 beats to the minute. Temperature 97.6°. The discharge almost gone. Bowels had not been moved since Friday (11th). Tongue very lightly furred, but on the whole clean and firm. Desire for food increasing. No longer feels any thirst. The abdomen free from all pain or tenderness. Passing water well, and of a healthy character. The condition of the patient was one of healthy convalescence. I directed the medicine and washing out of the vagina to be continued.

14th.—Still improving. Pulse 80, firm. Temperature 97.2°. Discharge ceased. Appetite increasing. Slept well. Quite free from pain, tenderness, or distension. Mixture continued.

15th.—Convalescent. Tongue clean. Pulse 76. Temperature 97.8°. General symptoms improving rapidly. Bowels regular; appetite good; and beginning to feel that she wants to be out of bed.

17th.—Convalescent. Discontinued my attendance.

During the first few days of my attendance on this case the outlook seemed most gloomy. The fever was so high, and the prostration so severe, it did not seem as if she had power to rally. Hitherto I have been prejudiced against the administration of quinine when the tongue is loaded with a heavy fur, as I have always considered such a condition a contra-indication to its use. That prejudice has been swept away in this class of cases, where with the loaded tongue we have co-existent hyper-pyrexia. The result of its administration was most satisfactory.

On the 15th of May I was asked by the assistant of a brother practitioner who was away from home, and who had asked me to give assistance when required, to see a Mrs. H—, æt. 46, who had been confined of her fourth child on the 7th of May, after a fairly favourable labour, but who had subsequently developed symptoms closely resembling Mrs. W.'s case. The temperature at the date of visit was 106.2°; pulse 132; respiration 44, rapid, shallow. The abdomen was tender, but not distended. The lochia were suppressed; only a slight, foul-smelling discharge noticeable. Bowels acted regularly. The tongue was clean, but inclined to glaze. The patient was very thirsty, restless in the extreme, inclined to delirium, and unable to get to sleep. I secured the latter by giving her a draught

containing morphia, chloral, and potassa bromid., and placed her on grs. iv. of quinine every third hour, at the same time having the maternal passages well washed out with Condy's fluid and warm water, and applying turpentine stupes and hot linseed poultices to the abdomen. The result of treatment was most satisfactory. By the 19th the temperature had fallen to normal, and the pulse to 80 beats a minute. The tongue became natural, and all excitement and sleeplessness disappeared. I have since learned that she has done well, and is progressing satisfactorily towards restored health.

In both these cases the secretion of milk was very scanty. In Mrs. W.'s case the supply remains very poor. I do not know whether the quantity has increased in the case of Mrs. H.

I have given a faithful record of the symptoms. I do not attempt to dogmatise as to the real nature of the attack. Both patients were certainly in a very critical condition, and I think there can be no question as to cause and effect, between treatment and the results attained. In many respects the attacks differed considerably from what is laid down in text-books as typical of peritonitis. The pulse was not wiry and incompressible. There was not much nausea or vomiting. There was no painful respiration, nor were the knees drawn up, with raised shoulders.

If the attack in the first case was septicæmic, it certainly commenced very rapidly and very violently, and on that account is worth noticing; equally so if connected with the attempt to establish the flow of milk.

76 Brunswick Street, Sheffield.

THE UNQUALIFIED ASSISTANT SYSTEM

AND THE

ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 449.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.—(Continued.)

THE resident medical, surgical, and obstetric officers at hospitals are usually either qualified or under the engagement to become qualified soon after their acceptance of office; and this engagement their teachers, who recommend them for appointment, guarantee them to be capable of fulfilling.

Charitable dispensaries as a rule nowadays do not permit the attendance of unqualified persons on their *protégés*.

If sick paupers and the recipients of alms have a claim to the personal advice of a qualified practitioner, much more has an independent working man, who pays that qualified practitioner to advise him. The smallness of the payment is no justification of his fraudulent receipt, and it is clearly a dishonourable pecuniary transaction to take the payment for the medical services of unqualified assistants.

2. Unqualified assistants are left in sole charge of patients.

Often by accident, often by the wilful act of the principal, an unqualified assistant is left in sole charge of the sick. More often still he is sent to see a patient in the first instance, and to decide the most difficult point a physician has ever to determine, namely, whether the sufferer has anything the matter with him, whether he ought to have any medicine or none. The larger the practice of the principal, the more often this is likely to happen.

The offending principals are sometimes men of good, sometimes even of high repute and having charge of public institutions, as in the following memorial of an unqualified assistant, the good faith of which is guaranteed:—

"Before I obtained any licence to practise, I worked for some time as an assistant. My first place was as resident at a lying-in hospital, where my principals were two gentlemen of high professional standing. They never interfered in any midwifery case but one, where it was necessary to perform a perforation of a child's head; an operation from which, I confess, I shrank. We had a bad epidemic of puerperal fever; and for fear of carrying contagion, one of my principals, who was attending some ladies of high rank, never came near the place. The other, whose wife was expecting her confinement, was very cautious, never examining any patient sufficiently to criticise my treatment; and some of the fatal cases were not seen by him at all. I paid fees for instruction, but learned nothing from those who received them; my most noticeable

acquirement from my experience being a misplaced self-confidence, which it has taken me many years to unlearn.

"My next place was under a surgeon to a dispensary, in whose name I took charge of the women and children during his absence for six months on the continent. I attended alone cases of pneumonia, tubercular meningitis, miscarriage, typhoid fever, and small-pox, and gave burial certificates in my own name, the regulations for registration not being so stringent as now. My object in undertaking these responsible posts was to gain a knowledge of practice; but I am sure that the time was in a great measure wasted, and that much more knowledge would have been picked up had the usual hospital curriculum been completed first."

The abuse of leaving an improper person in sole charge is most commonly perpetrated where so many assistants are kept at once that it is physically impossible to exercise superintendence. For example, you have the letters of a late unqualified assistant, who, on going to his place, found himself engaged with two others also unqualified, but with some previous training, and a fourth (a retired miner) without any. "Stephen," the miner, was set up in a branch in opposition to one "Willie," a bone-setter, and also a retired miner. It is believed that four is by no means the largest number of assistants that are engaged at once; indeed, in the place above described, five were afterwards taken, though not during the four years that the writer stayed. This occurred a few years ago; now larger numbers are reported, but not with the full details above given.

The following letter from a colliery agent of great experience gives an impartial sketch of the system from a non-professional point:—

"It is usual in colliery districts for a legally qualified medical man to be appointed surgeon to several collieries, which may be several miles apart. He generally lives in a central position, and appoints assistants to live near the collieries. The assistants are in most cases unqualified men, but, on the whole, give satisfaction when they are steady. In case of an accident occurring at any of the collieries, it is the rule to send for both the assistant and his employer, and the latter exercises a supervision till the patient recovers, or otherwise. I have never heard a workman complain or object to an assistant on account of his not being qualified. The people are well looked after when the chief surgeon is competent and moves about amongst assistants and patients.

"There are cases, however, where the appointment of surgeon is given to a man living ten or more miles from the colliery, and who never, or very rarely, visits it but leaves everything to an assistant, who certainly ought to be, but is not always, a qualified man. There are other cases within my knowledge where unqualified men are practising, nominally as the assistants of qualified men, whose names they have permission to use; but these latter live many miles from the place and have nothing whatever to do with the practice. This latter class I have known to give certificates on many occasions in a most improper and careless manner, and thereby cause loss to clubs and other relief funds. It would no doubt be better to have all medical men legally qualified, but the amount of remuneration obtainable in many colliery villages would not tempt a properly qualified man to settle there. The system of having unqualified assistants acts fairly well where they are what the name implies, and where the chief surgeon lives within a reasonable distance, exercising some control and occasional supervision; but in all other cases it is, in my opinion, objectionable."

The duty delegated to an assistant is sometimes still further sub-delegated. There is a so-called "Provident Dispensary" in a manufacturing town of 26,000 inhabitants, "conducted by the qualified assistant of a neighbouring country practitioner, who keeps his unqualified brother on the premises, and is supposed to come over daily to see urgent cases;" and a county coroner has known death certificates to be regularly signed by an unqualified assistant's wife on behalf of the principal or cover.

In midwifery cases it is almost impossible to avoid leaving an assistant in sole charge where the number of patients is large. Yet in this department of practice unqualified men are extensively employed, and, in fact, are often paid extra at so much a case as an attraction. They are required to use obstetric instruments, and are objected to if they cannot do so. Naturally they become in time very expert accoucheurs, and are found in the end more useful and self-reliant than qualified men in the capacity of assistants. It can hardly be expected that an ill-paid man should resist the temptation of

practising on his own account, which is very common. Some times, indeed, he does it in a very criminal manner. A case has been put into my hands in which an unqualified assistant, acting as an abortionist, had a verdict of "wilful murder" found against him by the Coroner's jury, but was got off at his trial. His clever solicitor informed a neighbouring surgeon (the correspondent) that his client, after imprisonment, got "more bespeaks than ever for midwifery cases."

3. *Encouragement is given to the issue of false certificates and to forgery.*

The further career of the last-named man illustrates other dangerous courses into which unqualified assistants may be led. They are called upon to supply death certificates for those who die under their care. The demand is usually provided for by obtaining the signature of a registered practitioner; and the operation is technically called "covering."

Mr. Graham, coroner for Chester Ward, co. Durham, says that the rule is to send for the qualified medical man when the patient is moribund, so that he may be able to say he has attended. But if he cannot say so, and an inquest is held, the coroner takes the evidence of the unqualified man as to symptoms, and then that of the qualified as to cause of death. At Fence Houses, Durham, we are informed by a clergyman that an unqualified man "signs his death certificates with his own name, *pro Dr.* —, a relation who resides in Manchester." And in a neighbouring parish of 5,000 inhabitants, mostly colliers, the colliery clubs have appointed as their responsible medical officer an unqualified man, nominally an assistant to a registered practitioner at Durham, who gives his name for the certificates. This statement is attested by the vicar, who laments the condition of things, but sees no way out of it inasmuch as the unqualified men are upheld by the overruling influence of the viewers. An explanation of this last fact seems to be afforded by a communication from Staffordshire, which says that the colliery "doctor" often attends gratis the viewer's family. A bargain of such a sort is easier made with an unqualified than with a qualified man.

At a manufacturing town in Yorkshire, two men who had for some time been unqualified assistants to practitioners in the town with large club practices, took shops, fitted them up as druggists' shops, and consulting rooms, visited patients at their own homes, and signed death certificates, using the name of qualified covers at Sheffield (six miles off), who had never seen the cases. Their practice was stopped by threatened action of the Apothecaries' Society, and they have both since become qualified and honest. It would appear from the details reported at an inquest in Middlesex ("Standard," August 21, 1882), that the signer of certificates gets a certain sum per certificate, which he enters as income in his books.

Mr. Alexander Blyth, Corresponding Secretary to the Miners' Permanent Relief Fund, says that some of the medical men have their names lithographed to be used by their unqualified assistants.

Dr. Eddison, of Leeds, has known of a packet of death certificates being signed in blank, and left to be filled up by an unqualified assistant, while his chief went on a holiday.

Mr. Crofton Maynard, coroner, Durham, reports that this practice is also resorted to in his district. And in the report of an inquest in the "Standard" newspaper of October 13, 1882, it is described as common in London.

A careful bookkeeper has been known to enter in his ledger the charge for the certificate before the patient's death, so that it may be handed over immediately it becomes due. (See inquest, in "Eastern Morning Herald," February 4th, 1882.) A letter, dated February, 1875, from Major Graham, Registrar-General, complains of these practices, but there is reason to believe, from cases reported in the daily papers, they are still extensively carried on, and are encouraged by the unwillingness of the Registration Department to prosecute. But the "cover" sometimes turns scrupulous or spiteful, and refuses his protection. Then the assistant sees an easy way out of the difficulty by committing forgery. The person whose previous history was recorded was detected in this offence while acting as an assistant, and under a proper sense of the scandal so created, the medical school at which he was entered as a pupil expelled him. He boldly entered at a larger school, fulfilled his curriculum, qualified, and is now on our *Register*.

It must be understood that not only death certificates are required by clubs, but also certificates of illness. By these ignorantly, carelessly, or fraudulently given, the funds of such societies are seriously injured. To show the importance of this matter, it may be mentioned that the Miners' Permanent

Relief Fund at Newcastle receives over 12,000 certificates annually.

In their anxiety to obtain qualification, unqualified assistants are sometimes led to employ false schedules of school attendance. A case is reported in confidence, but on undoubted authority, of "a very good man" who got "signed up" without ever having attended a single lecture or dissected a single part (being occupied as an assistant); yet, with the help of a grinder, he succeeded, after several years of indomitable perseverance, in obtaining a qualification. His false schedules were signed in one division of the kingdom, he qualified in another, and is practising in a third.

4. *The employment of unqualified assistants lowers the character of the profession.*

Instead of acquiring the thoughtful ways of a responsible dealer with human life, an unqualified assistant often does his work swiftly and mendaciously. His offhand manner is looked upon with favour by the roughs in the neighbourhood, who familiarly hail him by such nicknames as "Sailor Jack," "the Black Doctor," the "Colonel," &c., not maliciously, but in token of good fellowship. Yet he is put forward by his masters as their representative, the *alter ego* of guaranteed knowledge and skill, and spoken of to the patients as "the doctor," and is usually designated by that title in the newspaper reports of inquests. He himself joins in the misrepresentation by using the commercial pronoun "we" in speaking of himself; and visitors to the poor are often told that in a bad case there are three or four "doctors" in attendance, who prove on inquiry to be one registered practitioner and his assistants. The virtual personation involved in sending an unqualified assistant to attend a patient to whom the principal has been summoned is not only in professional eyes an infamous fraud, but is looked upon by the public as untradesmanlike, thus causing a grave scandal. In an inquest held at Manchester in September, 1881, the coroner remarked that "he was surprised any medical man should lend himself to such deception (*Manchester Evening Mail*, September 23, 1881). And again, in the *Eastern Morning Herald* of February 4, 1882, a jury is reported as saying that the "system" was unsatisfactory in every respect, to themselves personally, and to the neighbourhood.

(To be continued.)

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

SURGICAL SECTION.

A MEETING of the Surgical Section of the Academy of Medicine was held in the Albert Hall, Royal College of Surgeons, Mr. J. K. BARTON, President of the College, in the chair.

Mr. STOKES, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

LIVING SPECIMENS.

Mr. WHEELER—1. Amputation at shoulder-joint; 2. Amputation of foot (Syme's); 3. Excision of elbow.

Mr. STOKES—Excision of knee-joint.

Mr. THOMSON—Parts removed in case of refracture of a patella.

SPECIMENS EXHIBITED BY CARD.

Mr. STOKES—Photographs illustrative of results obtained after excision of the knee-joint:—1. Excision for pulpy thickening of synovial membrane; 2. Excision for faulty ankylosis; 3. Excision for ulceration of cartilages and pulpy thickening of synovial membrane; 4. Excision for caries and extensive disease of soft structures; 5. Excision for synovial thickening; 6. Excision for caries and pulpy thickening; 7. Excision for pulpy thickening and commencing caries.

Mr. SWAN—Excision of knee-joint.

Mr. THORNLEY STOKER read a paper on

REMOVAL OF THE THYROID GLAND IN CASES OF BRONCHOCELE.

He detailed the case of a boy on whom he had himself operated, the disease being the most extensive of which he could find any operative record. The tumour extended nearly from ear to ear, and hung down nearly as low as the navel. He removed two-thirds of the mass, comprising the right lobe

and isthmus, in March, 1882, and the remainder on the left side a year later. Complete recovery followed the first operation; but the patient died five days subsequent to the second from pulmonary thrombosis. The patient was incompletely cretinah, but developed greatly after the first operation. Mr. Stoker showed that while ten or twelve years ago the ablation of the thyroid gland for disease had been practically abandoned, during the last decade a revulsion of surgical feeling on the subject had occurred, and that now it should be held justifiable as the result of late experience to perform the operation, the patient so desiring, not only in cases where the disease threatened life, but where discomfort or disfigurement existed and minor treatment had failed. He emphasised his argument by quoting a series of cases from the practice of various surgeons, commencing in 1871 with Dr. William Warren Greene, of Boston, whom he regards as the pioneer of the most modern opinion on the subject. The freedom with which the operation had of late been undertaken was, he thought, in part due to the results of Listerism, and in part to the greater boldness which increased knowledge and improved appliances have generated in the surgeons of our day.

Dr. R. M'DONNELL said he was present on both occasions. The first operation might be regarded as quite successful, and taught the lesson that in cases of the kind the operation was justifiable. The second had a fatal issue from a cause not necessarily connected with the operation.

Mr. CORLEY stated that in his hospital practice some years ago, a similar case arose, where the pressure of a large thyroid gland became so great as to render operative interference necessary; it was shortly after P. H. Watson published his paper; and having written to him for details, he got a copy of it. He was forcibly struck with the solemnity of the undertaking to remove the thyroid gland, as an operation in which the surgeon must be prepared in some cases to see the patient die on the table. Hence he did not think Mr. Stoker had dwelt sufficiently strongly on the magnitude of the operation.

Dr. H. KENNEDY drew attention to the treatment of thyroid tumours by the seton, and mentioned a case in which at the end of some months the disease was entirely cured. Such a measure as that would be more justifiable in the first instance than the terrific operation described by Mr. Stoker.

Mr. THOMSON was sorry to differ from Dr. Kennedy in his suggestion as to the surgical practice in the case Mr. Stoker had detailed. Whatever use the seton might be in some cases of small thyroid tumour, it would be useless in Mr. Stoker's case, in which the vessels were of enormous size.

Surgeon-Major HAMILTON remarked that ten or fifteen per cent. of the population in the Himalaya valleys suffered from bronchocele. Sometimes 20 and 30 coolies might be seen climbing mountains 2,000ft. to 3,000ft. high, carrying enormous loads, 50lbs. or 60lbs. weight, and each wearing a tumour. It seemed extraordinary that the pressure on the larynx did not interfere with their breathing. By rubbing in biniode of mercury ointment with a spatula as they lay on their backs in the sun, they always obtained relief. The great benefit seemed to be derived from doing it in the sun. He had seen many cases so treated, and had not known any of the men to die from it. When at Simla, an epidemic of bronchocele broke out—no less than 60 cases—and the same treatment was adopted. In the Himalaya valleys syphilis was supposed to be the cause, and the people lived on inferior food in overcrowded houses badly ventilated.

Dr. FOY instanced the case of a woman, æt. 22, who had a very rapidly-growing thyroid tumour which caused her inconvenience both in breathing and swallowing. It became urgently necessary to do something, and he applied a blister on the back of the neck with the best result. A seton was subsequently inserted, and the gland in a short time assumed its normal size.

Mr. STOKES endorsed what Mr. Stoker had said regarding the inutility of using any mild measures in such cases as he had described; but in those referred to by Dr. Kennedy, Dr. Foy, and Surgeon-Major Hamilton, the tumours were probably of extremely simple structure. He recollected two cases in which merely tapping, followed by a weak solution of tincture of iodine, sufficed. The employment of setons found little favour in his eyes. In Mr. Stoker's case nothing short of the very heroically-performed operation adopted would have given the patient the slightest chance of recovery. The introduction of air into the veins was avoided by the application of the double ligature, and dividing the veins between them. Thus the operator need not be apprehensive of the fatal accident

which he had heard and read of, but had never witnessed, namely, the so-called canalisation of veins.

Dr. BENNETT, following in the line Mr. Stokes had taken, thought that some of the observations made were directed to a class of thyroid tumour which had never been the subject of removal; for instance, acute enlargement of the gland; such tumours as occur in epidemic goitre; or acute goitre in pregnancy or menstruation. He did not suppose any surgeon would propose to operate, knowing that if the epidemic influence, or the particular exciting cause, such as pregnancy or menstruation, was past, the tumour, troublesome and dangerous at the time, would become quiescent, or even disappear. The point that struck him as difficult of explanation was how it was possible to make the tumour disappear by biniodide of mercury. If the sun was a powerful agent, then they had not that, the second element of the treatment in this climate. It would be interesting to know whether such treatment was successful in the case of Europeans in India, or was the success confined entirely to the natives. He was inclined to think, however, that to expose a European for a sufficient time to cure him of the goitre, the result would be to kill him with the sun. The great desideratum was to diagnose exactly the kind of tumour that ought to be the subject of removal.

Surgeon-Major HAMILTON observed that it was the smallest tumours which were very often radically cured. Europeans were treated for enlargement of the glands the same as the natives. The only danger was from sunstroke, but this was avoided by placing the upper portion of the body in the shade.

Mr. WILLIAM STOKER mentioned that similar treatment was the rule in Switzerland.

Mr. WHEELER said none would think of extirpating the thyroid gland, when due to anæmia, or the thyroid enlargement of menstruation, or what might be termed the cystic bronchocele; but he was of opinion that bronchocele of large size, and when very chronic, if causing dyspnoea, dysphagia, and pressure on the jugular vein, and vertigo, ought certainly to be removed. He did not agree with Mr. Hamilton in thinking that the rays of the sun were essential to act on the biniodide ointment. Such practice was common in India, but the heat of the fire would answer very well.

Mr. THORNLEY STOKER replied.

Mr. SWAN read a paper on

THE PRIMARY CONSIDERATION OF ORTHOPÆDIC CASES.

He explained certain allusions to affections not strictly to be termed orthopædic by stating that they very frequently were seen by surgeons practising that branch of surgery. He detailed some cases of caries in the tarsus of children, showing the differences of opinion that existed respecting the treatment to be adopted in this affection, and the modified conclusions respecting excision of diseased structures arrived at by Sedillot, Erichsen, T. Holmes, Gross, and others. From a prolonged observation of a limited number of examples made by himself, and from the results obtained from the records of Dr. H. Culbertson and Dr. Virgil Gibney, of New York, he arrived at the following conclusions:—1. That the advantages of excision in tarsal caries do not appear to be so obvious as to warrant their frequent application; 2. That as there is no evidence of amyloid degeneration of viscera in long-continued suppuration of the tarsal joints, that conservatism in its widest signification may be specially applied to disease of these structures; 3. That an anchylosis of the tarsal articulations, a result of the generation of plastic material during the course of the disease, will occur, but that this process, though diminishing the mobility of the foot, will leave it fairly useful. In referring to angular curvature of the spine, the impossibility of predicting the amount of deformity was maintained. The supervention of paraplegia on the other hand might be confidently anticipated to occur only in caries of cervical or upper dorsal vertebrae. So far as the paralysis was concerned, the prognosis might be stated to be usually favourable. The probability of the development of abscess was shown to be chiefly the result of motion, and not necessarily the sequence of extensive gibbosity or even extensive implication of tissue. Scoliosis was stated to be exceptional in an early stage, an incurable affection, and one in which prevention was better than remedy. Mr. Swan showed an apparatus which he stated he had used with success in early curvatures. In equino varus or section of all resisting structures was insisted on, and relapses were said to be often due to a neglect of this rule. More congenital distortions of the feet were divided into—1.

Those the result of nervous lesions; 2. Those depending on ligamentous relaxations; 3. In the treatment of deformities of the lower limbs depending on essential pneumo-mimetic affections; and 4. Those of traumatic origin. Paralysis as usually adopted, whether by counter-irritation, localised galvanism of Duchenne, massage, or the Swedisch movement cure, the writer did not put much faith, but held a strong opinion on the utility of the direction of volition to the limb whilst by proper means maintaining symmetry, holding that the development of the use of the unaffected muscles even remotely attached to the member established a compensating power, and believing that in many cases some of the fibrillæ of muscles the bulk of which were paralysed retained contractile power.

Mr. WHEELER was of opinion that Mr. Swan was not sufficiently explicit in his paper with reference to the disease of bones of the feet, and the excision of bones, &c. A tolerably accurate diagnosis of the extent of the disease could be formed by observing where the disease commenced. There were four distinct synovial sacs in the foot. Hence it would be easily understood that the extent of the disease would be greatly influenced by its starting point; for instance, it would be plainly much more limited if starting in the os calcis than in the cuneiform bones. Complete excision of the os calcis was not a very common operation. The results in two cases he had were most satisfactory; a third, however, was not quite so successful. He deprecated the use of the gouge as dangerous and unscientific practice, especially in disease of the ankle-joint. It was not always easy to say when the entire disease was removed. He agreed with Mr. Swan's statement that in talipes equino varus the anterior tibial muscle, and if necessary, the tibialis posticus, should be cut before the tendo Achilles.

The PRESIDENT remarked that the partial removal of carious bone was exceedingly unsatisfactory. Although Mr. Wheeler had condemned gouging, his experience of it had been attended with marked success.

Mr. SWAN replied.

The Section then adjourned.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE quarterly meeting of the Medico-Psychological Association was held at Bethlem Hospital on Friday, 18th May, Dr. D. Hack Tuke in the chair. Drs. Wigglesworth, Macfarlane, and Blair were elected to be members of the Association, after which an interesting paper was read by Dr. Sutherland, on "Prognosis in Cases of Refusal of Food," in which he advanced certain propositions based upon the circumstances under which, according to his experience, prognosis would be good or bad. A long and interesting discussion followed, embracing the causes of the refusal of food, the best method of administering it—whether by the stomach pump, the nasal tube, or the enema—the beneficial effect of enforced rest at the first appearance of the symptoms, &c.; several of the speakers concurring in the desirability of varying the treatment.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, MAY 7TH.

JOSEPH WALKER, M.D., President, in the Chair.

AMONG the casual communications were two cases brought forward by Mr. F. Canton and one by Mr. Ackery, in which a horizontally directed wisdom tooth had caused partial absorption of the roots of the second molar in front of it. In none of the cases had this condition of things given rise to pain, the discovery being made accidentally.

Dr. DYCE DUCKWORTH ON

THE CHARACTERS OF THE TEETH IN PERSONS OF THE ARTHRITIC DIATHESIS.

Dr. DUCKWORTH began by saying that, although it was the fashion of the present day to disbelieve in diatheses, he was himself a firm believer in their existence. He believed that there existed an "arthritic" habit of body, or diathesis, and that this comprised at least two branches—the rheumatic and the gouty. These were essentially distinct; they might be mixed, but one would not produce the other. The rheumatic diathesis was more widely spread than the gouty, but the latter was most common in the south of

England, and especially in London. The result of a somewhat extended series of observations, made with no other view than to record exact facts with reference to this disease, had convinced him that the teeth of the gouty were, as a rule, remarkably strong, well-enamelled, enduring, and remarkably free from decay. On this point he differed entirely from the opinions expressed by Dr. A. Carpenter in a paper recently read before the Society. Dr. Carpenter's statement that gouty people were specially prone to caries might be true of those who lived carelessly and intemperately; but he held it to be an undoubted fact that persons who inherited gout but were themselves temperate, of whom there were many, had generally strong and sound teeth. The modifying influence of a mixed diathesis, especially the existence of a strumous taint, would account for most of the exceptions to this rule. Dr. Duckworth then referred to the tendency which existed in persons of gouty inheritance for the teeth to be worn down, so as sometimes even to open the pulp cavity; he had never heard this satisfactorily explained. Another peculiarity of such people was the tendency to shed perfectly sound teeth, the loss being due to a process of absorption of the alveolus. Gouty people were no doubt liable to attacks of alveolar periostitis, but he knew of no careful observations confirming Dr. Carpenter's statement that "lithate of soda was deposited in the circumdental membrane." The characters of the teeth in persons of the rheumatic habit of body were certainly less distinctive than those which could be noted in the gouty, but as a rule such persons had strong, well-enamelled teeth. Dr. Laycock, of Edinburgh, had called attention to one remarkable exception to the rule that the teeth of persons of the arthritic diathesis were large and regular. This was a tendency for one or more of the lower incisors to be pushed forward, an irregularity to which the name of "buck teeth" had been given. It might not appear till middle life, and he was quite at a loss to suggest any explanation for it; he could only call attention to it as a well-observed fact. In conclusion, Dr. Duckworth complimented the dental profession on the progress it had made in its endeavours to repair the ills consequent on habits of luxury. It was a great thing that the study of dental pathology was now founded on a thorough knowledge of the anatomy and physiology of these organs; it would be a further important step when the great doctrines of diathetic predisposition and of scientific physiognomy were carefully worked out and applied to practice. He hoped that his communication might have contributed something to this end, or might at least enlist the interest of dental surgeons in the subject.

An interesting discussion followed.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

BACILLI IN TUBERCULOSIS.—At the Académie de Médecine M. Cornil read a paper on the rôle of bacilli in tuberculosis, in which an account was given of the result of forty cases minutely examined for the microbe. In a case of tubercular meningitis a great quantity of bacilli were discovered, as well as in a tubercular affection of the peritoneum, where the granulations were the seat of a large number of them. In two cases of pulmonary phthisis several were found at the root of the lungs. Tubercular affections of the kidneys furnished in four cases abundant microbes. In conclusion, M. Cornil said that the result of his researches would admit of three divisions:—First, that in which the considerable number of bacilli of tuberculosis explains the genesis of the lesions which constitute that affection. The propagation of these micro-organisms by the blood and lymphatic vessels was fully proved by being in the interior of the vessels. This class of facts is entirely in accord with the experiments of Koch, who, by injecting the bacteria of tuberculosis into different animals reproduced constantly that disease. In second series of facts the bacilli characteristic of tuberculosis

are by no means numerous, but there exists always one or several in the giant cells, that is to say, in the midst of the tuberculous granulations. In a third class of cases, which referred to chronic tuberculosis, the bacilli were only found in the walls of the cavities and the ulcerated bronchi.

RESECTION AND DESTRUCTION OF THE LUNG BY THE THERMO-CAUTERY.—M. Koch, well known by his researches on the microbe of phthisis, has been hardy enough to attempt an operation which certainly will not have many imitators. The operation, already practised twice by the German *savant*, however, seemed to answer his expectations. The first case was that of a man of 24, with an enormous cavern in the right lower lobe, purulent expectoration, night sweats, and rapid wasting. M. Koch thought himself justified in employing the cautery, and for that purpose a piece of the sixth rib was resected to allow the instrument to penetrate into the pulmonary tissue until it reached the cavity, the walls of which were freely cauterised, and the instrument withdrawn. The reaction following the operation was but slight, and the expectoration of purulent fetid matter diminished considerably. Four days afterwards the thermo-cautery was brought into requisition a second time for the same patient. A piece of the eighth rib was cut away, and the cautery introduced as before. The patient continued to bear the operation well, and at the end of ten days the cautery was used for the third time, and with apparent success, so that the Professor proposed attacking one by one the several cavities existing, but the patient succumbed the following day. The second case was that of a woman, who presented a cavity the size of the closed hand in the upper lobe on the right side. Four inches of the rib situated over the lesion were resected, which permitted the cavity to be cauterised. Expectoration ceased, and granulations of a good nature took the place of the eschar. The patient succumbed a week afterwards from septicæmia, which, according to M. Koch, existed already before the operation. M. Koch thinks that the destruction by the thermo-cautery of limited portions of the pulmonary tissue will be found beneficial in those forms of chronic gangrene of the lung accompanied with abundant expectoration of putrid matter, in acute pulmonary gangrene where the mortified tissue cannot be eliminated, as in gun-shot wounds, when foreign bodies fall into the small bronchi and not being able to find their way out again by any means, produce destruction of the neighbouring tissue, and finally, in those forms of fetid and putrid bronchitis where dilatation of the bronchi cannot be demonstrated, and in the rare form of localised pulmonary phthisis.

At the Bristol Police Court on Friday last, Mr. E. J. Neale, a potatoe merchant, was fined £6 and costs for the non-vaccination of his children. It was stated that Mr. Neale had already paid about £90 in fines and costs in respect of the same children.

OUR contemporary, the *Globe*, states that the Queen has been graciously pleased to approve of the honour of knighthood being conferred on Alfred Roberts, Esq., honorary secretary and consulting surgeon to Prince Alfred Hospital, Sydney, New South Wales. We do not find the gentleman named on the *Register*; moreover, consulting surgeons do not usually occupy the post of secretary, nor are secretaries to hospitals generally selected for the honour of knighthood. There is a mistake somewhere.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 30, 1883.

THE CHARGES AGAINST THE ARMY MEDICAL SERVICE.

THE charges made more or less vaguely at the time against the working of the Army Medical System in Egypt have now been formulated. The list of allegations against that branch of the military service is an imposing one. Let us consider a few out of many thus adduced, bearing in mind the fact, as we do so, that to the chief military officer whose complaints against that system are now loudest the service gives the credit of having himself been the prime mover in regard to the abolition of the former "dual" system, and the substitution in place of it of the so-called "system" which now has broken down under his own hands! for, as we hope to show, no incrimination of subordinate officers can in reality remove the ultimate responsibility from the actual chief. This fact is familiar in the popular proverb regarding the workman and his tools. It is important to bear the circumstance in view that, in the Egyptian campaign at the beginning of the present century, shortcomings precisely similar to those now recorded took place in the hospitals there established on the general, or staff "system;" that the system so named was forthwith abolished—regimental hospitals taking their place—and that from the very time that change was effected the sick were amply supplied with all requirements, the result being that mortality among them was small, except among the troops attacked with the plague. In the

recent expedition the Indian portion of the force had its medical and hospital systems as nearly on the old regimental system as they possibly could be, considering that the "unification" scheme had recently been forced, very much against the teachings of experience, upon the military and medical authorities in India. Throughout the entire campaign no hitch of any kind occurred in regard to the medical department with that force; on the contrary, doolies and bearers from it are said to have been utilised in conveying wounded from the field for whom no transport whatever was available with the English portion; drugs were, moreover, given for the use of the hospitals of the latter, which otherwise would have been absolutely without medicines. These facts clearly indicate that, whatever mal-administration or shortcomings have now been dwelt upon in the Proceedings of Lord Morley's Committee rested alone with that portion of the "system" which is portrayed at length in the "Soldier's Pocket-book," and elaborated under the chief direction of the author of that publication.

Let us now come to particulars. The nursing was bad. If so, who is to blame for the "general" and short service systems which combine to deprive the sick soldier of the services of the old trained orderly in his regimental hospital—to whom nearly every man in that regiment was personally known, and by whom he was known? To whom is the service indebted for the change under which young men with no special aptitude for nursing are entrusted with the care of men, strangers utterly to them, and for whom they care nothing? Moreover, what inducement has such an "orderly" to devote himself specially to his vocation with zeal? Pensions are almost completely things of the past. All these things are out of the hands of medical officers.

At Ismailia bread was bad, and hospital diets badly cooked. If this was the case, the thing was the result direct and alone of the action taken by the Commander of the expedition in having failed to communicate with the principal medical officer at Alexandria before suddenly moving the force *vid* the Canal. Thus it happened that, while the troops were taken to Ismailia, the regular establishments necessary for the working of, and belonging to a "dietet" hospital for them, remained at the original base, a field—that is "non-dietet"—hospital being all that accompanied them. Regiments had too much duty of other kinds on hand to be in a position to send "rations" for their men "gone sick" to such a hospital, or they were proceeding in advance, and so had not the means of doing so. Under any circumstances, whatever change in the "system" was demanded at the time to meet the requirements of the emergency could and ought to have been ordered on the spot by the Commanding Officer. Medical officers are specially excluded from all "executive" functions.

At Cairo sick men were without bedsteads; nor had they mosquito nets or little fans wherewith to keep the flies from their faces. Medical officers had made "requisitions" for these articles upon the department charged with the duties of supply, but the requisitions had not been fully complied with. The Commander found fault, not apparently with the department actually concerned, but with

the medical. Instead of giving his written authority for the latter to usurp the functions of the "store" branch of the service, as he might have readily done, he appears to have absolutely taken no means such as were in his own hands to supply the patients with the articles in question. It is vain, therefore, as it is unfair and invidious, to throw dust in the eyes of the public by an attempt to cast upon other shoulders than his own defects in the first instance due to his own pet system of unification, and in the second to the fact that he took no steps such as were in his power to remedy defects. As to the duties of "supply" being thrown upon the medical department, the proposal, if indeed meant in seriousness, must end in failure. The thing is simply impracticable. Every wheel of a machine must revolve in its own groove; if each be expected to run in some other than its own proper groove, the result is easy to comprehend.

It is stated that a medical officer refused to attend sick soldiers except at regular hours. This assuredly is a charge of the most serious kind, and one that reflects upon the medical department by itself and alone. But, if true, why was the accused officer not brought to book at the time and on the spot? It was most culpable on the part of the military officer in command to have slurred it over for a single hour. Yet he nurses his wrath to keep it warm, until, within the walls of a comfortable room in Pall Mall, he tells his story under circumstances where his charges can neither be publicly met nor contradicted.

THE ROYAL COLLEGE OF SURGEONS, IRELAND, AND THE CERTIFICATE SYSTEM.

THE questions upon which the Fellows of the Irish College of Surgeons will have to decide when they hold their annual meeting on next Saturday are probably more critical and will demand more firmness of purpose and courage in action than any which have been submitted for their judgment for many years past. The moment has come for dealing a decisive blow to the time-dishonoured corruptions of medical teaching in Ireland, and we confidently expect that the Fellows of the College will not hesitate—once and for all—to deal that blow with such effect as to destroy for ever the disreputable traffic in fictitious certificates which has degraded Irish teaching and enriched unscrupulous persons in times not long gone by.

The first step forward towards honesty of Irish teaching has been voluntarily taken by the Council of the College, who have, during the past year, not only reformed the arrangements of their own school, abolished the credit fee system, and so discouraged apprentice-farming, but have, with an honesty of purpose which does lasting credit to them and the College, pledged themselves to regulations for ensuring the *bona fides* of study, which regulations cannot be evaded without positive falsification or by guilty connivance at their evasion.

That these safeguards against fictitious certificates have not been too soon adopted most of the Fellows know well, for most of them have been fully cognisant that, heretofore, certificates of "diligent" attendance have

been, to all intents and purposes, sold for so much cash to students who made no pretence of having earned those testimonials by occasional bodily presence, not to say by "diligence."

Since the Fellows met for their last annual assembly, the sham certificate system has entered upon a new phase, and it is this new departure which especially demands the attention and action of the College. Certain teachers who have hitherto covertly provided at so much per parchment the certificates with which certain students deceived the College as to their attainments, have been so far encouraged by the toleration afforded to them that they have boldly claimed the right to continue the issue of these certificates to a crowd of students whom they cannot pretend have fulfilled the requirements of medical education or of the College.

They have presented themselves at the doors of the College backed by a number of young men who came to tell the Council that they did not, and would not, study their profession during the day, being employed in earning a living elsewhere; that, as they could not visit their hospital, and could not perform dissections, or sit out lecture instruction at the hour set apart for that purpose, they would insist on being admitted to the College examinations without doing so; and would, if refused, make Ireland too hot for the College by means of newspaper denunciation and Scotch competition.

These teachers—through the mouths of their student representatives—have declared that they will continue in spite of the College (and they have continued) to issue the full tale of certificates of study, granting such documents upon a more or less frequent presence of the student at semi-grinds delivered in the evening from 7 p.m. to 11 p.m. to young men who have been engaged all day in counting-houses and shops, and they have refused either to set forth a definite number of attendances in the way approved by the Council, or to allow the student to give any pledge of the truth of the statements put forward in his name.

The Fellows of the College are now called upon to speak with an authoritative voice on this matter. The outgoing Council has done as much as it dared do to make its curriculum of education honest, but it has been subjected to a form of intimidation which is still in full force, and which will assuredly be exercised again with renewed strength the first time that they attempt to enforce the prohibition against sham certificates and night lectures, and we therefore appeal to the Fellows to encourage the Council by their approval, and to strike with vigour against the certificate trade, which, we are convinced, they are ashamed to think of as part of the system by which surgeons and Fellows have hitherto been made.

That system, in its most recent expansion of night lecturing, will be defended by two arguments—first, that these courses of study are unnecessary, and therefore, that the attendance of the student on them is useless, burthensome, and valueless; second, that the young men who obtain these certificates by the night lecture expedient are industrious and intelligent, commendably ambitious, and ought to be encouraged rather than tabooed.

Neither argument has, in our eyes, the least force, because we hold that if they be true the objections should be satisfied in some other way than by forcing these students to pay for fictitious papers.

If any part of the curriculum of study be unnecessary, and an incubus, let it be cut away at once, and without mercy, but let it not continue to be recognised only as a sham for the benefit of one or more teachers, and a fraud upon the student who has to pay for the paper which represents it. As long as any given course is indispensable to a thorough practical knowledge of the profession it should remain, and not a moment longer, and while it remains it certainly should not be evaded.

As regards the *personnel* of the night students, we speak with as much respect, or more, than that entertained by those who are engaged in certificate dealings with them. Many of them are, in our opinion, the right stuff of which surgeons might be made, and they deserve and shall receive from us every encouragement to advancement in their profession by honest work. But they have no right to ask to be made surgeons by trickery and evasion—not to be allowed to go out into practice in necessary ignorance of their business, simply because they could not spare time to learn it.

All colleges concur in requiring some other evidences of medical education than an examination, and they must continue to do so, or else enlarge the examination so as to make it an all-sufficient test. Until they so enlarge it no one should pass out into practice upon the guarantee of an examination and a bundle of falsified papers which are called certificates of attendance, and no young man, however earnest, should reasonably expect exemption from this rule.

Whatever course the Fellows of the Irish College of Surgeons may pursue on Saturday, we are truly glad to believe that the days of sham certificates, credit fees, apprentice-farming, and night-lecturing (as the means to these ends) are numbered, and we invite the College to give them a hearty and definite dismissal.

THE METROPOLITAN BOARD OF WORKS AND ITS WORK.

There is scarcely a ratepayer within the limits of the mighty township over which the Metropolitan Board of Works reigns supreme, who is not keenly alive to the economical considerations of his relation to the Board. A good many persons, however, take even a greater interest than that which has its origin in monetary reflections, in the proceedings of the assembly to whose hands is committed the governing of our civil life; and hence the appearance of the Board's *Annual Report* is regarded as an event of not inconsiderable importance. The yearly volume for 1882 has just recently been issued; and while in nothing is it inferior to its predecessor so far as the magnitude of the operations detailed is concerned, it is in some respects endowed with even an exceptional degree of interest.

It is satisfactory to be told, almost at the outset of the Report, that during the period with which it deals progress has been made in the very necessary work of

providing new sewers sufficient to carry away the overflow of storm water, and so to prevent recurrence of those distressing floods so prevalent in past years in various parts of London. The result thus gained is not merely relief from inundation on behalf of the poorer riparian population, but a higher immunity both for them and their adjacent neighbours from the certain developments, in the way of ague, sickness and rheumatism, of those conditions favoured by periodical district flooding. In addition to sewer construction, also, as a means of preventing future floods, certain other works, in the way of raising wharf banks and walls along threatened parts of the river, have been carried out in accordance with the Board's directions, under the powers conferred by the Thames Floods Prevention Act, 1879. It is, therefore, possible at last to feel that the period is rapidly approaching in which the exhibition so frequently witnessed in the past of flooded-out riverside tenements will live only in the memories of those who have been familiar with such occurrences in the last decade or two.

Under the heading of "Metropolitan Improvements," a long list of important works is detailed, involving for their completion the expenditure of vast sums of money, but conferring at the same time very substantial advantages on Londoners and visitors to London, in the way of commodious and handsome roadways and breathing spaces.

In furtherance of the aims of the Artisans' and Labourers' Dwellings Acts, numerous additional buildings have been completed and opened during the year, and a lengthy list of sites is given which will ere long be covered with these houses of the working classes, as a result of the action of the Peabody trustees and other associations. In carrying out its street improvements, the Board complains that it is a good deal hampered in consequence of the inadequacy of the Acts and Amending Acts under which its action is pursued. To this cause is attributed very much of the slowness of action it exhibits in fulfilling its own plans for improvement, the conquering of obstacles which can be opposed to it under existing Parliamentary decisions being sufficient to interfere with speedy work. Under the increased powers given to the Board, however, by an Amending Act, which became law in August last, it is hoped that much more expeditious labour will be possible; and in this Report the Board name no less than four schemes for the widening and improvement of thoroughfares, which Parliament has been requested to sanction during the present session. That the erection of houses for the working classes in the spaces created by the Board of Works confers an immense benefit on those for whose occupation they are designed, it is impossible to gainsay. Without them the daily labourers must be content to live in squalor and misery, packed away in a reeking room, one of numerous lodgers in a most unwholesome dwelling. That these older houses, in fact, are unwholesome we need but little assurance; and it may be safely asserted that in every situation where industrial dwellings are now to be found in London, there were formerly nothing but the most wretched tenement houses—hotbeds of sickness and contagion. Happily such dens are

fewer now than they were before the genius of Charles Dickens first excited the utterance of public opinion on one of the worst evils of our age; and during the year 1882 a direct representation to the effect that a site needed clearing was made only in one instance—viz., by the Medical Officer of Health for Shoreditch. The difficulty, too, that was once almost insuperable—that of dealing with the families dispossessed of their dwelling places by the progress of improvements—is now no longer a grave obstacle to advance in this direction; existing dwellings and the daily increased facilities for suburban residence have deprived the reproach of cutting the labourer off from his work of all the point it undoubtedly possessed prior to railway extension and increased building operations.

On the subject of "Parks, Commons, and Open Spaces" the Report is very satisfactory. During the year three spaces, or a total superficies of 72 acres, have been brought under the control of the Board. The total acreage of public common ground now ruled by this authority amounts to 1,769½; and each separate park, common and heath is cared for and utilised under able direction to the utmost possible extent for public good. The amount of benefit conferred by these extensive and numerous breathing spaces is not easily computed; but it is beyond all manner of question that they are of infinite avail in maintaining the health of the great city in and around which they are situated.

The subject of infant life protection is very properly now brought within the scope of the Metropolitan Board of Works; and in the last Report the following paragraph occurs in that part of it which dwells on the action taken under the Infant Life Protection Act, 1872:—"At the beginning of the year there were 24 registered houses (in which infants were kept for hire) in the metropolis; there are now 33, and other applications for registration are under consideration. The registered houses have been inspected 438 times, and have been found to be conducted in a satisfactory manner, except in four cases, in which it was found necessary to caution the occupiers of the houses, with the results that in three of the cases the matters of complaint were set right at once, and in the other the keeping of infants was discontinued." Even the Metropolitan Board of Works could scarcely engage in a more meritorious labour than this of protecting the lives of the young and helpless.

We leave the Report now, with the recommendation that all should read it who are interested in the improvement and government of the metropolis.

Notes on Current Topics.

The Registrarship of the Irish Branch Council.

THE five gentlemen who compose the Council have been precipitate in their haste to appoint to the office vacated by the death of Dr. Steele, and have filled the office within ten days of that event, and without taking any adequate means to open the post to competition. They were indeed guilty of the indecency of circulating

a call to consider the appointment before the late Registrar was in his grave; and it was, we believe, only on the remonstrance of one or two of the members that the others consented to give a week's breathing time before putting some one in his vacant seat. For this unseemly haste—somewhat redolent of a job—there was no excuse whatever. The office which became actually vacant by Dr. Steele's death had been practically vacant for months previously from his illness, and through that period the business of the office—never very onerous or important—had gone on, as we believe, without any slip whatever, and might well have been allowed to go on in the same way until something was known of the future duties and emoluments of the office, and some opportunity afforded for competent persons to send in their applications.

We should like to hear some tenable excuse for this new-born activity of the Branch Council; for until some better reason for such precipitation is forthcoming, the Council is under the suspicion of having snatched at the opportunity to get into its hands the appointment of the new Secretary of the Medical Board for Ireland, which is to be created by the Medical Bill now before Parliament.

By the terms of this Bill the Registrar of the Branch Council in existence at the date of the passing of the Bill becomes Secretary of the Medical Board. He will, in that capacity, become at once the most important medical functionary in the whole of Ireland; for he will be charged with the organisation of the final examinations for the whole of Ireland; will have to manage the visitation of examinations held by all the licensing bodies in that division of the kingdom; he will, in fact, jump into duties of which no one at present can guess the extent; and will, of course, receive increased emoluments of unknown amount.

We say that this wholly unnecessary election, by a dying council of five, at ten days' notice, and with only a pretence of advertising the vacancy, is either a gross job or an unhappy blunder, and that it is liable to be construed into an attempt to seize the right of appointment which properly belongs to the new Medical Board. Whether the gentleman appointed is, or is not, fit for the functions to be discharged in connection with that Board is not the question in dispute. No matter what his qualities may be, the Branch Council, in our opinion, has no moral right to force him upon the body who are to have the administration of the new state of affairs.

It may be that some private understanding was arrived at with the new Registrar that the appointment shall be *ad interim*, and only for the period up to the formation of the new Board; but we doubt whether any such compact would have any validity if it has any existence, and, in any case, the appointment made now must operate greatly in favour of the individual selected, and against other candidates for the secretaryship of the Medical Board when that office comes to be filled. We shall take care that the subject is brought under the notice of those who have charge of the Bill, in order that, when the Committee stage is reached, something may be done to restore to the Medical Board in Ireland the right of appointing its own secretary.

Lectures at the London College of Surgeons.

THE lectures for the present year will be resumed to-day (Wednesday), by Mr. Henry Power, F.R.C.S., the subject of the three lectures being "The Lachrymal Apparatus and Accessory Organs of the Eye;" these lectures will be continued on June 1st and 4th at the same hour. Mr. Frederic S. Eve, F.R.C.S., will deliver, on the 6th, 8th, and 11th of June, three lectures "On Cysts and Cystic Tumours in General;" and Professor Jonathan Hutchinson, F.R.C.S., will conclude the course for the present year by delivering, on the 13th, 15th, 18th, 20th, 22nd, and 25th of June, six lectures, "On Certain Diseases of the Tongue."

Quinine in the Treatment of Whooping-Cough.

DR. W. THORNTON PARKER, Surgeon, United States Army, writes most favourably of his experience of the use of quinine in the treatment of whooping-cough. He gives teaspoonful doses of a solution of quinine of four, six, eight, or even ten grains to the ounce, every two hours, and finds that it gives *almost immediate relief* to the little sufferers. This method of treatment was brought from Germany to New York by Dr. Dawson some five years ago, and used by him with great success in the wards of the Hospital for Children in New York city, then under his care. Dr. Parker questions Dr. Dolan's assertion (in his Fothergillian essay on Whooping-Cough) that the course of the disease could not be controlled by treatment. His experience leads him to believe that in quinine, in the dosage recommended, we have a remedy capable of exercising control, and even of cutting short the disease.

Can Animals have Syphilis?

THE question whether it is possible for animals to suffer from syphilis has often formed subject of controversy among surgeons; and even the test of experiment has not always settled the matter satisfactorily. Prof. Neumann's is the latest attempt to solve the problem, and his results, as published in the *Central Zeitung*, are thus summarised by the *New York Medical Record*:—"The experiments were made with the greatest care, the virus being taken directly from the diseased person and introduced into the body of the animal. The animals operated upon were retained under observation for considerable periods of time after inoculation had been performed, but in no case did any results obtain other than such as would naturally be expected to follow from introduction of an irritant material into the tissues. Nothing bearing any resemblance to a chancre was noticed. The subjects of the experiments were three apes, three rabbits, a horse, a hare, a white rat, a marten, and a cat. Fifty-four inoculations were performed in all, and as the grand result of his repeated experiments, Neumann forms the conclusion that syphilis is a peculiarly human disease, and is not exhibited or contracted by the lower animals."

THE Hospital for Sick Children (Great Ormond Street, London), is in a more flourishing condition than many of its compeers. Last year its income was £10,678, and its expenditure only £9,800.

Feline Test for Defective Sewer Pipes.

AN ingenious Boston woman is credited by the *Medical and Surgical Reporter* with the following:—Suspecting the existence of some defective piping, and bearing in mind the great fondness that cats have for the smell of valerian, she borrowed a couple, and shut them up in the room where she suspected leakage took place. Having provided herself with some oil of valerian, she poured it into the highest basin in the house, and proceeded downstairs to watch the result. She was gratified to find that both manifested a preference for a certain spot in a closet near where a waste pipe ran; on further inspection a complete separation of the pipe was discovered.

Guy's Hospital.

A PORTRAIT of Sir Astley Cooper, the distinguished surgeon of Guy's Hospital, has recently been presented to that institution by Mr. R. Clement Lucas, the senior assistant-surgeon. It is a very excellent copy by Mr. J. L. Wimbush of Sir Thomas Lawrence's celebrated painting in the possession of the Royal College of Surgeons, and was copied by the permission of the Council of the College. Sir Astley, who was surgeon to George IV., obtained his baronetcy for removing a tumour from the King's head. He was a bold operator, and on one occasion ligatured the aorta; but he is best known by his work on fractures and dislocations, and his treatises on the testis and breast. By his influence the united schools of Guy's and St. Thomas's became separated, a change which proved very disastrous to the latter hospital and very beneficial to the former.

Women Doctors for India.

THE project for introducing medical women into Bombay is now fairly established, upwards of 40,000 rupees having been already subscribed for this purpose. The *Hindoo Patriot* states that the scheme includes the bringing out of women doctors from this country; the establishment of a dispensary for the poor; medical education for female students, through the Grant Medical College; and, finally, the establishment of a hospital for women and children. A Parsee has offered a lakh of rupees to build a hospital of the latter description.

Professional Confidences.

THE Legislature of the State of New York has decided that "no person duly authorised to practise physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." It is difficult to reconcile this pronouncement with the fact that in New York any physician is liable to be clapped into jail and fined £10 if he does not give public notice that his patient is suffering from infectious disease.

THE Royal College of Physicians of London will hold a *conversazione* at the College on some evening during the season, most probably in June.

The Annual Meeting at the Irish College of Surgeons.

THE general meeting of the Fellows at which the Annual Report of the Council is presented to the College will take place on Saturday next, and is likely to be largely attended, and to afford an occasion for lively discussion. The Council has, we understand, discarded the old form of the report, and will submit the narrative of its proceedings and the statement of its accounts in a much more comprehensive and intelligible shape. It is likely that the policy of the College with reference to the Medical Bill will be debated, and that an effort will be made to induce the College to assume a position of hostility to the measure, which we venture to anticipate will not prove successful.

The proceedings of the Council with reference to Night Lectures and fictitious certificates may also—in all probability—come under discussion, and the Fellows will be asked to give their sanction to an amendment of the College's charter to enable examiners and professors to be elected by the entire Council instead of—as at present—by seven councillors selected by lot. Professor Thornley Stoker will move the following resolution:—"That in the opinion of this College the present method of electing professors and examiners is unsatisfactory, and that the Council be recommended to seek for such alterations in the charter as shall enable these elections to be made by the vote of the entire Council or such part of it as may be present; not less than two-thirds of the whole number, including the President or Vice-President, to constitute a quorum for election purposes." It will also be moved "That it be recommended to the Council to obtain an alteration of charter to render professors and lecturers in medical schools eligible for examinership."

THE COUNCIL CLUB DINNER

will be held in the College on Saturday evening. The club consists of all present and past officials of the College, councillors, examiners, and professors, and of such guests as they may invite.

THE ANNUAL ELECTION

of Council and officers will take place on the following Monday, between one and three o'clock. Mr. Wheeler, the Vice-President, Surgeon to the City of Dublin Hospital, will assume the presidential chair in succession to Dr. Barton, whose period of office expires, and Dr. Bennett, Professor of Surgery in the University of Dublin, becomes Vice-President, unopposed. Dr. Corley, Surgeon of the Richmond Hospital, and Lecturer on Surgery in the Carmichael College, announces his intention to seek the Vice-Presidency in June, 1884, when Dr. Bennett is promoted to the Presidency. For re-election to the Council of the College the whole of the outgoing members offer themselves, and, in addition, several Fellows present themselves as candidates. The following names have already been sent to the College Registrar:—Dr. Cameron, Professor of Chemistry in the College, and Superintendent Medical Officer of Health for Dublin; Mr. Baker; Dr. Austin Meldon, of Jervis Street Hospital; Dr. Kendal Franks, of the Adelaide Hospital; Dr. Fitzgibbon, of the City of Dublin Hospital; Dr. J. B. Story, of St. Mark's Ophthalmic Hospital; Dr. Hayes, of Stevens' Hospital; Dr. Carte J.P., Surgeon to the Royal Hospital and Kil-

mainham Prison; Sir Robert Jackson, late Inspector-General, A.M.D.; Dr. Coppinger, of the Mater Misericordie Hospital.

Stimulants in Workhouses.

DURING the past week a special report has been presented to the guardians of the parish by the medical officer of the Milton Union Workhouse, near Sittingbourne, in Kent. Dr. C. H. Fisher, the official in question, has delivered himself of the remarks contained in his report in answer to the statement made by a certain guardian, who complained of the indiscriminate administration of stimulants in the infirmary. As a matter of fact, only eighteen of the sixty-three inmates were on the wine list, but a few others of the aged and infirm were allowed small quantities of beer and porter. The report is possessed of considerable interest, however, apart from the merely statistical details it presents, on account of the emphatic manner in which Dr. Fisher states in it, as a result of long experience, that in dealing with the aged poor of the malarious district where his duties lie the free administration of stimulants in the more serious cases is imperatively demanded. The stimulants question has received so much prominence of late that every contribution to it of this description may be instructive.

Ship Surgeons.

IN a leading article printed in the *Shipping Gazette* of May 11th are to be found the most ample proofs that could be required of the vital importance of remedying existing chaos respecting ship surgeons. The article in question is intended to be a reply to the unanswerable charges brought by Dr. Irwin and his fellow-objectors to the conditions which now regulate service on board ship. The writer, however, has most unconsciously, it may be, but none the less absolutely in consequence, exposed the utter danger and weakness of that which he is ostensibly defending—viz., the *status quo*. We cannot enter into an analysis of the whole article, or indeed of any great part of it; nor can this be necessary, since no single proposition it broaches is capable of being for a moment accepted by any one who is acquainted with the facts. The following quotation will suffice:—"We agree in thinking that the doctor's inefficiency is, perhaps, one cause of the high mortality; but shipowners engage the best men they can get, the service performed being tolerably well paid," &c. This terrible admission, that shipowners engage the best men they can get, at little more than journeymen's wages, is, unfortunately for our contemporary's logic, the very strongest proof, taken with high death-rates, that nothing less than compulsion will ever induce such economising owners to pay the salary of a doctor who, instead of being the "best they can get," at £10 a month, will be the most highly qualified and experienced among younger practitioners. The question is, after all, one of pounds, shillings, and pence when reduced to its elements; and in the end coercion must, we suppose, be had recourse to, in order to overcome the many scruples reflected on the owners behalf in our contemporary's purposeless and foolish criticism of Dr. Irwin's and our own utterances.

The Irish Branch Council and the Sham Certificate System.

THE following correspondence has passed between the Branch Council and Dr. Jacob in reference to the letter addressed by him to the General Medical Council on the subject:—

Branch Medical Council (Ireland),
35 Dawson Street, Dublin,
May 11, 1883.

SIR,—The General Medical Council has referred hither your letter of 9th April, 1883, respecting attendance on lectures by medical students in Ireland for inquiry and report. I am therefore desired by this Branch Council to request you to be so good as to inform me whether you are prepared in reference to the letter before quoted to furnish the Branch Council for Ireland with particular information regarding any medical school or hospital in Dublin which has practised the irregularities of which you complain.

I am, &c.,
H. HOUGHTON, for Registrar.

Dr. A. H. Jacob,
23 Ely Place, Dublin.

23 Ely Place,
May 15, 1883.

SIR,—I acknowledge receipt of your letter of May 11, on behalf of the Branch Medical Council requesting me to state whether I am prepared to furnish the Branch Council with "particular" information respecting any medical school or hospital in Dublin which has practised the irregularities of which my letter to the Medical Council complained.

In reply thereto I beg, with every respect for your Council, to say that, having called attention to practices which have long been notorious, and to the evidences of the existence of those practices which are to be found in the Minutes of the Council, in its reported proceedings, in the Dublin newspapers and in the records of public bodies to which I have referred, I do not feel called upon to become the accuser of individual schools or hospitals, or to stigmatise by name members of the profession who have obtained their qualifications by participation in these practices. I cannot presume to instruct the members of your Council, all of them much better informed than I can be respecting medical teaching and school administration in Dublin, as to facts, the accuracy of which is within the knowledge of every school Registrar, and most medical teachers in Dublin, nor can I admit that proof of these assertions contained in my letter hangs upon the evidence of their truth in particular instances.

I regret, therefore, that I cannot give a more satisfactory reply to the request of the Branch Council than to refer them, for confirmation of my statements to—

a. The extracts from Minutes of the General Medical Council referred to in my letter.

b. The Minutes of the Royal College of Surgeons which contain the record of 94 students having claimed to attend night lectures on the ground that they were otherwise engaged all day.

c. The reasons which the Reverend Dr. Haughton can give for having, in his capacity of Medical Registrar of the University of Dublin, refused the certificates of a certain Dublin School.

d. The files of the Dublin newspapers—especially of the *Freeman's Journal* for the month of December, 1882—which contain a voluminous correspondence on night lecturing.

e. The evidence which your Council may readily obtain from medical teachers in Dublin as to the existence, past and present, of these practices.

The issue of certificates of "diligent" attendance to persons who did not, and could not, pretend to have so attended, is, indeed, practically undisputed.

I am, &c.,
ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

MR. W. E. WILLIAMS, F.R.C.S. Ed., has been placed on the magistracy of the County of Monmouth as a Justice of the Peace.

Society for Relief of Widows and Orphans of Medical Men.

At the annual general meeting of this Society, held a few days ago in the rooms of the Royal Medical Chirurgical Society of London, Mr. Charles Hawkins, F.R.C.S., in the chair, Dr. George Johnson was elected a vice-president, *vice* Sir Thomas Watson, Bart., deceased; and Mr. Cooper Forster, Mr. Garman, Mr. Freeman, Dr. Garrod, Dr. Grigg, and Mr. Warrington Haward were elected on the Council in the place of the six seniors who retired, and Mr. Upton, solicitor to the Society, and Mr. Croft, F.R.C.S., a benefactor, were elected honorary members. From the report and statement of finances read, it appeared that 18 new members had been elected in 1882, 9 had died, and 3 had resigned or ceased to be members. Six new widows had been added to those already receiving grants, 4 had died or become ineligible for further assistance, leaving 60 on the books at the end of the year. One fresh orphan had been relieved, 5 had become too old for further assistance, and only 5 remained on the funds. A sum of £2,871 10s. had been distributed in grants during the year, and the expenses had been £190 6s. 9d. The receipts available for the payment of grants and expenses had been £3,061 16s. 9d., the balance on receipts and expenditure being £130 16s. 9d. No legacies had been received during the year. Regret was expressed by many members present that so few medical men availed themselves of the benefits offered by the Society, especially since the alterations of the by-laws had made so great an addition to the income allowed to a widow (from £50 to £80), and had in so many other ways increased the powers of the Society to render assistance to the widows and orphans of deceased members. The secretary stated that the increased radius of the Society (now twenty miles round Charing Cross) had, as yet, made little or no difference in the number of the members—only 370 having joined out of 4,500 eligible in the metropolitan area. A vote of thanks to the chairman and the editors of the medical press closed the proceedings.

Treatment of Goitre.

EVERY improvement in surgery which successfully replaces a large and risk-attended operation by one of a simple and non-dangerous character, must necessarily be regarded in the light of an advance; and in this way a modification of the plan pursued in radical treatment of bronchocele, and which was advocated on Friday last at the meeting of the Clinical Society of London, is freely deserving of general recognition. The operation as described by Mr. Sydney Jones, F.R.C.S., consists in excision of the isthmus of the thyroid instead of extirpation of one or both lobes of the organ; and in a case in which he recently adopted it the proceeding was the most successful possible. A curious consequence of the operation, and on which Mr. Jones laid especial stress, is the invariable atrophy of the gland substances which ensues when the isthmus is taken away; and this fact has not been permitted to pass unnoticed by those Continental surgeons who have led the way in devising and adopting this new operation. That it is new to at any rate a majority of English surgeons is fair to assume, since the

most recent exposition of English surgery, the revised Holmes' "System," is silent in regard to the method. Its obvious advantages, however, so little require to be enforced that no one could be found on Friday to dissent from the opinion that it offers a manifest mode of simple relief in many instances where the vastly dangerous plan of total extirpation would, but for it, be attempted; and in all cases of small fibrous bronchocoeles, which by tightening and pressure produce alarming dyspnoea, the simple and easy operation suggested by Mr. Jones will in all probability be henceforth received as the only legitimate first proceeding open to the practical surgeon.

Parkes Museum.

ON Saturday last His Royal Highness Prince Leopold, Duke of Albany, re-opened the Parkes Museum of Hygiene in its new home, Margaret Street, Regent Street. Captain Douglas Galton, C.B., read the history of the Museum from its commencement, and addresses were delivered by Professor Tyndall, the Archbishop of York, Sir Chas. Mills, Sir Spencer Wells, the Duke of Albany, &c., and the proceedings were witnessed by a considerable number of visitors.

Blood Globules.

WURTZ, in his *Chimie Biologique*, says that in man the average volume of a red globule is 0.00000072 . According to Viewordt and Welcker, a cubic millimetre of blood contains about 5,000,000 red globules. The blood of women contains less. In ten litres of blood the number of globules would be about 50,000 milliards; and the superficies of these globules has been said to be 2,816 square metres.

DR. JULIUS ALTHAUS has been elected a Corresponding Fellow of the New York Academy of Medicine.

MR. ARTHUR W. BROUGHTON, a surgeon practising at Batley, has been fined £5 and costs for unlawfully making a false certificate of death relating to a person he had not seen.

THE Australian *Medical Gazette* gives some of the methods employed by the aborigines of Central Australia to prevent conception. One mode is to make an opening into the male urethra just anterior to the scrotum; another is to slit up the entire urethra, so as to entirely destroy the urethral canal from the scrotum to the base of the glans penis.

THE coronership for Enniskillen having fallen vacant by the resignation of Mr. Gilbert, the appointment is sought by Dr. Gamble, of Enniskillen; Dr. Gilbert, son of the ex-coroner; and Dr. Leeper, of Kesh. The choice of a coroner is in the hands of the Parliamentary electors of the district, who have not the least knowledge—not the least care—as to the suitability of any candidate. Religion and politics settle the question.

THE highest annual death-rates last week in the large towns from diseases of the zymotic class were—From whooping-cough 1.6 in Leicester, and 2.1 in Hull; and from "fever," 1.0 in Newcastle-upon-Tyne, 1.3 both in

Wolverhampton and Sunderland, and 1.6 in Preston. The 30 deaths from diphtheria included 17 in London, 5 in Glasgow, 3 in Edinburgh, and 2 in Birmingham. Small-pox caused 4 deaths in Newcastle-upon-Tyne, one in London, and one in Leeds.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their populations, were—Bolton 12; Bristol 14; Leicester, Huddersfield, Brighton 16; Halifax 17; Edinburgh, Derby 18; Norwich, Bradford, Nottingham 19; London, Sheffield, Birmingham, Birkenhead 20; Salford, Sunderland, Wolverhampton, Portsmouth 21; Cardiff 22; Blackburn 23; Plymouth, Manchester, Newcastle-upon-Tyne 24; Liverpool 25; Leeds 26; Dublin 29; Oldham, Preston 30; Hull 31; Glasgow 35.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Bombay 30, Brussels 31, Amsterdam 24, Rotterdam 30, The Hague 24, Copenhagen 33, Stockholm 26, Christiania 15, St. Petersburg 41, Berlin 25, Hamburg 31, Dresden 30, Breslau 34, Munich 33, Vienna 37, Prague 43, Buda-Pesth 39, Rome 35, Torino 31, Venice 27, Lisbon 32, Brooklyn 20, Philadelphia 21, Baltimore 22. By an unusual coincidence no returns were received from Paris, New York, Madras, or Geneva.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

DOUBLE EXECUTION IN GLASGOW.—How long the brute lingers in humanity! Last week the moral feeling of the great city of Glasgow was shocked by a double execution, with its inhuman and demoralising concomitants. The crime which led to this was evidently the result of a preliminary altercation: one of the men murdered, it was alleged—and there was no reason to doubt the allegation—first fired, and the second criminal fired in dread of being fired at. Since their condemnation the fate of the convicts excited widespread pity, and it was hoped that the Home Secretary would not turn a deaf ear to the petition of 10,000 people, many of them highly influential, of thirteen of the fifteen jurors who found them guilty, and of the magistrates of the City of Glasgow. The *Glasgow Herald* and the *Daily Mail* pleaded for the exercise of mercy, while the *Glasgow News* characteristically called for blood. Against two things we must here protest, in common with our contemporaries, in the first place, viz., that these unfortunate men should have been kept in suspense as to their fate until within fifteen hours of their execution; and once more we have to protest in the interests of public morality against the eagerness displayed by the press in furnishing the public at the earliest possible moment with the disgusting details of public executions. The shortcomings of human nature should ever be kept in the background, and to present them as our daily newspapers so wantonly do, nay, to thrust them on the public mind and attention, is subversive of public good, and unworthy of the influence which newspapers possess in moulding public taste. Under present circumstances it is a matter for congratulation that newspaper reporters are excluded from executions.

ABERDEEN.—CHAIR OF MEDICAL JURISPRUDENCE.—There are now eight candidates in the field for the Chair of

Medical Jurisprudence in the University of Aberdeen, vacant through the retirement of Dr. Alexander Ogston. They are Dr. Robert Beveridge, Dr. Frank Ogston, Dr. Robert Garden, Dr. Angus Fraser, Dr. John Urquhart, and Dr. Simpson, Medical Officer for the City Aberdeen, and Dr. Matthew Hay, and Dr. H. Aubrey Husband, Lecturer on Medical Jurisprudence in the Edinburgh Medical School. The appointment rests with the University Court. Dr. Husband's claims to the Chair seem to us of a high order, and we believe his election would prove highly beneficial to the University.

UNIVERSITY OF ST. ANDREWS.—We understand that at a recent meeting of the Committee on University Legislation, it was agreed to appoint Principal Tulloch, Dr. Caesar, Professors Birrell, Knight, and Pettigrew, Dr. Cleghorn, and Dr. Laing as a deputation to wait upon the Lord Advocate and other influential members of Parliament in connection with the Universities (Scotland) Bill; and at the same meeting it was resolved to take early action for raising subscriptions towards the better endowment of the chairs. The feeling is that a sum of £5,000 or upwards may be obtained in the county of Fife, and that then subscriptions will also flow in from a wider area. It is proposed shortly to organise measures and machinery for the purpose of making the necessary appeal to the public.

THE REGISTRAR-GENERAL'S RETURNS.—From the last returns of the Registrar-General for Scotland the death-rate in the eight principal towns during the week ending with Saturday, the 19th May, was shown to be 26·9 per 1,000 of estimated population. This rate is 0·8 above that for the previous week of the present year, and 4·7 above that for the corresponding week of last year. The lowest mortality was recorded in Aberdeen, viz., 15·7 per thousand; and the highest in Glasgow, viz., 35·0 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 6·3 per thousand, or 1·4 above the rate for the previous week. Measles continue to be the most fatal miasmatic disease, the mortality therefrom being greatest in Glasgow. From acute diseases of the chest 111 deaths were registered, or 10 less than in the previous week.

GLASGOW.—HEALTH OF THE CITY.—The recent high death-rate in Glasgow has attracted considerable attention, and the last fortnightly return of the Medical Officer (Dr. Jas. B. Russell) is of considerable interest. The return before us is only made up to May 12th, the excessive mortality occurring in the following weeks, and to which we shall refer later on. In the present statement we are glad to learn that the rate, though high, was under that of the previous fortnight, and represents a death-rate of 31·2 per 1,000 living. Comparing the total deaths under and above 5 years, we find that last year there were 209 deaths below 5 years, as compared with 303 this—an increase of 94; while above 5 years there were 306 deaths last year, and 308 during the same period this year. The excessive mortality of the fortnight was, therefore, confined to the population below 5 years of age. 53 per cent. of the excess was directly ascribed to measles, whooping-cough, and scarlet fever. The number of deaths from pulmonary diseases was 202, in place of 223, representing a death-rate of 10 in place of 11 per 1,000 living, and constituting the same proportion of the total deaths—viz., 33 per cent. The number of deaths from fever was the same as in preceding fortnight—viz., 6, of which 5 were from enteric fever, and 1 from typhus. The number of deaths from infectious diseases of children was 105, in place of 103—viz., 65 from measles, 28 from whooping-

cough, and 12 from scarlet fever. The mortality from measles had risen still further from 51 to 65. It prevailed uniformly over the whole north side of the river with great intensity. Only 7 of the total deaths occurred on the south side. The average age of the fatal cases of measles was 23 1-10 months, and of whooping-cough 20½ months. The death-rate from measles alone was 3·3 per 1,000, and from whooping-cough 1·4, so that these two diseases added 4·7 to the death-rate. The highest weekly death-rate yet caused by measles was 3·4 in the first week of the fortnight. No cases of small-pox had been registered during the fortnight. The number of cases of fever registered was 36 in place of 24—viz., 31 of enteric fever, 4 of typhus, and 1 undefined. There were 425 cases of measles, 72 of scarlet fever, 50 of whooping-cough, and 17 of diphtheria registered, of which 68 were removed to hospital and the remainder supervised at home.

DEATHS FROM WHOOPING-COUGH IN DUNDEE.—The Dundee Sanitary Committee have had under consideration the enormous death-rate from whooping-cough during the last few months. The Medical Officer of Health reported last week that during the month of April there had been no less than 43 deaths, and that from December 1 to April 30, a period of only five months, whooping-cough had caused 225 deaths in Dundee.

Correspondence.

UNQUALIFIED ASSISTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—*Apròpos* of your article of the 5th inst., as one who has had some experience of the system—having myself been, before my eyes were opened as to the dishonesty and the enormity of it, both an unqualified assistant and an employer of them—I venture to offer you my opinion.

My personal experience was limited to a fortnight, after which time I threw "the situation" up in disgust, owing to the menial duties I was asked to perform; but during this short time I was sent to visit, asked to see and prescribe for patients at the surgery, and actually sent miles into the country alone to attend a woman in labour. At the time, I can confidently assert, I had never attended a midwifery lecture, studied a work on obstetrics, or seen a woman in labour. This could not have occurred had I been qualified. Fortunately for the woman, the case was over before I arrived, as I was sent on foot.

I have employed both so-called experienced (that is, aged) unqualified assistants and also mere boys. I found the former the worse of the two; they had assurance without knowledge, whereas the juveniles usually ran to me in any difficulty. The old stagers usually borrowed money, which they forgot to repay, and somehow my surgical instruments and other trifles got lost under their care.

If, as you say, freshly licensed men are in want of familiarity with the routine of general practice, so are unqualified men when they first commence their career as assistants, and they, in addition, lack the only test of competence—viz., that of examination, which the qualified men possess.

It is quite a different thing, in my opinion, to allow students to prescribe for out-patients under the supervision of some member of the hospital staff, and with the extra check of having a qualified apothecary to dispense their prescriptions, and to allow a general practitioner to employ an unqualified assistant, either for his own profit, or because he fears the superior knowledge of many of our juniors, to dub him doctor, and to pass him on his club, parish, and other ignorant patients as a doctor—all practitioners being doctors alike to some—with no check whatsoever on him either in the management of a difficult labour case, for which he loses his percentage if he send for his employer, in his prescribing, as he dispenses his own medicines, or in his treatment of surgical cases, as they are often entirely left to his own management.

I think the sooner unqualified practice, in all forms, is

made illegal the better for the dignity, profit, and honour of the profession, as well as for the welfare of the public: there are plenty of junior men available who begin with some knowledge, as proved by their having qualified, whereas the unqualified never qualify themselves; and think the first step should be, that the medical papers (*the Medical Press and Circular* is an honourable exception), and above all, that the *British Medical Journal* and *Lancet* should cease to insert their advertisements, and, secondly, that the profession should support only those medical agents who cater for qualified men alone.

The Local Government Board refuse unqualified service. The examination for the Army Medical Service is a strict one. Unqualified lawyers and solicitors are not admitted to practise, nor bogus parsons to preach; yet the lives of Her Majesty's subjects may be placed at the mercy of any ignorant quack to suit the convenience or rapacity of any unscrupulous general practitioner who is dishonest enough to pass him on his clients as

THE DOCTOR.

Medico-Parliamentary.

HOUSE OF COMMONS.—TUESDAY, MAY 22.

VACCINATION WITH CALF LYMPH.

Mr. HOPWOOD asked the President of the Local Government Board whether a memorial had been received by him from Mr. Henry Allen, of Holloway, respecting the death of his child Mabel Emma, on April 19th, 1883, alleging that she died from the effects of vaccination with calf-lymph from the the Marylebone Institution; whether, as the inquest was held without a post-mortem examination or other evidence available to prove the cause of death, he would grant the prayer of the memorialist for an official inquiry; and whether it was the fact that calf-lymph was usually followed by more inflammatory and severe effects than even human-lymph.

Sir C. DILKE: The memorial has been received, and the coroner has been communicated with, who informs me that the jury, in view of the evidence given at the inquest, gave as their verdict that the child died "from the mortal effects of pneumonia, following septicæmia from a labial abscess; and the jurors further say that the death was from natural causes." I have had before me the depositions in this case, and I have been advised that the course of the disease in this child, beginning in an altogether different part of the body from the vaccinated arm, and extending to altogether different parts of the body, while the vaccinated arm showed no undue inflammation, was not such as to suggest any connection whatever between the disease and the vaccination. The Board have accordingly replied that they have no power to review the decision of the coroner's court; and that, after fully considering the circumstances of the case, they are unable to satisfy themselves that there exists any sufficient ground for an inquiry, such as the memorialist suggests. It is a fact that calf-lymph does produce somewhat more decided constitutional symptoms than are produced by average humanised lymph.

FRIDAY, MAY 25TH.

THE CONTAGIOUS DISEASES ACTS.

Sir H. WOLFF asked the Secretary of State for the Home Department when it was intended to bring in the measures in substitution for the Contagious Diseases Acts, and the Bill for the protection of young girls.

Sir W. HARCOURT said that, in the absence of his noble friend the Secretary of State for War, he could not state when the measures in substitution for the Contagious Diseases Acts would be brought in. It was expected that the Bill for the protection of young girls would be introduced into the House of Lords next week.

MONDAY, MAY 28TH.

INDIAN MEDICAL SERVICE.

Mr. CROSS, in answer to Mr. Leamy, said the attention of the Secretary of State had been called to the exceptionally large number of junior medical officers in India drawing what was called unemployed pay. This was due partly to the unusually small number of medical officers at present absent from India on furlough, partly to the large number of young officers admitted to the service consequent on the Afghan war, and partly to the recent reduction of 22 native

regiments, with the consequent reduction of the medical staff attached to regiments. The unemployed pay of a surgeon in the Indian Medical Service was not the lowest awarded to any covenanted or commissioned officer in the Indian service. An unemployed lieutenant would draw Rs. 256 a month, while an unemployed surgeon, if under five years' service, would draw Rs. 286, or, if over five years' service, Rs. 304 a month. The present difficulty was being met by a large decrease in the number of appointments, there having been 18 for last year and 13 for this, as compared with 39 and 49 for the two preceding years. The published conditions under which officers accepted employment in the Indian Medical Service were accurately fulfilled.

THE LONDON APOTHECARIES' SOCIETY AND THE MEDICAL ACT AMENDMENT BILL.

ON Friday last a deputation from the Society of Apothecaries had an interview with Mr. Mundella, at the Privy Council Office, to urge the reinstatement of that body in the representation on the next Medical Board which is to be formed under the Medical Act Amendment Bill. Mr. Sauer, Master of the Society, and other speakers, pointed out that they had been suddenly deprived in the House of Lords of that share of representation which, in accordance with the recommendation of the Commissioners, was allotted to them in the Bill as originally introduced.—Mr. Mundella said the spirit and disposition of the Government was shown by the fact that the representation of the Ancient Society of Apothecaries was provided for in the original draft of the Bill, but in deference to Lord Salisbury's opposition the leaders on both sides agreed to omit the Society from the divisional board. It was only the House of Commons which could make any further changes, and the Bill had been sent down from the Upper House in the form in which he would have to conduct it in the House of Commons. The almost universal testimony of the medical profession was that the general provisions of the measure were excellent, and he received the statements of their Society with the utmost respect, he would give them due consideration, and he would represent their views to the Lord President before the Bill went into committee.

THE APOTHECARIES' HALL AND THE IRISH MEDICAL BOARD.

ON Wednesday, the 23rd, a numerous meeting of members of the Apothecaries' Hall was held in the board room of the Hall, at four o'clock, for the purpose of asserting the claim of the Hall to appoint a representative on the Medical Board under the Medical Act Amendment Bill. The chair was taken by Dr. Collins, Governor of the Hall.

The Chairman said the object for which they were called together was to protest against the injustice that had been done to their body by removing them from the Medical Act Amendment Bill. The Bill as originally introduced in the House of Lords by the Lord President of the Privy Council gave their body the right of appointing a representative on the Irish Medical Board. That was in accordance with a recommendation of the Royal Medical Commission; but owing to some misinformation as to the position that Hall had held as one of the medical authorities of Ireland for the last 300 or 400 years, that right was taken from them on the second reading of the Bill on the 19th of last April. Of the 2,450 medical men who were practising in Ireland, far the greater number were acting as general practitioners, compounding and prescribing as well as dispensing medicine under Poor Law and Government Boards. But what they principally laid stress on was the effect the omission would have on the future of the general practitioner. They had had a very important interview with the Chief Secretary, Mr. Trevelyan, who had assured them that the matter should receive the utmost attention from Government, and he had also promised to place him (Chairman) and Sir George Owens in communication with Mr. Mundella, the member of the Government who had charge of the Bill in the House of Commons. They had also communicated with the Apothecaries' Society of London, and had received a letter from them stating that they had been treated in the same manner, and would leave "no stone unturned" to get their proper position in the Bill. There were nearly one thousand licentiates of the Apothecaries' Hall of Ireland, and he was informed that the

English body had nine thousand on its roll of licentiates, about seven thousand of whom were practising.

Mr. Tait moved the following resolution :—

"That this meeting having considered the Medical Acts Amendment Bill at present before Parliament, are filled with consternation by the discovery that the claim of their branch of the profession is entirely ignored by the Bill, and that this act of injustice has been committed notwithstanding that their claim had been duly recognised in the first copy of the Bill introduced in the House of Lords."

Dr. Lyons, M. P., said he attended because they were his constituents, and also because he was influenced by that fellow-feeling which moved them all when professional matters were at stake. Their branch of the profession fulfilled a most important function, and the chairman, so far from exaggerating the antiquity of their body, had fallen short of it by several hundred years. That corporation dated from the arrival of Henry II. in Ireland. He was a gentleman who knew tolerably well what he was about, and after his arrival in Ireland he instituted the well-known Guild of St. Mary Magdalene, which comprised the Apothecaries' Society of that day. They were the lineal descendants of that distinguished body which occupied for a long period a position of great importance in the country. It was not until a couple of centuries later—about 1384—that the first medical degree was given by the University of Oxford. The Apothecaries' Society of London dated from 1542, so that it also was their junior. There was a great tendency at the present day on the part of the populace to run in the direction of quackery. A large body of the people of England had passed into the hands of men who were in no respect physicians, surgeons, or apothecaries. There were no less than 300 herbalists practising in England. It was most important that by unwise legislation the great body of the lower classes were not driven into the hands of unqualified men. The Apothecaries' Hall had up to the present admirably fulfilled a function which could not be performed by the other branches of the profession. He should be most happy to give the fullest effect to the views of the gentlemen present in reference to the question under discussion.

Dr. R. S. Hayes moved—

"That in enacting a State qualification for general medical practice it is of the utmost importance that the persons obtaining such qualification shall possess the requisite knowledge and skill, and that their competency shall be adequately proved and certified by a perfectly-constituted board of examiners."

Dr. Knight moved a resolution the object of which was to have a particular clause in the Bill amended so as to restrict general practitioners to the supplying of medicine to their own patients.

Sir William Carroll moved a resolution appealing for support in the present matter to the profession throughout the country.

The proceedings concluded with a vote of thanks to the Chairman.

Obituary.

DR. PETER STEWART, OF GLASGOW.

By the death of Dr. Peter Stewart, Glasgow has lost a much-respected citizen, and the medical profession of the city one who long worthily represented many of its best phases. Dr. Stewart was born in Greenock in November, 1813. His father removed subsequently to Paisley, and ultimately to Glasgow, where the subject of our notice received his early education. Dr. Stewart received his medical instruction at the University, and Royal Infirmary of Glasgow, taking his first qualification, L.R.C.S. Edin., in 1834. In 1845 he graduated M.D. (Glasgow), and in 1858 he became a F.F.P., and S.G. His studies at Glasgow were supplemented by courses at Paris and Brussels. During the earlier portion of his professional life he acted as an assistant in England, returning to Glasgow and establishing himself in practice on the south side of the city, where until within fifteen years of his death he laboured with great assiduity and faithfulness among a large and respectable *clientèle*. For the last fifteen years of

his life he resided in Albany Place, on the north side of the city, retaining, however, his early professional connection on the south side. In later years Dr. Stewart indulged a taste for foreign travel, visiting the chief cities and countries of Europe, Australia, New Zealand, and twice America, as far as California, returning on the last occasion by Panama. Dr. Stewart was a good linguist, being quite familiar with French and German, and being a good observer of men and things in addition, he travelled with much pleasure and benefit to himself. As a practitioner it may justly be said of him that he was oppressively conscientious, sparing himself neither night nor day in his devotion to his patients, by whom he was consequently held in much and deserved veneration. He kept himself constantly abreast of medical information, and was thus a constant buyer of new books and new editions, which were carefully scrutinised by him, and were no mere ornaments of his library. He had an intelligent belief in the efficacy of medicine, and prescribed both in a rational and successful manner. Dr. Stewart was too much occupied with the practical duties of his profession to contribute much to its literature. He was twice President of the Southern Medical Society, was visitor of the Faculty, and its representative on the directorate of the Royal Infirmary. When he arrived in Glasgow from California on the 1st March last he was suffering from a throat affection which turned out to be of a carcinomatous nature. He was chiefly attended by his old friend Dr. Ebenezer Watson, in whose professional skill and experience he reposed much just and intelligent confidence. During the unavoidable absence of Dr. Watson from Glasgow the operation of tracheotomy was performed on Dr. Stewart by Dr. Hector Cameron; temporary relief to the most urgent symptoms was thus obtained. The operation was performed on the 20th April, and Dr. Stewart died on the 10th May, in his seventieth year. His remains were interred at Sighthill Cemetery, Glasgow, and the funeral was largely attended by members of the medical profession and former patients and friends amidst the most unmistakable demonstrations of sympathy for bereaved friends, and respect for the deceased.

University of Aberdeen.—The following registered medical practitioners, having passed the required examinations, have received the degree of Doctor of Medicine of this University :—

Andrew, J. L., L.R.C.P. Ed.
Astles, H. E., F.R.C.P. Ed.
Brown, A., M.R.C.P. Ed.
Fisher, H. F., L.R.C.P. Ed.
Gambler, T., M.R.C.S. Eng.

Giddings, W. K., M.R.C.P. Ed.
Jameson, J., F.R.C.S. Ed.
Jay, F. F., L.R.C.P. Lond.
Kempster, W. H., L.R.C.P. Ed.
Smith, T., F.R.C.P. Lond.

King and Queen's College of Physicians in Ireland.—The following candidates, having passed the required examinations, held on May 7th, 8th, 9th, and 10th, have received the Licence to practise :—

For the Licences to practise Medicine and Midwifery.

Obarlick, A. J., Southport.
Davis, J. H., Dublin.
Dillon, P. K., Dublin.
King, R. T., Rathear.
Marsden, H. H., Birkenhead.
Farke, J. L., Tideswell.

Patterson, R. D., Moy.
Robinson, H., Liverpool.
Todd, J. J., Omagh.
Waterfield, W. H., Dublin.
Wynne, E., Dublin.

For the Licence to practise Medicine only.

Sproulle, T. W., Moville.

Walpole, G. A., Strokestown.

For the Licence to practise Midwifery only.

Fenton, A. W., M.B., B.Ch.,
Eeskey, co. Sligo.

Swan, S. A., M.D., Belfast.

Queen's College, Cork.—The following prizes and certificates for the winter session of this College have been awarded :—PRACTICE OF MEDICINE. Fourth Year: William Barter, William John Moynahan, James H. Swanton, prizes; John Bolster and John Sheedy, certificates.—MEDICAL JURISPRUDENCE: William Barter, William John Moynahan, James H. Swanton, prizes; Daniel O'Mahony and John Bolster, certificates.—PRACTICAL ANATOMY. Third Year: Benjamin Hosford, John Kearney, James F. Magner, Philip Augustine McCarthy, prizes.—ANATOMY AND PHYSIOLOGY: John Kearney, Benjamin Hosford, prizes.—SURGERY: John Kearney, Philip Augustine McCarthy, Cornelius O'Doherty, Benjamin Hosford, prizes; James F. Magner, certificate.—MIDWIFERY: Daniel O'Mahony, Benjamin Hosford, prizes; James F. Magner, certificate.—EXHIBITION IN PRACTICAL SURGERY: William Barter.—EXHIBITION IN PRACTICAL MIDWIFERY: William Barter and J. Moynahan (equal).

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 6, 1883.

CONTENTS.		PAGE	PAGE
ORIGINAL COMMUNICATIONS.			
Uric Acid: its Physiology and its Relation to Renal Calculi and Gravel. By Alfred Baring Garrod, M.D., F.R.C.P., Consulting Physician to King's College Hospital London	483	the Valve, the Floor of the Ulcer being formed by the Neck of the Gall Bladder	490
Remarks on the Use of the Moxa in Chronic Affections of the Spinal Cord. By D. H. Cullimore, M.D., Senior Physician to the North-West London Hospital ...	486	The Unqualified Assistant System and the Illegal Signing of Death Certificates	491
CLINICAL RECORDS.		LEADING ARTICLES.	
Cases in Private Practice.—Migratory Gout. Under the care of Dr. Myrtle. Reported by Mr. Jas. A. Myrtle, M.B.	488	LORD MORLEY'S COMMITTEE ON THE ARMY MEDICAL DEPARTMENT	493
FRANCE.		CONCEALMENT OF DISEASE UNDER COMPULSORY NOTIFICATION	494
The Contagious Disease Act	488	ICHTHYOL	495
Production of Charbon	489	NOTES ON CURRENT TOPICS.	
On Resection of the Lung	489	Nephrectomy in America	496
TRANSACTIONS OF SOCIETIES.		An Unusual Occurrence	496
CLINICAL SOCIETY OF LONDON—		Kalrine	496
Cases of Nystagmus Infantilis	490	Clinical Society's Committee on Spina Bifida	497
Exclusion of Small Goutre—Recovery ...	489	Students and the Medical Bill	497
Ulceration at the Pylorus, situated at		Murchison Memorial Scholarship	497
		The Royal Red Cross	477
		The Unqualified Assistant Again	497
		Small-pox in Dublin	497
		Death of Dr. Wilbur	498
		Royal Medical Benevolent College	498
		Clinical Society of London	498
		Oxalurea	498
		Professorship of Practice of Medicine in the Irish College of Surgeons	499
		Modern Circumcision	499
		SCOTLAND.	
		The Scotch Corporations and the Universities	500
		Future of the Extra-Mural Schools	500
		Counterblast for Sir Wilfred	500
		Anti-Vivisection Conference	500
		Meeting of the Professor in Scotland at the Royal College of Physicians of Edinburgh	500
		The Annual Meeting at the Irish College of Surgeons	501
		The Encouragement of Original Research	501
		LITERARY NOTES AND GOSSIP	
		CORRESPONDENCE.	
		Dr. Thornley Stoker on Pulmonary Phthisis	504
		NOTICES TO CORRESPONDENTS	
		Vacancies	504
		Births	504

Original Communications.

URIC ACID: ITS PHYSIOLOGY AND ITS RELATION TO RENAL CALCULI AND GRAVEL. (a)

By ALFRED BARING GARROD, M.D.,
F.R.C.P., F.R.S., &c.,
Consulting Physician to King's College Hospital, London.

LECTURE I.

ON being requested to deliver the Lumleian Lectures for the present year at your College, I naturally felt much gratified by the honour; but, none the less, I should have hesitated to accept the responsibility of addressing you in my present capacity, had it not so happened that I was at the time engaged in completing some investigations which I had begun many years before. As these had relation to the production of uric acid in the animal economy, and to its morbid manifestations—subjects of deep interest to the physician—I thought that the results of these researches might not be altogether without attractiveness to my professional brethren, if they were made the subject-matter of the present course of lectures.

Having, therefore, a subject to bring before you which contains some little novelty, and, as it were, breaks new ground, I put this fact forward as my excuse for appearing to-day in the capacity of your Lumleian Lecturer.

I shall not hesitate to dwell somewhat on the physiology of uric acid in my lectures, as I feel sure that any advance in its pathology which the future may show must largely depend on our having the firm foundation of a correct physiology to build upon—a thing much needed at the present time, if we may draw such a conclusion from the diversity of opinions as to the production of uric acid which are in vogue, while we have many holding that the spleen, others that the liver or the lymphatic glands, are the organs devoted to its elaboration. Nor shall I hesitate to dwell upon the condition and composition of the urinary excretion in different classes of animals, for I have long felt that, if in the study of the physiology of uric acid we confine our

attention to the human subject, we place ourselves in a position of great disadvantage towards the inquiry, seeing that uric acid and its derivatives pervade the whole animal kingdom. Furthermore, when I considered that, in some animals, the nitrogenised excretion consists almost entirely of uric acid, while in others its amount is extremely small, it occurred to me that, in the study of this principle in various classes of animals, we should be most likely to discover the true solution of its formation and the rôle which it plays in the animal economy. For these reasons I have laid great stress on the comparative physiology of uric acid in my lectures.

Let us imagine a partition separating the blood from the urinary excretion, such as, in nature, is found in the walls of the renal vessels; then uric acid, free or in combination, may exist either on the one or on the other side of this membranous partition; if on the other side—that is, in the blood—it originates symptoms which are referable to various organs; it may be deposited in the articular tissues, and produce the typical form of joint-gout, with chalk-stones; or it may affect the skin in the shape of eczema, or cause cramps, neuralgic pains, dyspepsia, &c., according to the part particularly selected. On these I shall not touch in this course of lectures having had full opportunities of setting out my views and researches elsewhere. But uric acid is also to be found on the other side of our imaginary partition; that is, in the urinary excretion, and, under certain circumstances, it forms morbid deposits, such as go by the names of gravel and calculi, and it is to these that I shall confine my attention, with special reference to their pathology and treatment.

The metabolism of the various tissues of which the animal body is composed, which occurs during life, is accompanied by the formation of certain products which require to be eliminated. Leaving out of consideration the inorganic salts, such as the phosphates and chlorides, we have certain elements, chiefly among which are carbon, hydrogen, oxygen, and nitrogen (some of which four elements enter into all organic compounds), to be got rid of. Of these, a large portion of the carbon, united with oxygen, escapes by the lungs as carbonic anhydride (carbonic acid), while the hydrogen, united with oxygen in the form of water, is thrown out by the skin, lungs, and kidneys. There remains the nitrogen—the element, *par excellence*; characteristic of life—which is eliminated almost exclusively by the kidneys, in what shape or shapes I will now describe.

(a) The Lumleian Lectures for 1883. Delivered before the Royal College of Physicians of London.

In some animals, as the mammalia, including man, urea [$\text{CO}(\text{NH}_2)_2$, or $\text{CH}_4\text{N}_2\text{O}$] is the chief nitrogenised principle, and it is the one which is richest in nitrogen, containing as much as 44.66 per cent. This organic body which was the first to be synthesised or made artificially, being very soluble both in water and in the animal fluids gives little or no trouble in its elimination, as it forms no concretions, and I am not aware that its presence in the blood produces any marked symptoms; at any rate, it can be injected into that fluid with impunity; for we must take care not to find a condition of blood showing the mere presence of urea, with the so-called uræmic poisoning.

From many observations it appears that the average quantity of urea excreted in the twenty-four hours is 512.4 grains, and that, for each avoirdupois pound, 3.33 grains are eliminated daily. It is in the form of urea, therefore, that the chief part of the nitrogen in a very large and important class of the animal kingdom is eliminated.

The next principle to be mentioned is uric acid ($\text{C}_5\text{H}_4\text{N}_4\text{O}_3$), which was formerly called lethic acid, and has recently been synthesised. This acid, combined with more or less ammonia, forms the chief part of the nitrogenised excretion of birds and reptiles, as also of almost all invertebrate animals, and a small part of that of man and the other mammalia. It contains 33.33 per cent. of nitrogen, but, if estimated as urate of ammonia, as much as 37.83 per cent. Its properties, especially as regards solubility in water or the animal fluids, differ greatly from those of urea, for it is with the greatest difficulty that it is dissolved, requiring, when pure, as much as 8,000 times its weight of distilled water at about the temperature of the blood (100 Fahr.). The salts of this acid are more soluble, but yet, in comparison with others, only slightly so, and they and the acid itself readily crystallise out from the fluids in which they are dissolved. It is owing to this property of insolubility that uric acid, although it forms so small a proportion of the urinary excretion in man, so frequently is a cause of disease. In the first place, it may congregate in the kidneys, forming gravel and renal calculi, which, when they reach the bladder, if they remain there for any time, encourage the precipitation of a further quantity of uric acid or urates upon them, and thus vesical calculi are formed; or, secondly, uric acid may be present in the blood and lead to special symptoms in different organs, or become deposited in the form of urate of sodium in various tissues, producing much discomfort.

As it is important to have a knowledge of the relative solubilities of the principal salts of uric acid, as well as of the acid itself, and as no table is known to me which shows their solubility at the temperature of the body, and as great discrepancies exist in the accounts of their solubility at any temperature, I have had a careful set of experiments made, with the results which are set out in the following table:—

Table of Solubilities of Uric Acid and its Principal Salts in Distilled Water. Temperature 100° Fahr.

		Parts	
Uric acid	... ..	Pure	... .. 1 in 8,000
Urate of ammonium (artificially prepared)	Acid urate	...	1 in 2,400
Urate of sodium	...	...	1 in 1,130
Urate of potassium	...	...	1 in 500
Urate of lithium	...	...	1 in 220
Urate of magnesium	...	...	1 in 1,600
Urate of calcium	...	...	1 in 2,800
Urate of lead	...	...	Insoluble
Urate of iron	...	...	Insoluble

There is a third body, viz., hippuric acid ($\text{C}_9\text{H}_9\text{NO}_3$), which is found in the urinary excretion; largely in that of the herbivorous mammals; in small and varying quantities in the urine of man; but is almost, if not entirely, absent from that of the carnivorous mammals. It will be seen, from its formula, that the percentage of nitrogen contained in it amounts to 7.82.

Although hippuric acid has hitherto been regarded as a comparatively insignificant ingredient, at least in the urine of man, we shall, as we advance in our subject, find that it plays an important rôle in the metabolism going on in the system, one which, to us, as students of disease, is of deep interest.

It is in the form of one or other of these three substances, with comparatively slight exceptions, that the whole of the

nitrogenised waste of the body is eliminated from the system by the renal organs, little or none escaping by any other channel.

As uric acid is the principle which will chiefly engage our attention in these lectures, and as a correct knowledge of the mode and place of its formation in the economy is of the utmost importance if we ever hope to arrive at the solution of the problem of the cause of calculi, and to develop some method of preventing their occurrence, and more especially, as the views I have arrived at during the study of the subject differ so much from those held almost by all physiologists, I shall not attempt to apologise for occupying your time with the investigation of the nature of this substance, so interesting in its physiology, and in its pathological development, leading to much suffering, danger, and even death.

Origin of Uric Acid in the Animal Economy.—There are, at least, two possible theories as to the formation of uric acid. Of these, the first is, that it is formed during the metabolism constantly going on either in the system at large, or in the special organs—such as the spleen, lymphatic glands, liver, lungs, &c.; and that, when formed, it reaches the blood, and is afterwards rapidly eliminated by the kidneys. From the point of view of this theory, the renal organs are merely the drawers-off or filterers from the blood of the uric acid which it brings to them. On looking over the principal modern books which deal with this subject, and on ascertaining the opinions held by physiologists, pathologists, and the members of the medical profession in general, I find that this view is so popular with them as to be almost universally accepted; in fact, all the attempted explanations of the influence of respiration, of the cutaneous functions, of different kinds of diet and regimen, are based upon the assumption that uric acid owes its origin to a less perfect oxidation of nitrogenised principles in the system than occurs when urea is formed, and that a meat diet powerfully favours the formation of this acid. For the sake of brevity, I shall, in these lectures, call this the *first view*.

Another, which I shall call the *second view*, may be held. In this, it is assumed that the kidney is the organ whose function it is to produce uric acid; that this principle is formed in the renal cells from nitrogenised matters brought to them by the blood; and that, in so far at least as uric acid is concerned, the kidneys do not act in any degree as filterers or strainers. There are few physiologists or pathologists, at the present time, who hold this opinion; and the discovery of uric acid in the blood, which I made in 1847, seemed at first sight, to militate against it: for it appears to follow, from the fact of the presence of uric acid in the blood, that it must be formed before the blood reaches the kidneys, and not in those organs.

In the course of our investigation into the value of these two views respectively, we shall have occasion to bring forward almost all the facts at present known with reference to the physiology of uric acid, and these require a satisfactory explanation before we can definitely arrive at any choice between the rival theories. I feel most strongly that a correct knowledge of the physiology is essential, if we hope to advance further in the pathology of uric acid.

The two theories above mentioned may be shortly summarised as follows. In the first, the kidney is regarded simply in the light of a strainer or filterer of the uric acid which is found in the blood, and passes through it. In the second, the kidney is held to be the actual producer of uric acid, and the presence of this principle in the blood and tissues is explained by resorption from the renal cells, a process which is scarcely appreciable in health, but becomes more and more marked in proportion to the difficulty which the uric acid has in finding its way to the uriniferous tubes.

In considering the physiology of uric acid, I must, in the first place, draw your attention to the fact that there are great differences between the urine of different classes of animals, both in physical condition and in chemical composition. In some animals, the urinary excretion is very thin and watery; in others, it has the consistency and appearance of thick cream, these differences depending, of course, on the ratio between the water and the solid constituents of the excretion. The constitution of the solid portion of the excretion also varies much; in some urines, the urea is abundant, the uric acid very scanty, or even altogether absent; in others, these two constituents are both present in large quantities; while, in a third class, the

urea is either very small in amount, or entirely absent; uric acid, in some form of combination, constituting almost the whole of the solid portion of the urinary excretion.

1. *Mammalia*.—The urine of man, we will not discuss at present, as we shall have to speak about it when dealing with the formation of renal calculi and gravel; it may, however be mentioned in passing that, in constitution, it closely resembles a combination of that of the carnivorous and herbivorous mammals, as, indeed, might have been anticipated from our knowledge of the anatomical structure and the nature of the food of man.

The urinary excretion of the carnivorous mammals is a watery and heavy fluid, its specific gravity being sometimes as high as 1070. I have found that of the lion and tiger to be 1063 and 1064, of a distinctly acid reaction, and a not disagreeable odour; nor is it liable, as has often been asserted, to rapid decomposition. The urine is rich in urea, so much so often that a single drop placed on a piece of glass will, after a few minutes, become a mass of crystals; and with nitric acid, it immediately becomes solid, from the formation of nitrate of urea. Uric acid is usually found in it, but in very small quantities, never, at least when the animals are kept in confinement and sparingly fed, reaching the amount contained in human urine. In that of the tiger I have found it readily, and it even crystallised out from such urine when spirit had been added to preserve it. In the lion I failed to discover it in the only specimen which I examined, but oxalate of calcium was present, a salt which was probably produced by the decomposition of uric acid.

No hippuric acid is found, at least under ordinary circumstances, in the urine of the carnivorous mammals: a fact on which I wish particularly to insist.

Next, as to the herbivorous mammals. The chief points of relation and difference between the urine of these and the carnivorous mammals may be thus summed up. It is usually a heavy fluid. I have found in the horse the weight ranging from 1025 to 1045. In the elephant (female) it was 1033; and in the camel 1047; but only one examination was made in each case. In the cow and ox I have found it as low as 1014, and as high as 1035. It is always alkaline in reaction, except in the sucking animal, and of a peculiar but not unpleasant odour; and I may here mention that my experience is opposed to the statements of many writers, for I have found very little tendency in such urine to undergo decomposition; in fact, I have placed it side by side with human urine, and found that it remained free from decomposition when the latter had become completely destroyed.

The urine of the herbivorous mammal is rich in urea, less so than that of the lion or tiger, and will not often crystallise on spontaneous evaporation, but generally becomes more or less solid on the addition of nitric acid, owing to the copious formation of nitrate of urea.

As to uric acid, such urines may be said to be free from this principle, except under peculiar circumstances; but, as these exceptions are most important from a physiological point of view, they will be referred to further on.

2. *Birds*.—The urinary excretion of birds, as far as my observations go, is semi-fluid, cream-like, and very rich in uric acid. After being expelled from the body, it soon sets, and becomes a hard white mass, in appearance not unlike plaster of Paris. As much as 90 per cent. of uric acid, or even more, has been discovered in it, together with a varying quantity of ammonia. I have always found it distinctly acid in reaction, whether the bird was living on meat or grain. Most observers have failed to find urea in the urine of herbivorous or graminivorous birds. I myself have never, as yet, been able to detect it; but in the carnivorous birds a small quantity is said to be always present, probably never exceeding a fifth part of the uric acid.

3. *Reptiles*.—In so far as the eye can discover, or as chemical analysis has succeeded in making out, the urinary excretion of ophidian and saurian reptiles is identical with, or most closely resembles, that of birds. I have carefully examined that of several pythons, boas, cobras, and the common English snake; also of various saurians, as the Australian monitor, &c. Urea is said to be absent, and with one exception—viz., the common green snake—I have failed to find it. Whether it exists, in traces, in such excreta, as a rule, is at present a moot point. In the chelonian reptiles the excretion differs from that of ophidians and saurians in that it is almost liquid,

usually consisting of a clear watery fluid containing opaque white flakes of urates.

4 and 5. *Batrachians and Fish*.—With regard to these classes of animals but little information has, as yet, been obtained.

6. *Invertebrata*.—Lastly, one word as to the nature of the urinary excretion in the invertebrates. With the exception of animals belonging to the class arachnida, as the scorpion and spider, which excrete guanine ($C_5H_7N_5O$), a substance found in guano, and probably derived from uric acid, and closely related to it in composition, all the invertebrata throw out uric acid or urate of ammonium.

Having now given a short sketch of the character and composition of the urinary excretion of the different classes which compose the animal kingdom, we are naturally confronted by the question, Why this difference in the excretion of nitrogen—why in some animals does it chiefly take the form of urea; in others, that of uric acid? The supporters of the first view have attempted many explanations, the favourite one being that it depends on the greater or less activity of the function of respiration. This, I believe, originated with Liebig, and it is a view much insisted on by chemists, for it must be remembered that the uric acid, under the influence of oxidating agents, readily breaks up into urea and other products; thus a slight oxidating cause splits it up into urea, allantoin, and oxalic acid, all of which substances are found at times in the animal economy. Liebig pointed to the fact that mammals, having a high temperature and active respiratory function, throw out but little uric acid and a large quantity of urea; whereas reptiles, with a low temperature and a correspondingly low respiration, throw out their nitrogen chiefly as uric acid. This view was at first sight most plausible, but unfortunately it was founded on limited data—it was, in fact, a most partial view, for we have only to turn to the large class of birds for its refutation. Here we see animals with the highest temperature and a respiration correspondingly active eliminating their nitrogen in exactly the same form as the cold-blooded reptiles.

Lastly, we may look at the excretion of invertebrate animals, whose temperature is high, while no urea is found in their nitrogenised excreta.

The nature of the food taken has been thought by many to have a powerful influence on the excretion of uric acid, but it needs very little consideration to show the inaccuracy of this idea; for ophidian reptiles, as the python and boa, which live exclusively on animal food; and grain-eating birds, such as the canary and others, whose food consists entirely of seeds, excrete the same nitrogenised products—in fact, it is difficult to separate the urinary excretion of the one class from that of the other, as I have already stated, both consisting of uric acid in combination with some ammoniacal compound. Again, if we compare a toad with a lizard, the little influence of the character of the food is at once strikingly shown. Both animals live on flies, yet the urine of the toad is clear and watery, and contains no appreciable uric acid; whereas that of the lizard resembles cream, and consists mainly of urate of ammonium. The excretion of uric acid, and of urea also, is doubtless much influenced by the amount of food taken, whether in the same ratio has not yet been determined.

Some physiologists look upon the spleen as the producer of uric acid; others regard, some the liver, some the lymphatic glands, and some the cartilaginous tissues as the originators of this principle; but there is one fact which must not be lost sight of—viz., that whether an animal throws out all its nitrogen in the form of uric acid or in that of urea, it equally in either case possesses a spleen, a liver, lymphatic glands, and cartilaginous tissues.

Of course, if we accept the second theory, and regard the kidneys as the producers of uric acid, the difficulty of the question is at once solved. We have only to regard the kidney as containing different cells—some, perhaps, for the formation of urea; some, at least, for the production of uric acid, and to hold that the number of the latter cells, compared with the other excreting cells of the kidney, differs in different classes of animals. The amount of respiration in any animal would then be of little moment with reference to the excretion of uric acid; also the nature of the food, provided only that the blood contained sufficient pabulum fitted for its supply. Possibly, however, many of us already see difficulties ahead, which have to be resolved before such a view can win acceptance.

(To be continued.)

REMARKS ON THE USE OF THE MOXA IN
CHRONIC AFFECTIONS OF THE SPINAL
CORD. (a)

By D. H. CULLIMORE, M.D., M.K.Q.C.P., &c.,
Senior Physician to the North-West London Hospital; formerly
Medical Staff, Indian Army.

MR. PRESIDENT AND GENTLEMEN,—In the remarks which I am about to offer my principal aim is to endeavour to show the advantages that attend the use of the moxa in sclerosis and other chronic inflammatory conditions of the spinal cord and the intractable and often incurable diseases depending thereon.

With this object I shall first detail a few cases where this method was tried with the best results, and then briefly draw attention to the history of the moxa, its mode of application, and the great value which, as it appears to me, it possesses over other forms of counter-irritation in the diseases in question.

The first case is one of infantile paralysis occurring in a girl, *æt.* 11, who was admitted into the North-West London Hospital, Nov. 6th, 1880. She gave the following history, which was confirmed by a very intelligent sister:—

Having been a delicate child from her birth, she was, when two years old, unable to sit up, owing apparently to weakness of the lower part of the back, together with some deformity of the feet and knees, for the relief of which she went to hospital and had the tendons divided. This treatment appeared to be ineffectual, her limbs falling in and continuing to give way whenever she attempted to stand. After a year she was taken to another hospital, where she was treated for rickets, and again, at the age of 8, to a third institution, where electricity was applied, and there being spastic contraction of the muscles, the tendons about the knee and ankle-joints were divided with some advantage, and an iron supporting apparatus supplied, which she wore till coming under my notice. But as at this time it was a weight instead of a support, and appeared to interfere with the circulation in the lower limbs, which, though not greatly emaciated, were of a bluish, erysipelatous hue, and presented a cold and statue-like feeling to the touch, I had it removed.

When examined, she was helpless as regards the use of the lower extremities (particularly the left), being unable not only to stand, but to move one foot over the other in bed. Sensation was also slightly impaired. The patellar tendon reflex and galvanic contractility were absent. There was also awkwardness and slowness in the movements of the upper extremities, together with thickness and slowness of speech. Pressure over the vertebræ was not attended with pain. The temperature and heart's sounds were normal. Pulse 120, respiration 20.

The treatment consisted in remaining quietly in bed, with the application of a moxa twice a week, which was continued for three months, with the following mixture:—

R. Tr. belladonnæ, ℥iv.;
Tr. nux vom., ℥ij.;
Aquæ ad ʒij.

M. To be taken twice a day.

This medicine was continued from the 8th of November till the 1st of January, 1881.

Jan. 1st.—After a few weeks she was well able to move her legs in bed, and after six weeks to get up and walk a little with assistance. At this period 1-20th of a grain of phosphide of zinc was substituted for the mixture above noted.

March 1st.—Can now walk alone, but with the gait of an old and feeble person.

July 1st.—The improvement continued till the end of June to such an extent that she was able to walk to

church; but at this time, owing to an unfortunate fall on the stairs, her further progress was retarded, and she left at Christmas in good health, being well able to walk across the ward slowly without assistance.

April 1st, 1882.—Again admitted in a weak, emaciated, and deteriorated state, owing to the combined effects of falls, insufficient food, defective clothing, and mental annoyance, pointing to the danger of sending such patients from the comfortable and warm wards of an hospital to the coldness and hardship of a poor home and unsympathising, because wearied, care of relations.

Owing to the hopelessness of improvement within a reasonable period, she soon left, and of her present condition I am not aware.

The second case is one of chronic myelitis the result of injury, and occurred in a boy, *æt.* 12, who was admitted under my care June 1st, 1880.

In August, 1879, he fell and injured his back, as a result of which symptoms of paraplegia, not suddenly, but slowly, developed themselves, pointing to the absence either of fracture or dislocation of the vertebræ, of effusion of blood, or acute inflammation.

He was treated like the last patient, in three institutions. First a spinal jacket was applied, and there being obstinate constipation, strong purgatives, with strychnia and belladonna, were given. In the second, where he was admitted on the 3rd of January, 1880, the treatment I have not found out. It was, however, so far from being effectual, that coming under homœopathic influence, he sought relief in a homœopathic hospital, whence, he states, after a trial of a few months, he was discharged incurable.

When I saw him on the 1st of June there was complete paralysis of motion of the upper as well as the lower extremities to such an extent that he was unable to move in bed or to feed himself, with impairment of sensation. There was also extreme emaciation, obstinate constipation, bed-sores, and incontinence of urine, showing an extent and depth of the lesions in the cord in marked contrast to the first case, where the degeneration was probably limited to the grey matter in the anterior cornua and the nuclei of the motor roots and their nerves. There was no paralysis of the cranial nerves or centres.

Treatment.

The moxa was applied twice a week, 30 grams of compound jalap powder, with a drop of croton oil occasionally, and the following mixture:—

R. Tinct. belladonnæ, ℥iv.;
Tr. nux vomica, ℥ij.;
Tr. ferri mur., ℥iv.;
Aquæ ad ʒij.

Ter in die.

This mixture he took while in hospital.

For a month after admission the symptoms, with the exceptions of the bed-sores, and those referable to the bladder, continued unchanged. About this time he slowly learned to move his legs and to assist in feeding himself. On the 1st of September, three months after admission, he commenced to walk with the aid of a chair, when, contemporaneously his bowels were opened spontaneously for the first time, and in a few days, having felt the use of his feet, he was able to walk without assistance.

He was discharged cured, having greatly regained strength and plumpness on the 30th of September, just four months after, and is now, I hear, earning his bread in some situation.

Three other cases I will briefly allude to. One was a case of old-standing hemiplegia with descending sclerosis; it occurred many years ago, in India, and the patient, an old man, was much benefited by the moxa. The third was a case of chronic myelitis due to injury, causing paraplegia, involuntary passage of urine and feces, and loss of reflex muscular contractility. For a month small doses of belladonna were tried without effect, but almost contemporaneously with the use of the moxa improvement com-

(a) Read before the Medical Society of London, 9th April, 1883

menced, and continued to such an extent that after a few weeks the child was able, not only to move its legs, but make an attempt to stand. It unfortunately caught whooping-cough, and had to leave. The fifth and last case occurred in a child two years old. The disease came on insidiously, is confined to one leg, which, on admission, Feb. 4th, 1883, was shrunken and paralysed, with loss of reflex contractility. This patient is also having the moxa, and is now, without any other medicine, able, not only to stand, but to walk a little as well.

These cases, I may safely state, practically illustrate the value of the moxa, though I do not forget that it is open to say that something is due to the belladonna, nuxvomica, &c., contemporaneously administered.

But when we remember the chronic character of the disease, and the undoubted expenditure of the *vis medicatrix nature*, and the certainty in the first and third cases, and the probability in the second, that these or similar drugs had a fair trial and failed, it is impossible not to be convinced that the complete cure in one case, the great improvement in two cases, and the expected cure in the fourth case is due to the moxa.

I might conclude here, were I not anxious to show that the use of the moxa, which is undeservedly neglected, and which is not even mentioned by most of our popular therapeutic writers, can be supported as strongly by theory and argument as it has been just illustrated by practice.

It may, I think, be granted that counter-irritation in some form is frequently advantageous in the degenerations and chronic morbid states under review.

But it may nevertheless be useful to pause and ask ourselves what is the *rationale* of its curative power. In fact, for my purpose of showing the superiority of the moxa to other forms, it is necessary to do so.

Counter-irritation, broadly speaking, is of two kinds. The first may be likened in its effects to a kind of local depletion, as when a large fly blister is applied for a considerable duration of time, as in the early stage of acute inflammation, for example, over the lungs in pneumonia. The serum of the blood is withdrawn, and the subjacent congestion relieved. The second is similar in its action to the stimulating effects of strychnia and electricity, and is adapted to chronic morbid conditions, in the anæmic states of the system, and for the dissipation of old fluid collections. Its action may be illustrated by the use of firing in joint disease, and that of the moxa in the diseases in question. In both kinds the stimulant influence is exercised primarily through the nervous system, acting secondarily on the vessels of the part morbidly affected. Thus in the very early stage of acute inflammation we can easily understand the depleting effect of a good blister, the vessels still retaining some functional power.

The following experiment of Nauman will illustrate the reflex stimulant action of the second form of counter-irritation when applied to sclerosis of the cord. The head of frog was removed the medulla intact, and its mesentery exposed, and one thigh, after ligation of the blood-vessels, was separated from the body, leaving only the sciatic nerve unimpaired. On applying a mild galvanic stimulus to the web of the prepared extremity, and examining the vessels of the mesentery, the current in the vessels was observed to be quickened, and rendered continuous instead of wavy. A through current caused the vessels to separate from each other, and to appear more distinct. At the conclusion of the experiment the blood current assumed its *original rate*. In this way the vaso-dilator nerves are at first stimulated, and then, becoming tired, resume their normal state of quiescence, showing that, whatever form of counter-irritation is used, it must be reapplied at intervals. This experiment explains not only the action of electricity—an agent of the greatest utility in chronic spinal affections—but which sometimes, as in some of the present cases, failed (I may here state that I did not try electricity, as I wished to give the moxa a fair trial, but it was tried before by others); but it has a wider significance, explanatory of all cutaneous irritation on the circulation

through the action of the nervous system by a reflex operation.

If the stimulating action of electricity is similar to that of the moxa and some other forms of counter-irritation, in what, then, it may fairly be asked, does the superiority of the moxa consist? Having noticed the advantage of the moxa where electricity had failed, owing probably to the impairment of the receptivity of the nerve fibres or centres allotted to the conduction and presidence of electrical force, as shown by the want of electrical contractility, it appears to me not unreasonable to contend (and the slight and often non-impairment of common sensation confirms this view) that the centres and fibres associated with common sensation and the sensation of *heat and cold often remain intact*, while those connected with electricity are, in chronic cases, usually diseased. Even in loco-motor stax the often normal condition of the *superficial reflex excitability* is remarkable when we remember the total absence of the patella and other tendon reflexes. In this disease, also, the sensibility to heat and cold, &c., usually remains to the last. These things, at any rate, show the rarity of nerve fibres, and that consequently a therapeutic agent, whose ultimate result is the same, may differ greatly in power, owing to the freedom or blockage of the channels along which it is distributed. Thus far I have tried to explain the theory of the stimulating action of cutaneous irritation in general. I will now discuss the special advantages of the moxa, first saying a few words descriptive of this agent, including its history.

History and Description of the Moxa.

The physicians of Greece and Rome, who all used some form of counter-irritation, were not, as far as I can find out, familiar with the moxa, which would appear to be of Eastern origin. It was introduced into the West by the Portuguese soon after their earlier Eastern conquests, whether from India or China is not clear, though I may say that when in India I was informed by an intelligent Portuguese. Eurasian that it was first carried to Europe by the physician of Albuquerque, the conqueror of India. The great surgeon Larrey became aware of its value during his Egyptian campaigns, and spoke highly of its utility; but in all the works on materia medica which I have referred to, except that of Stillé, who gives a good account of it, the moxa finds no place. Even the homeopaths, so prolific on the treatment of disease, have forgotten to make it conform to their great axiom.

The moxa may be made of many substances, such as the down of the various species of the artemesia, the agaric of the oak, flax or hemp impregnated with inflammable matter, or linen saturated with nitrate of potash. Larrey's moxa was an inch long and half-an-inch broad. This I consider too short, as its action would be too rapid and severe, and of the other forms above alluded to I have no experience. That which I myself use consists of a piece of brown paper about 15 inches long and 4 broad. This is saturated in a solution of nitrate of potash in proportion of ʒj. to ʒj. of water. A stronger solution, or one of chlorate of potash, is not advisable, as it is liable to burn with a flame, which should be avoided. This paper is dried and rolled into a cylinder, and is then ready for application. It resembles a short cigar without the tapering ends. To apply it, one end is set on fire and the other placed on the skin in the vicinity of the subjacent disease. The neighbouring parts should be protected with alum paper with a central hole, while the degree of heat can be moderated to any degree by the moxa holder or forceps, and freshened if necessary by blowing upon it. I always remove it before the burning part comes in immediate contact with the skin. In this way no scar or sore is ever produced, and it can be reapplied as often as necessary.

During its application the first degree of heat is attended with an agreeable sensation, which gradually increases, but is rarely severe, and has never been much objected to by my patients, who, on the contrary, seem rather pleased at the idea of the application, as the pene-

trating heat makes them feel comfortable for some time after. In fact, of all such applications it is at once the mildest and, I believe, the most efficacious, at all events, in certain conditions which experience will teach us to recognise. It is as well, however, not to apply it where the skin is the only covering over bone, tendon, or cartilage.

The substitutes for the moxa are the actual cautery, Major's hammer, blisters, and the various medicinal applications with counter-irritant properties.

The actual cautery, though sometimes a useful remedy, is so formidable that the physician as well as the patient are reluctant to have recourse to it.

Besides, as the experiment I have quoted shows, a frequent repetition of the stimulant is necessary to produce an increased circulation in the vessels of the affected part, and this can hardly be done with the cautery without causing bed-sores in patients particularly liable to their formation. Major's hammer is equally severe, for when dipped in water at a temperature of 170° or 150° Fahr. it not only causes acute pain, but produces an eschar as well.

To blisters there is the same objection, with the additional one that the absorption of the cantharides, the croton oil, &c., may prove injurious, and will certainly complicate the interpretation of the value of the remedy. Moreover, the moxa, in addition to the counter-irritant action common to it and other forms of counter-irritation (and be it remembered that in suitable cases its beneficial effect is greater where it falls short of any local inflammation or desquamation of the skin) has, I believe, other curative powers which they do not possess, due to the heat which, when it is made as I have directed, is slowly evolved, and, accumulating in the centre of the cylinder, penetrates in a concentrated form to the deeper parts. It is not, however, in the cases alluded to that the moxa is alone advantageous. In locomotor ataxy I should like to see it tried, and tried persistently, for persistent application is necessary, and great patience, and often personal attention, is required. In all forms of sclerosis it may do good, and can do no harm, also in descending hemiplegia. In *clonus hysterics* I have seen it effect a cure, though I have also seen it fail to do so. In *sciatica*, *rheumatism*, and painful affections of the fascia, in fact, wherever vascular stimulation may be required or considered desirable, we should not forget the moxa, which, to repay us our attention, must be treated with caution, care, and with perseverance, and with perseverance above all.

Clinical Records.

CASES IN PRIVATE PRACTICE.

Case of Migratory Gout.

Under the care of Dr. MYRTLE,
Consulting Physician to the Harrogate Bath Hospital.

(We are indebted to Mr. JAS. A. MYRTLE, M.B., C.M.,
for the Report.)

THE following is the record of an interesting and singular case of migratory gout which occurred last summer in my father's practice:—

Mr. M. A., *æt.* 55, of sanguine habit, suffering from psoriasis, slipped when getting out of his bath, on September 22nd, and sprained his knee. He treated this as the late Professor Syme had done after a similar accident. On the 1st of October my father saw him. The knee was red and much swollen, very painful on slight movement; there was no rise in temperature, but the patient complained of loss of appetite, acidity, flatulency, and general depression.

Diagnosis.—Acute attack of gout. The knee was ordered to be wrapped in cotton-wool and kept at perfect rest, no medicine, and simple diet.

On the following day (the 2nd October) the patient was just the same.

On the 3rd, the pain and swelling had disappeared from the knee-joint, and he now complained of severe

pain over the *caput cæcum*, increased by pressure, coughing, or straining; no hardness or lump was to be felt, but the pain was such that he could hardly bear the bed-clothes touching him. Hot applications, with mustard locally, morphia and atropia hypodermically, gave almost immediate relief. During the afternoon he was attacked with severe diarrhœa, which continued, in spite of the usual remedies, for eighteen hours. On its cessation he was seized with dyspnoea, accompanied by a severe and constant cough and the expectoration of a clear,ropy mucus. This lasted all night.

The morning of the 5th found the patient very exhausted, pulse feeble, 60, temperature 97·2°, still complaining of the pain in the abdomen, urine scanty, loaded, and the bowels confined. On examining the chest there were no physical signs of mischief to account for the cough and expectoration. During that day the chest symptoms left him.

On the following morning (the 6th) he complained of severe pain over the kidneys, the urine was scanty, faintly tinged with blood: in the evening it looked exactly like blood. During the night the pain left the kidneys and attacked the liver, which next morning (the 7th) felt full and tender; on slight pressure the urine, instead of being bloody, was found highly charged with bile. The bowels were still confined. On the 8th the constipation was as obstinate as ever; the abdomen was becoming tympanitic and tender. On the 9th the tympanitis and pain had increased so much that the patient could not bear the weight of the bed-clothes. On the 10th the heart and lungs showed symptoms of pressure to an alarming extent. He looked pinched and sinking, nothing remained with him, and the vomit became slightly feculent. Large stimulating enemata had failed, and nothing but small pieces of ice were given by the mouth, and morphia and atropia hypodermically.

On the 11th he was, if possible, worse, the heart being most seriously interfered with; a low muttering delirium had set in, and the patient appeared to be in a dying state. Mustard poultices were applied to the joints and limbs, and a large enema of egg emulsion, with one ounce of turpentine, was administered. This was retained for more than an hour, when it came away, and with it some hard masses of stiff, clay-looking *fecæ*; these were quickly followed by copious loose, bilious, offensive motions, and large quantities of flatus. After this all the grave symptoms speedily passed off, and the patient made steady progress in convalescence, one of the things which seemed to assist him most being a return of acute gout to the balls of both great toes. During his illness the psoriasis became fainter and fainter, but as soon as he began to gain strength it returned to its favourite seats. Throughout there was a decided tendency to faintness; the pulse and temperature were below, never above, the normal, showing that the sympathetic nerve centres were materially interfered with by the presence of the gouty poison. Mr. M. A. was not aware that any member of his family had ever suffered from gout, and had led an active and temperate life.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

THE CONTAGIOUS DISEASE ACT.—The recent vote in the House of Commons on the Contagious Disease Act has been a signal triumph for the Abolitionists; and Mrs. Butler, who no doubt was moved by the noblest sentiments towards her sex, must congratulate herself on the victory obtained. Yet I think that if the Medical Society were asked to give their opinion the result would have been far different. In any case, it must be confessed that the compulsory examination of women is becoming repugnant to the minds of many on the Continent. The Municipal

Council of Paris has lately addressed a letter to the Prefet, demanding the immediate confiscation of the Louraine and Midi Hospitals, and the abolition of all the *maisons de tolérance* in the city and the Department. More recently they have voted the suppression of compulsory examination and treatment of women, and the abolition of the *police des mœurs* is under discussion. In Germany and Italy the question is receiving serious attention from the respective Governments. The Countess de Précorbin, who is the leader of the abolition movement on the Continent, has favoured me with an account of the campaign she has led throughout the whole of Europe; and amongst the many members of the Federation which she has been able to enlist, I remarked the names of several eminent medical men.

PRODUCTION OF CHARBON.—The works of Davaine and Pasteur have established in an incontestable manner that in man charbon is produced by the penetration of a bacterium through an effraction of the epiderm. M. Richet, of the Hotel Dieu, has had recently two cases which have thrown some light on the facts which have been, up to the present, rather obscure, of the double evolution, proliferation on the spot, and afterwards general infection. These cases, besides, offer a certain importance as regards the treatment by injection of iodine. In the first case, the liquid taken from the pustule and inoculated into animals communicated immediately the infection, and in spite of injections of iodine, the animals succumbed. In the second case, eight injections of the tincture of iodine, mixed with two-thirds of water, was made around the tumour; and the patient, who had been in an alarming state, immediately improved, and finally got well. M. Richet recommends that from one to two drachms of the tincture of iodine, mixed with two volumes of water, should be injected in a circle around the pustule, and repeated several times a day during several days, whether the disease advances or recedes.

ON RESECTION OF THE LUNG.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to a note from your French correspondent in your last issue, May 30th, on "Resection, &c., of Lung by Thermo-Cautery," in which this operation is attributed to Dr. R. Koch, of bacillus tuberculous celebrity, I beg to refer him to p. 572, vol. ii., 1882, *Medical Press and Circular*, in which the following passage occurs:—"W. Koch (who must not be confounded with Dr. R. Koch), a surgeon of Dorpat . . . applied the thermo-cautery, plunging it into the lung tissue." Your correspondent has been doing what I expressly warned your readers against—viz., confounding W. Koch, of Dorpat, a surgeon, with R. Koch, of Berlin, a physician and scientific investigator, at present in the Prussian Government Service.

I am, yours, &c.,

THE WRITER OF THE SUMMARY.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their populations, were—Birkenhead 12; Norwich 15; Plymouth, Cardiff, Wolverhampton 16; Portsmouth, Brighton, Bristol 17; Bradford, Bolton, Leeds 18; Huddersfield, Nottingham 19; London 20; Edinburgh, Birmingham, Hull, Derby, Blackburn, Preston, Oldham 21; Sheffield, 24; Sunderland, Liverpool, Leicester 25; Halifax, Salford 26; Dublin 27; Newcastle-on-Tyne 30; Glasgow 32; Manchester 33.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 25TH.

The President, ANDREW CLARK, M.D., LL.D., in the Chair.

Dr. ROBERT LEE on

CASES OF NYSTAGMUS INFANTILIS.

The first case was one of instrumental delivery with consequent asymmetry of the cranium; atrophy of the right hemisphere; ventricular effusion, and other changes of the right side of the brain. The chief symptoms were frequent attacks of excitement and active movements of the head and body of a few minutes duration; also nystagmus with left internal strabismus. The question discussed was the value of nystagmus as a measure of central lesion, and its help in prognosis. Other cases were mentioned where nystagmus had followed convulsions, falls on the head, or were traced to maternal influences preceding birth.

Dr. ANGEL MONEY explained that a microscopical examination of the brain had not yet been made. He had found no signs of sclerosis in the postero-lateral columns of the cord, and there was no obvious change of any kind in the cervical region. The sensory ganglia of the brain were atrophied, probably through hæmorrhage induced by instrumental delivery.

Dr. B. ROTH had observed nystagmus in an Albino seven months old, and considered the effect might be due to avoidance of light in such cases. He wished to hear if it was thought probable that the condition under discussion would disappear as the subjects of it advanced in age, and also whether it was regarded as being present in all Albinos.

Dr. LEE thought nystagmus was unduly neglected as a symptom by physicians, and that evidence of its intra-ocular origin was not forthcoming in amount to justify refusal to accept the theory of its central origin. It was difficult to submit children to ophthalmoscopic examination, notwithstanding such examination may be the only mode of arriving at safe diagnosis. Dr. Lee related the case of a child, æt. 3, under his care, in which nystagmus was for a time the only sign of disturbance present. The condition varied during the succeeding twelve months, health occasionally improving also, but death took place in the fourth year. He did not think the explanation of effusion into the ventricles sufficient, and urged the need of more attentive study of nystagmus.

Dr. ANDREW CLARK corrected the impression conveyed by Dr. Lee's remarks, to the effect that ophthalmic surgeons insisted on intra-ocular changes as being the efficient cause of nystagmus. Dr. Clark explained that some cases of the disease were found to be due to such disturbance, but in others there were unquestioned cerebral changes of a definite kind involved, and no ophthalmist would think of denying their occurrence.

Mr. BARKER on a case of

EXCISION OF SMALL GOITRE—RECOVERY.

The case brought forward is one in which a small goitre produced great difficulty of breathing on exertion. Excision of the tumour was required, and this operation was followed by complete relief. The patient was a woman, æt. 21, who had noticed a swelling in her neck first when fourteen years old. Two years later she began to suffer from difficulty of breathing. Three years ago she was under treatment for a considerable time at a special "throat hospital." This treatment consisted, in the first place, of simple puncture of the tumour, with evacuation of about half-an-ounce of brown fluid. Then leeches were applied. Thirdly, injections of tr. iodi. were tried at intervals for three months. Fourthly, a seton was passed through the tumour, and left *in situ* fourteen days. It had to be removed on account of constant vomiting. After this, she was treated by "electricity" at another hospital. Ever since, the tumour had increased. It measured, at time of operation, three inches in transverse diameter, and two in the vertical, and reached to the top of the sternum. It was firm and elastic, but not fluctuating; was movable and marked by dilated veins. It moved upwards with the larynx in the act of swallowing, and slight pressure upon it produced considerable distress of breathing. The patient was unable

to follow her calling as domestic servant, on account of the difficulty in breathing, which was greatly aggravated on exertion, and became—by her own account—paroxysmal at times. There was no exophthalmos. As all the ordinary means of relieving the condition had failed, Mr. Barker removed the tumour on August the 24th, 1881. This was done with all Listerian precautions as to aseptioity. A median incision, about four inches long, gave access to the tumour, which was cautiously dissected out as much as possible with blunt instruments. It proved to be the enlarged right lobe of the thyroid body, the left lobe and isthmus being normal. The latter was ligatured and divided, and the left lobe was not removed. During the dissection the vessels were tied with double ligatures, and divided between the latter. In this way seventeen silk and six catgut ligatures were used and left in the wound. Hardly any blood was lost, and the important structures around were not interfered with in the dissection. A drainage tube and gauze packing completed the operation. The next morning all the dressings were found to have slipped and become loose during the night, and salicylic wool was substituted without the spray. The wound healed almost entirely by first intention and without any inflammatory reaction, and the patient left the hospital well on September 14th. On her return from the country she was found to be quite relieved of her former trouble. The patient has been under constant observation now for nearly two years, and has had none of her former distress though she has returned to service. She has had some neuralgia in the neighbourhood of the wound at one spot which is also a little tender to the touch. Not one of the ligatures left in the wound has ever come away or shown signs of its presence, unless the neuralgia alluded to be taken as such. As the patient suffers from amenorrhœa, however, neuralgia might well be due to other causes. The author suggests the importance of collecting evidence as to the behaviour of aseptic silk in wounds of parts easily accessible to examination, seeing that as regards security and uniformity of texture most surgeons would prefer it to catgut; and if it be shown to be tolerated by the tissues as well as the latter the choice of ligatures would be simplified. This case offers in this direction several points for reflection. The author further points out that this is one of those cases which are probably far less uncommon than is supposed where small bronchoceles have produced very serious symptoms. He draws attention to other cases recorded or referred to where small tumours of the kind have produced fatal attacks of dyspnoea, and he concludes by suggesting much earlier operation for such bronchoceles than has hitherto been customary.

Mr. SYDNEY JONES described a mode of operation in these cases adopted by himself with much success, in imitation of Continental surgeons. The operation consisted in the removal simply of the isthmus of the thyroid body, ligatures being first applied on each side. In the case of a boy treated in this manner, and in which, from approximation of the mass of the trachea, introduction of a tube would have been very difficult, a complete and speedy cure was obtained, the most remarkable sequel to the operation being the atrophy of the lobes of the thyroid which followed it. Mr. Jones strongly advised that recourse should be had to this operation rather than to one involving such an amount of risk as that of removing the whole gland.

Mr. HOWARD MARSH related the history of a distressing case recently admitted into St. Bartholomew's Hospital. The patient, a man, æt. 21, was suffering from extreme dyspnoea, which was induced by the enlarged thyroid. Tracheotomy about the level of the isthmus was done, the trachea being found flattened antero-posteriorly, and lending difficulty to insertion of the tube. Relief was obtained by the means adopted, and subsequent operation for removal was contemplated. An attack of dyspnoea, however, carried off the patient in the night. Mr. Marsh approved the plan suggested by Mr. Sydney Jones, and thought that Mr. Barker's case would tend to convince surgeons of the necessity for immediate radical measures in these cases to relieve the dyspnoea. Respecting the silk ligature, he could add from his own experience of ligaturing the subclavian artery with that substance that most of it was retained without inconvenience. Mr. Lister was in the habit of leaving even the thick silver wires with which he sutured fractured patellæ, and with no ill consequence.

Mr. PEARCE GOULD remarked on the superiority of the operation recommended by Mr. Sydney Smith as compared

with extirpation, on account of the support given by the gland substance left behind, and thus preventing the forward dropping of the head which sometimes occurs in these cases from softening of the trachea. He asked whether such condition of the tube existed in Mr. Barker's patient; a small goitre did not usually set up such an amount of dyspnoea. Mr. Gould's experience of silk as a ligature confirmed the previous observations made on the subject.

Mr. PARKER referred to a case in which he had assisted to remove the whole thyroid gland from a child without any relief being thereby afforded to the patient. He had also under observation four women with laterally enlarged thyroids. He suggested that dyspnoea in these cases might sometimes be due less to pressure than to the mere presence of the tumour, or to interference with the inferior laryngeal nerve.

Mr. HAWARD observed that dyspnoea was usually associated with small bronchoceles, and that it ought, therefore, to be ascribed to the nature and position of the tumour. Small goitres were usually fibrous in character, and pressed tightly on the trachea and laryngeal nerves. Mr. Haward's experience led him to think dyspnoea was not often associated with lateral pressure, and in such cases the operation recommended by Mr. Jones would give relief.

Dr. LEE referred to the probable differences existing between thyroid enlargements in cretins, and in, e.g., a girl of 15 or 16. Pathological differences were of great importance. He described a case in which at his recommendation a goitre treated for three or four years in vain and in various ways was reduced by repeated hot fomentations; whereas he concluded it was unscientific to treat all cases of bronchocele on the same plan.

Mr. BARKER agreed that pressure was not essential to the production of dyspnoea, and was glad to be supported in the opinion that such condition of breathing was commonly associated with small tumours. He had found improvement follow employment of iodine internally and externally. In the case he had recorded, successive attempts at treatment were made altogether in vain: only one lobe of the gland was enlarged, and it alone was removed. The trachea was unaltered; but before the operation Dr. Poore had noticed a backward pressure on its anterior wall. The incision was purely median, and permitted the enlarged lobe to be readily shelled out. While fully agreeing with Mr. Jones that a mild form of operation was much to be preferred, he thought a much larger number of cases of the new operation must be observed before its real merits could be gauged. In his own case the structure of the growth was essentially fibrous.

Dr. HABERSHON on a case of

ULCERATION AT THE PYLORUS, SITUATED AT THE VALVE, THE FLOOR OF THE ULCER BEING FORMED BY THE NECK OF THE GALL BLADDER.

It occurred in a gentleman, æt. 60, who began to suffer about nine months before death from pain at the stomach and vomiting; the pain was very severe in character, but most irregular in its onset, and the point of great clinical interest in the case was that "at no time during his illness did food aggravate the pain." The words were quoted from a letter of his medical attendant, Dr. Archibald. There were considerable intervals of relief, and after some weeks of comparative comfort, he was suddenly seized, after taking luncheon with his family, with intense pain in the abdomen, followed by collapse and death in about fourteen hours. The ulcer had extended through the coats into the peritoneum, and thus extravasation of the gastric contents caused fatal peritonitis. The absence of one of the most prominent symptoms of gastric ulcer—viz., pain produced by food, was remarkable. It was stated that the pain of gastric ulcer ceases from varied causes, such as the healing of the ulcer, the relief of congestion from hæmorrhage, the division of the nerve from sloughing, or from the position of the patient. In the case narrated there was no evidence of hæmorrhage, nor was there any destruction of the nerve connection. The ulcer was situated at the pylorus itself, and it was doubtful at first whether it was on the duodenal or the gastric side of the valve. It was divided into two parts by a central contraction as if there had been a healing process, or as if the ulcer had been double. The base of the ulcer was formed by the neck of the gall bladder, and it was at this part that perforation had taken place. The walls of the stomach were not thickened, as if there had been pyloric obstruction. It was suggested that the situation of the ulcer had to do

with the absence of pain, and that when food was taken the pylorus contracted and the pain ceased.

Dr. MAHOMED inquired whether a symptom observed by himself in the subjects of gastric ulcer, and consisting of a ball rising up in the epigastrium, had been noticed by Dr. Habershon.

Dr. DRUITT suggested that gastric ulcers were of frequent occurrence, but were undiagnosed among hospital patients.

Dr. HADDEN asked whether the relief to pain experienced by Dr. Habershon's patient might not have been due to separation of the ulcerated surfaces following ingestion of food?

Dr. MONEY thought the ulcer might be due to lesion of trophic nerves.

Dr. HABERSHON had frequently recognised the ball phenomenon mentioned by Dr. Mahomed, and attributed it to its proper cause—flatulency. In the particular case recorded, however, it had been absent. He was inclined to ascribe the greater number of gastric cases to nervous disturbance rather than to ulcerative changes. He thought Dr. Hadden's suggestion a very probable explanation of the facts, and had intended to imply such a theory of causation in his paper.

THE UNQUALIFIED ASSISTANT SYSTEM

AND THE

ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 468.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.—(Continued.)

MR. GRAHAM, coroner in the County of Durham, in a letter, says: "I have felt considerable surprise at this state of things having been allowed to exist so long as it has without any action being taken in the interest of properly qualified medical men."

The employment of uncultured persons as assistants is unfair to those who are subjected to the companionship of this class of colleagues. It prevents their getting into more congenial society, and has been known in some instances to lead to the adoption of low and immoral habits. Our correspondents who have been unqualified assistants in early life invariably speak of it as their "misfortune." Several of the large employers of assistants state that the majority of young men they have had under them have been "emphatically gentlemen;" and to offer grocers' or druggists' shopmen as colleagues to such worthy representatives of the profession is a gross abuse of influence and opportunity.

It is this latter class of unqualified assistants who (as may be learnt from advertisements) "would live in the kitchen or outdoors at a nominal salary," and who show their fitness for the place assigned to them sometimes by choosing a wife among their master's domestics. They commence as mere dispensers, pick up some minor surgery by looking on, and end by making themselves popular among patients of the class they belong to, and useful as general helps. A very exceptional master may now and then be found who cares to take up one of this sort and aim at making a gentleman of him; but as a rule, a surgeon has neither the leisure nor the inclination nor the inducement of interest to do so, especially as success is far from sure.

The lowering of the social position of assistants is peculiar to recent times; for the old-fashioned apprentice, whom the unqualified man replaces, was a rough school-boy often enough, but had at least the making of a gentleman in him.

5. The employment of unqualified assistants is an impediment to systematic education.

Both in London and in the provinces general practitioners are in the habit of seeking for assistance among the most industrious of the hospital students, and often apply to the deans and secretaries of the schools to recommend young men of good character. The students also find their own way to such engagements by advertisement and otherwise, in defiance of the warnings of their authorised teachers.

The unqualified assistants *in statu pupillari* are described as "neglectful of their clinical studies," backward and irregular in their clerking, and slow to profit by it. They are apparently "anxious to learn, but with minds otherwise pre-occupied." They hang about the school for years and years after the natural period of becoming qualified, and are not

unfrequently tempted away from their original ambition of being recognised practitioners. A few of the better and wiser among them slide off into other means of livelihood, the greater number remain as they are, a few defy the law, and practise for themselves without diploma. Yet even these last sometimes retain a touching attachment to their old school, displaying, "framed and glazed, the certificates of lectures" they failed to attend, and tickets of admission to the wards of which they had no time to avail themselves.

The authorities of hospital schools are entirely at one in condemning this abuse as subversive of their influence over education. Though I have sought diligently, I have not been able to find one dissentient voice to the unanimous opinion of the present teachers of schools that, "until the qualifying examination has been passed, there is no period in which a man could hold an assistantship without prejudice to his education" (Dr. Andrew, senior physician of St. Bartholomew's). "The pupils' studies are unquestionably retarded, because the time for study and reading are limited" (Dr. Phillipson, Newcastle College of Medicine). "We should strongly discourage the practice" (Dr. Wadham, Dean, St. George's). It makes the pupil's work harder, and interferes with his studies" (Dr. Scott, Warden, London Hospital). "Such men lose in proportion to the time they subtract from their hospital studies" (Dr. Taylor, Guy's). "Such men rarely go into the wards" (Dr. Morgan, Manchester School).

Dr. Leech, of Owens College, says of unqualified assistants *in statu pupillari*: "These men are the bane of a medical school. They are irregular in their habits, often idle and immoral. We have, like many other schools in the provinces, an undue proportion of these fellows, and we find them a source of unmixed evil."

The clearest justification of their coming to this conclusion is afforded by the following statistics of one year, taken from the records of St. Bartholomew's Hospital, by Dr. Norman Moore:—

"Excluding an American, who stayed only a few months, and students who entered for a single course, and for whose education the school was not responsible, there were entered in 1874—

Students for full curriculum	101
Of these there died	2
There have become qualified in the course of the eight years which have gone by	72

Of the remaining twenty-seven, eighteen got no further than the preliminary examination in arts, and have disappeared outside the scope of the present inquiry. Nine have passed some sort or part of the professional examination, but two of these have been led into more remunerative pursuits.

"The remaining seven still go on at the school, hoping ultimately to obtain some kind of qualification. They have all been unqualified assistants"; and it seems fair to conclude that it is this method of carrying on their studies which has uselessly protracted the period of education, and, at the same time, deteriorated its quality. Four of the best years of their lives have been wholly, irrevocably wasted.

The experience of other Medical Schools, such as those at Leeds, Newcastle and Bristol, Westminster, Middlesex, King's College, and St. Thomas's, is similar in its condemnation of the employment of unqualified assistants during their pupilage in private practice.

It is probably impossible to prevent this abuse by coercive measures directed against the students themselves; and, in fact, on their behalf a powerful plea is urged on philanthropic grounds. Those who take places as unqualified assistants are always poor, for all who can afford to live during their pupilage without this occupation know well how obstructive it would be to their progress and what a false economy. It is on the ground of pecuniary need that the main defence of the system rests. It offers a means by which needy youths, possibly destined to be an honour to our profession, may support the expense of their training. A case has been laid before the Committee of a dispenser, without any education but that of a national school and a chemist's shop, who was possessed with the ambition of being a medical man. He had no friends and no money. But he worked away with the aid of a fellow assistant, and got enough Latin, &c., to pass his preliminary. He remained a dispenser three years, saving every sixpence of a small salary, then got a place as assistant in a town where he could attend lectures, and passed, a few months ago, after seven or eight years of self-denial and hard work, his first professional examination. He now has taken an assistant

ship in the North of England, "until such time as he can save enough money to pay his fees for his qualification."

The training above described has been needlessly tedious, and for all those whose abilities, industry, and previous education fit them to fulfil a high destiny, ample provision is made by scholarships, exhibitions, bursaries, and paid appointments at the schools and hospitals, not to mention a few endowments at the Universities. To show how complete this provision is, take the instance of the youngest of the metropolitan schools at which a man can enter. It has no invested capital, and was built by private enterprise with money raised on debenture bonds. The annual entries have as yet rarely exceeded twenty; yet it is enabled, by the help of the staff and hospital governors, to distribute in scholarships and hospital and school appointments upwards of £840 a year by competition among those of the twenty students who are in need of it, the wealthier being usually restrained by worthy motives from competing, except for hospital appointments. This instance is selected in preference to some older and larger school with endowments, which possibly may give more, but does not so well represent the policy of the present time. Such open-handedness seems quite sufficient to aid effectually all those who are ever likely to justify the aid by aiding themselves in after-life; in fact, all poor students of superior or even average abilities. Dr. Tirard, Dean of King's College, also writes; "Of our really successful pupils, by far the larger proportion are men who from poverty have been led to work hard for scholarships in College and University. I cannot remember one, during my connection with King's College, who has taken a good position as a result of working as an unqualified assistant."

Moreover, some scholars can employ their evenings in mechanical literary work, such as translating, indexing, correcting proofs, reviewing, reporting, &c., which does not interfere with their presence in lecture-room or hospital.

Other modes of adding to their incomes might be enumerated, more open to objection perhaps than those above mentioned, but still far less engrossing than the toil of an assistant.

The protraction of systematic technical education is a serious abuse. It breaks the natural connection of the elementary and practical parts by interposing an interval between them. For example, if a pupil's knowledge of anatomy has had time to grow rusty, he is less able to profit by clinical instruction. And this failure reacts also upon the retention of the science, for if he does not fully profit by his clinical instruction, he does not have the half-forgotten anatomy impressed upon his memory, as at an earlier period it might have been impressed.

If a young man is naturally dull, and has not compensated his dulness by industry, and is at the same time in narrow circumstances, it cannot be any boon to himself or others that he should be enabled to enter the medical profession. It would surely be better that, like unsuccessful barristers, artists, soldiers, sailors, and those who are rejected from the Civil Service, &c., he should embark in another and less responsible pursuit for a livelihood. Yet there is no doubt much to be learnt in the position of an assistant—much that is very valuable in after-life to a practitioner—much that cannot be taught in a hospital. It would be a firm step forwards in professional education if students had the advantage of both the two schools of mental training, without either impeding the good influence of the other.

To put this matter in various lights, the opportunity is taken of introducing the opinions of several persons, either actually engaged in education, or otherwise officially interested in the promotion of professional skill among junior practitioners. The opinions have been given in answer to letters addressed to them on the subject.

Dr. Shepherd, Dean of St. Mary's School, says: "As to the question you put to me whether it would be well to insist upon an assistantship, or a position of responsibility at a public institution before registration, it settles itself. Very few indeed from our school go without some introduction of the kind into practice. The best men get it through hospital appointments, house-surgeoncies, &c.; others by a partnership—happy if they don't pay for it—for a time. The University of London insists upon a six months' responsibility of hospital or workhouse patients before candidates can offer themselves for the M.B. Others go to sea."

Mr. G. A. Brown, Surgeon to Tredegar Iron Works, writes: "In order that newly-qualified men may be better fitted for their duties as curers of disease, some modified form of pupillage should be enacted or (which would perhaps be the better course) diplomas should be withheld until

evidence could be afforded that some experience in medical practice had been obtained."

Dr. Eddison, late Secretary of Leeds Medical School, writes: "I do not think it would be viewed as a hardship if an assistantship, after qualifying, were made compulsory, provided that a year's house-surgeuncy or house-physiacy were admitted in place of it."

Dr. Andrew, Senior Physician to St. Bartholomew's Hospital, says: "My friends among our students often ask what they ought to do for the first year after qualifying. If they can afford it, and can trust their industry, I advise them to go abroad for a year. If they cannot do this, then to take a good assistantship."

Dr. Andrew questions the wisdom of making this advice compulsory, from a fear that there are not enough places vacant for all the candidates who pass. There probably, however, would be sufficient, if Dr. Eddison's plan of utilising the resident posts at the provincial and metropolitan hospitals were to be systematically adopted.

Mr. Marrant Baker thinks the practical knowledge to be acquired by familiarity with disease, on a less formal footing than that on which it is seen in the wards connected with a school, is very important. He suggests that it might be gained at a provincial hospital *before* entering at a recognised medical school.

Mr. George Johnson says: "I have no doubt that the spending a few months as an assistant after the final examination would be useful to most men. But I think it would be a hardship in many cases to make it compulsory."

Dr. Norman Moore, Warden of St. Bartholomew's College, thinks "it desirable that candidates, after qualification, should hold some resident medical appointment. If the vast opportunities of workhouses and sick asylums were properly used, this might easily be done. I think any resident appointment better than an assistantship."

"If all the possible resident appointments in London, in cases where there is no school, were tabulated, and the appointments to them apportioned numerically to the several schools in proportion to the number of students qualifying, I think it would be possible for every London student to hold such a post before registration. . . . The third summer seems to me the easiest time for attendance on midwifery."

Dr. Moore gives a sketch of a complete curriculum, concluding with "end of fourth summer, qualifying examination. Then resident appointment six months, then registration."

Dr. Tirard, King's College, London, writes: "It would certainly be desirable for candidates to spend a certain time as assistants, or as residents in town or country hospitals, before registration. The present rule, which allows a man of private means to take a practice as soon as he is qualified, is not, in my opinion, calculated to improve the standing of the profession or the welfare of the public. . . . For the majority who qualify it is well that circumstances often compel them to commence work as assistants or residents, thus forcing them to be still, to a large extent, under the guidance of seniors."

Dr. Scott, Warden of London Hospital College, writes: "Our students are strongly urged to press on and get qualified *before* seeking employment."

Dr. Allchin, Dean of Westminster Hospital School, approves the plan of requiring attendance for (say) six months as assistant to a general practitioner after the period of hospital study, "after the qualifying examination, but before registration. . . . It would effectually meet the present difficulty and objection to unqualified assistants. . . . The knowledge men would get by such a plan," he says, "they cannot get in an hospital, and yet it is most essential, for the want of it seriously diminishes the practical capabilities of men when starting in practice for themselves."

(To be continued.)

A NEW process for meat preserving has been discovered by Signor Pavesi, who is said to have succeeded in keeping pieces of meat for years without their flavour being impaired. During the whole time that it is required to preserve the meat, it is to be kept in a pickle consisting of water slightly acidulated with nitro-muriatic acid; and when required for use, the meat is dried at a temperature of about 60° Fahr. To avoid a slightly brown colour, the meat may be steeped in plain water before being dried.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 5d.

POST, FREE TO ANNUAL SUBSCRIBERS £1 2 6

" IF PAID IN ADVANCE 1 1 0

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

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 6, 1883.

LORD MORLEY'S COMMITTEE ON THE ARMY MEDICAL DEPARTMENT.

THIS important Report, to which we referred in our last, has now been issued, and will naturally be read with much interest by medical officers of the Army as well as those connected with them in civil life. While the medical officers have obtained general and warm praise for their care and removal of the sick and wounded from the field of battle, many serious and disagreeable facts have been brought to light in the general nursing and cooking arrangements for the proper care of the sick, very much as they were in the Crimean war, apparently the result of War Office checks and counter-checks, and the administrative deficiencies of some. Medical officers cannot regret that such facts are brought to light should the result be a final and common-sense arrangement of departmental duties in the future. The Committee believe that many of the inconveniences complained of were rather the result of the way in which the departmental system was worked than the fault of the system itself. Can this be wondered at when, as does sometimes occur, men are promoted as they come to the top of the list to be senior departmental medical officers with little or no regard to professional ability or merit beyond that of pure seniority? We assert without fear of contradiction that, as long as there is no system of non-selection of such individuals, administrative failures must follow, and with this the depreciation in the estimation of the Army and

the public of the credit and *prestige* of the medical staff. The whole gist of Lord Wolseley's evidence tends to show that in his opinion the members of the Medical Department did not assume to themselves in emergencies the full responsibilities which their position involved, and expressly stated that “if an officer in the position of a medical officer in charge of a hospital finds that the patients in his hospital are not receiving what they ought to receive in accordance with his ideas of what the sick and wounded ought to have, if it is possible for him to obtain it in any way, it is his bounden duty to do so.”

To this we say—How could a medical officer, as a matter of fact, take upon himself of his own initiation to ignore and over-ride the regulations of the Service? Simply he could not if he dared, and dared not if he could. All he could do was to represent to the commanding officer the condition of things. It was for the latter to issue the required orders on the subject.

We are glad to find that individual control over a hospital is to be still vested in what in future, we hope, will always be especially-selected medical officer, in whose prudence and common sense the Director-General may confidently rely. The regular and systematic inspection of an hospital under such an officer can only redound to his credit and that of the department. Punishment for minor offences will remain with medical officers, the more grave offences being relegated to military authority—a system which prevails in India, and appears to work well. The Quartermaster and Steward are to have their duties more clearly defined; medical officers are to exercise a personal supervision over the hospital subordinates; and the medical officer in charge is to live as near his hospital as possible; and in the larger hospitals there is to be a resident surgeon. We must say that the system which exists at some stations, apparently with the tacit sanction of principal medical officers, of allowing medical officers in charge of military hospitals to live sometimes miles away, is most detrimental to the good of the service and of the institution over which they preside. Nursing sisters are to be employed in hospitals with over one hundred beds to superintend the orderlies. Medical officers appointed to attend officers and their families are to have quarters in barracks, or reside as near the barracks as possible. The medical service of the Household Troops is to be assimilated to that of the rest of the army. Opportunity of practice with war equipment during peace is to be afforded. The evacuation principle, under which sick are constantly sent to the base, is to be checked, and each regiment is to be supplied with a pair of field panniers and surgery tent, a corporal and private of each battalion assisting the medical officer, and soldiers are to be trained for this service. Bearer companies are to be reduced to one-half their establishment, sections attached to field hospitals, and provision made for mounted bearer companies. Field hospitals are to be distributed by brigades, and the nursing staff increased to 1 to 7 patients, and all packages are to be capable of being transported on mules. Medical officers are to be held responsible for procuring the best quality of supplies procurable. Civilian cooks may be hired to superintend cooking. But it is not indicated how or where they are to be obtained on the field, or before the enemy.

We are glad to see that the Committee recommend that the examination for promotion is to be restored, a reform which will do much to raise the professional reputation of the service, especially if gentlemen who fail to keep up their professional knowledge are retired with the gratuity of their rank as in the combatant branch. The Army Hospital Corps are to be amalgamated with the Medical Department into a Royal corps, and the uniforms assimilated, a most important recommendation, which, if carried out, will do much to foster *esprit de corps*. As there appears to be a strong feeling in favour of the traditional scarlet of the old medical staff amongst medical officers, we trust the system of levelling up, and not levelling down, will be adopted, and opportunity taken of getting rid of that most antiquated and unsuitable of head-gears, the cocked hat, and the helmet substituted. We also hope no long-winded title will be adopted. Of the many suggested, Royal Surgeons, Royal Medical Staff, or Royal Medical Corps appear to be the most appropriate. We also think the opportunity should be taken of conferring on medical officers ranking as Lieutenant-Colonels of some distinctive designation, such as Senior Surgeon-Major, as proposed originally by the meeting of medical officers at Aldershot some years ago, and that measures for quickening promotion to the rank of Brigade-Surgeon will be devised. It is not an unreasonable demand upon the part of the senior qualified Surgeons-major that this rank should be reached not later than the completion of twenty-five years' service, the late War Office Committee having recommended that they should attain it at twenty-two and a-half. These reforms, with limit of tenure of administrative appointments to five years, or up to sixty years of age in cases only of exceptional merit, specially recommended by the Director-General, would undoubtedly add much to the efficiency of the Medical Department and render it still more popular.

CONCEALMENT OF DISEASE UNDER COMPULSORY NOTIFICATION.

(Continued.)

DR. CARTER, of Liverpool, writing on the effect of compulsory notification as a factor in producing concealment of disease, to a contemporary, says:—

Arguing from what seems to us to be the inevitable tendency of human nature, we believe that the exercise of the powers in question must lead to the concealment of disease; that the heads of business houses—and especially of small businesses—dreading the notification that must follow if a medical man be called in, and which may lead to their children being forcibly removed from their homes, and their business diverted into other channels, will not summon medical aid; and that, in the absence of those precautionary measures which, by the private medical practitioner's directions, are all more or less taken, disease will spread; though it may spread under other names than those of scarlet and typhus fevers. But we shall, of course, be told that to argue from the inevitable tendencies of human nature would be to show ourselves theorists, that your practical men must have facts. To facts, therefore, we will turn; and, difficult though in the nature of things it must be to prove concealment, I think that the evidence that it does exist is overwhelming.

Firstly, let me ask your consideration of a few figures,

taken from such reports of medical officers of health as have come to my hand. In Blackburn, during 1881, there were 103 notifications of scarlet fever, and 23 deaths, or 1 in every 4. In Bolton, during the fifteen months ending December 31st, 1880, there were 702 cases reported, and 112 deaths, or one in every 6.2. Or, turning to another disease: in Bolton, during the same period of fifteen months, there were 102 notifications of typhoid fever, and 23 deaths, or 1 in every 4.4. In Blackburn, during 1881, there were 281 notifications, and 68 deaths, or one in every 4.2. Now, I would ask any medical man here, whatever his practice may be—even if it be among the very lowest and poorest of the land—if he has ever known, in the most serious and fatal epidemic, such ghastly mortalities as these? The deaths from typhoid fever in Blackburn and Bolton were half as high again as at the London Fever Hospital, where, from reasons given by the late Dr. Murchison, they must always be exceptionally high. The only conclusion that seems possible from such figures as these is, either that many cases are concealed, and hence the mortality is made to appear high; or that the diseases themselves, if at all of a severe type, are fearfully fatal to the individual, where such powers as those possessed by Bolton are carried out.

But there is unexceptionable evidence of a different kind that concealment prevails. Thus, a medical officer of health for one of these towns writes: "No. 2 was a case where there were three other children in the house, but two of them were removed in the night, after I had given my certificate." From another gentleman I learned that a certain course was adopted, because parents would "wriggle out of giving notice in mild cases of scarlet fever, declaring it measles."

Again, we find that in Dublin, although no law exists to compel the physician to notify, the effect of such a law is foreshadowed by the result of a limited notification. The dispensary district medical officers are the *ex-officio* district medical officers of health and the servants of the Town Council, and, as such, they are under orders to report infectious cases to the Public Health Committee. They have done so, and the Corporation disinfectors have thereupon been sent to adopt the necessary sanitary precautions, and have been obliged to do so with every consideration for the feelings and the interests of the patient's family, inasmuch as no special powers existed to effect sanitation or isolation by force. Nevertheless, it is notorious that the result of this very limited system of notification in Dublin has been to exclude the dispensary district medical officers from practice amongst the poorer classes, and to throw the treatment of infectious cases into the hands of "club" doctors, who, not being corporate officers, are not obliged to notify, and, in fact, do not do so. The infected poor of Dublin, in many instances, even deny themselves the necessaries of life in order to be able to pay a private practitioner, rather than resort to the dispensary doctors, and the Public Health Committee of the Corporation have publicly stated this fact in their official reports. They say—

The attention of the Public Health Committee was drawn to the fact of 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 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 last two 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.

We say advisedly, that in towns in which compulsory notification is the rule, concealment does take place to a very serious extent, and we ask the advocates of compulsory notification by the physician, can you prove by statistics of the number of persons who died *unattended by a qualified medical practitioner*, within towns in which notification is compulsory on the medical attendant, that the system has not caused concealment of disease, or driven the population into the arms of quacks or prescribing chemists?

The following are the regulations relating to death registration:—

a. Every registered medical practitioner in attendance on deceased must give to the person who is to give the information for registering the death a certificate of the cause.

b. The person who gives the information must deliver the certificate to the Registrar, under penalty of 40s.

c. The Registrar must state cause of death when so certified in his record; but when the deceased has been attended by no one, or by an *unqualified practitioner*, he must enter the death as "uncertified."

d. The Registrar must give, gratuitously, a certificate for burial.

e. Every such certificate must be handed to the person who buries, under penalty of 40s.

f. If no burial certificate is produced, the person who buries must at once inform the Registrar-General thereof.

g. No child's body shall be buried as still-born without special precautionary certificates.

Under the law of death registration, every information desired is available, and it is, therefore, easy for a medical officer of health to compare, day by day and year by year, the mortality from any class of disease, and to illustrate the actual results from notification by proving that zymotic deaths have been reduced in number by its agency. Moreover, an examination of the death certificates would show to what extent persons dying from infectious disease had been attended by quacks or prescribing chemists, or left without attendance; and if it appeared upon investigation that the percentage of persons who died without the ministrations of a qualified practitioner had materially increased as a sequence of the introduction of the notification system, we should then be entitled to assert that the public had been driven to resort to unqualified practitioners, who are not amenable to notification law, in order to conceal the existence of the infection, and, *ergo*, that the disease was being secretly disseminated in spite of the notification law.

We again invite medical officers of health to test the soundness of our conclusions, and the truth of the statements which we have quoted above, by showing that the proportion of persons who have died without the attendance of a physician has not increased as a sequence of compulsory notification, by which means only can they satisfy the public that wholesale concealment and dissemination of infection is not the actual outcome of the system, as it is obviously the natural result.

ICHTHYOL.

A NEW drug has been recently introduced to the notice of pharmacologists which bids fair to prove of considerable value. It has been described by G. P. Unna, of Hamburg, a well-known investigator in the domain of therapeutics, as a tarry-looking substance of the consistence of vaseline, and as possessing a peculiar odour. For reasons which will be presently stated, it has received the name of Ichthyol. It is said to be partly soluble in ether and partly in alcohol, and totally in a mixture of the two. It forms an emulsion with water, whilst with vaseline and fat it may be mixed in any proportions. It contains a considerable proportion of sulphur—about 10 per cent., which is so intimately united to the remaining constituents that it can only be separated by destruction of the ichthyol.

According to Rudolf Schroeter (*Deutsch. Med. Zeit.*, 17/83), it is obtained from a bituminous mineral found in the neighbourhood of Seefeld in Tyrol. The colour of the stone from which it is obtained is a clear brown and brownish black; its percentage of bitumen varies between 10-60. In the matrix in which the stone is found are a great number of fossil imprints of fishes, and some petrified fish were even met with. In consequence of this, Professor Fritsch has concluded that the bitumen is the animal remains of ancient marine animals and fishes,—whence the name.

The bituminous stone is subjected to dry distillation in iron retorts, the result of the process being the production of a tarry like substance of a peculiarly disagreeable odour. From this after long standing a thin fluid oil is separated. After thorough purification it is treated with concentrated sulphuric acid. The superfluous sulphuric and sulphurous acids have then to be separated from the sulphate thus formed.

Unna has made numerous experiments with the substance thus prepared, both in skin and other diseases.

From a paper contributed to the *Monatsch für Pract. Dermatol.*, 11 & 12/82, and noticed in the *Deutsche Med. Zeit.* above quoted, we learn that it has been employed with good results in every form and stage of eczema, care being taken, as soon as its characteristic effects have been produced, to gradually reduce the strength of the application employed, exactly as when sulphur preparations are made use of. It must be used in a more diluted form in the case of children than is necessary in adults (10-20 per cent. in ointment for children, 40-50 in adults). He has used the following form in an obstinate case:—

Lythargyri, 10,0;
Coque c. aceti, 30,0;
Ad reman., 20,0.

Adde—

Olei olivar., adipis, ana 10,0;
Ichthyoli, 10,0.
M. Ft. ungu.

In acne rosacea he saw good results from its employment, but nothing special in psoriasis.

In a later communication to the last-named paper he gives his observation on its employment in other forms of disease. Of its employment in cases of acute

and chronic rheumatic arthritis he says: "I believe from my few cases I may say, that up to the present there is no external application of equal efficiency." "The good effects in very chronic cases which have already gone on to deformities of the joints, contractions of neighbouring muscles, thickening of ligaments, &c., seem to me by my own observations and those of other colleagues to be indubiously certain, although I have not observed any absolute cure in such cases."

It has proved of signal service also in veterinary medicine, the rubbing in of the oil having completely cured many cases of stiff joints in horses, even in those that were otherwise doomed to the *coup de grâce* of the knacker. It has been used with great advantage in acute lumbago, and in "rheumatic" pains in the head. In the latter affection it has been employed in the following form, viz., ichthyol 10 parts, ol. ricini 20, spiritus 100, by means of a drop-glass, spray, or "dabbed" on with sponge. The odour may be rendered less offensive by the addition of a spirituous solution of camarin or vanillin. He has not found it useful in simple neuralgias. Some rheumatic patients have stated that the simple inhalation of the fumes of the drug has relieved their pain. If added to a large quantity of water and heated, the ichthyol is decomposed, giving off H_2SO_3 , S, &c. Employed by way of inhalation in this manner, Herr Unna has observed remarkable results in affections of the respiratory tract. He has employed it recently in angina follicularis, commencing angina phlegmonosa, and angina catarrhalis, in the above forms, painted on the parts hourly, or in the following as spray: Ichthyol 5, ether and spirit of wine, each 50. He has also employed it in specific catarrh of the urethra. In this affection its principal effect is the relief of pain, and he recommends the addition of corrosive sublimate if a germicide action is desired.

In regard to the undesirable concomitant effects of the local application, Herr Unna has observed only the frequent, but not constant, occurrence of local and general hyperidrosis. He has also observed the frequent eruption of miliaria, from its effect in blocking up the sweat pores.

We have not space to follow our author through the whole of the article, but enough has been said to show that in all probability we have in ichthyol a therapeutic agent of no mean efficacy.

Notes on Current Topics.

Nephrectomy in America.

THE operation of nephrectomy, to which a considerable amount of attention has been devoted both here and on the Continent during the last few years, is becoming in America also a more commonly-adopted method of relief than could at one time have been supposed at all probable. A case is reported in the *Boston Medical and Surgical Journal* in which Dr. S. W. Gross undertook the operation on April 20th last, the patient being a lady, fifty-nine years of age, of spare habit. Three months prior to the date named the patient had commenced to experience

much pain from the presence of an abdominal tumour, which, however, was noticed then for the first time. After careful examination Dr. Gross came to the conclusion that the growth was a cancerous kidney, and proceeded to remove it through a median incision as for laparotomy, the right side being the one affected. The kidney was found to be transformed almost entirely into a cancerous mass, the amount of healthy tissue remaining being very small. At the same operation, the gall bladder being discovered to contain several calculi, cholecystectomy was performed. For a time the patient did well, pulse good, temperature normal, but on the second day peritonitis supervened and death took place.

An Unusual Occurrence.

At a recent meeting of the Philadelphia College of Physicians and Surgeons a patient was exhibited on whom Dr. John Rhea Barton performed resection of the radius so long back as 1828, or fifty-five years ago. The patient, a woman, is now 64 years of age, and has used the arm ever since the operation was performed.

Kairine.

ANOTHER new drug has been recently introduced to the notice of the profession, which from published reports appears well worthy of being brought prominently before our readers. On the present occasion the first account of its properties comes from Vienna. Last year an attempt or many attempts were made to find a substitute for quinine, and these resulted in the synthetic manufacture of chinoline, which, as many of our readers will be aware, was formed artificially out of aniline, nitro-benzol, glycerine, and sulphuric acid. The drug thus made had anti-febrile properties. Other experimental efforts were subsequently made, and Otto Fischer, Koenigs, Bedal, and others succeeded in producing out of chinoline a preparation technically described as methoxychinolintetrahydride, but to which they gave the name of Kairine. It is an oil that unites with hydrochloric acid. Professor Ludwig gave the above account at a recent meeting of the Royal Medical Society of Vienna, and further gave some account of the results of his own observations and of those of others. One striking effect of taking kairine was shown in the urine of the person taking it. It became brown, or olive green, and more rarely grass green. It appeared as if some kairine went over in the urine unchanged; it becomes still darker by exposure to air. The kairine urine constantly contained bacteria in considerable quantities, so that it would almost seem as if the drug afforded a good soil for their growth.

Professor Drasche, who introduced the drug into Vienna practice, then spoke, and gave the results of a series of observations. In large doses—0.5 grain every two hours, up to 3 grains in the twenty-four—a considerable fall of temperature took place, but accompanied by shivering and grave symptoms of collapse, so that he afterwards gave it in 0.2 grain doses until 2 grains had been given in twenty-four hours. The dose of 0.3 grain caused a fall of 3.4° C. in a case of pneumonia, and in another a dose of 0.3 grain reduced the temperature 4.3 C. degrees. In two cases of erysipelas the temperature was also much reduced by

bi-hourly doses of 0.5 and 0.2 grains. Somewhat similar doses produced similar effects in the pyrexia of phthisical patients. The drug was also administered hourly or bi-hourly in 0.2 grain doses in a severe case of typhoid with bloody stools. During the first days of administration, the temperature was reduced on the average scarcely 1° C., but some days it fell to 38° C. (100.2 F.), and remained at this point several hours. Later, the daily average diminution of temperature reached 2° C. If the kairine was temporarily omitted, the temperature immediately rose. Doses of 0.3 grain gave rise to rigors, collapse, and feebleness of cardiac action. Professor Drasche considers that kairine is superior to all other drugs as a promptly-acting anti-pyretic, and believes that it has a great future before it.

Clinical Society's Committee on Spina Bifida.

AN announcement was made by the President of the Clinical Society on the 25th ult., to the effect that the Committee appointed to consider and report on Spina Bifida and its Treatment had not yet concluded its labour. In consequence, therefore, its report will not be presented during the current session, which ended on Friday last; nor can it be included in the next issue of the Society's Transactions. The Committee have accumulated a very large and valuable amount of information, and are anxious to make their report as complete and exhaustive as possible. They desire to have it generally known that any gentlemen who may have cases they are willing to communicate will do so without delay, and that specimens will be especially acceptable in illustration of the subject.

Students and the Medical Bill.

ON Friday last Mr. Mundella received a deputation from the Medical Union Society in favour of the new Medical Bill. The objects of the deputation, which was introduced by Dr. Farquharson, M.P., were briefly explained by the Honorary General Secretary of the Society, Mr. Charles H. Wade, who expressed the gratitude felt towards the Government by students of medicine for the improvements promised by the Bill. It was especially urged, however, that the interests of students demanded the restoration of the "title clause," and that amendment of the Bill in this direction would be no more than an act of justice to the many young men who, by-and-by, would be influenced by the operation of the Act. In reply, Mr. Mundella said that, although he had received many deputations on the Bill, none had interested him so much as this, for he felt that in a question so deeply affecting students themselves the expression of their particular views was of value and importance. He said he was much impressed by the statement Mr. Wade had made, and held forth considerable hope that the concessions sought for might eventually be granted; certainly the matter in question had been put before him more clearly and forcibly than at any time previously. The deputation then, after thanking the Vice-President of the Council for the attention he had given to it, withdrew; and the Society may be congratulated on having very satisfactorily advanced the views of its members.

Murchison Memorial Scholarship.

THE examination for the Murchison Memorial Scholarship, held this year in Edinburgh, has resulted in its award to Mr. G. C. Dickson, M.B., C.M., House Physician at the Royal Infirmary. The examination for the scholarship was partly written and partly oral, and included examination of patients, with reports and commentaries on the cases, problems in treatment and pathology, and descriptions of specimens. The successful candidate graduated at Edinburgh University in 1882, having gained honours of the second class.

The Royal Red Cross.

A LIST has recently been published in the *Gazette* of ladies on whom the new order of the Royal Red Cross has in the first instance been bestowed by the Queen. Six members of the Royal Family head the list, and after them come five-and-twenty other recipients of the order, including Miss Florence Nightingale, Mrs. Deeble, lady superintendent at Netley, Lady Strangford, and Lady Lloyd-Lindsay. In the institution of this distinction for the women who by devotion and self-sacrifice have done incalculable good to the cause of humanity, a step has been taken which is thoroughly significant of the deep interest always taken by Her Majesty in the welfare of her people, and her appreciation of the valuable nature of the labours of those who essay to relieve the pangs of sickness and to soften the horrors of war.

The Unqualified Assistant again.

MR. EVANS, surgeon, of Pontlottyn, and his unqualified assistant, have been prosecuted, at the instance of the Registrar-General, for unlawfully and wilfully making a false certificate of the death of a child who had been attended by the assistant and had not been seen by the principal, in consequence, it was alleged, of his being suddenly called away on the day of the child's death. It was admitted that the certificate was filled up by the assistant, but that the signature was the principal's. The stipendiary, while convicting the assistant and fining him £5, declined to convict the principal on the ground that the evidence was insufficient to show that he was a party to giving and making the false certificate. He admitted that it was a reprehensible act to leave blank certificates about signed by the principal. But this did not necessarily involve the offence named in the summonses. A case for a superior court was granted.

Small-Pox in Dublin.

WE regret to learn that a case of small-pox arrived in the Liffey on Monday last on board a foreign barque. At once the Superintendent Medical Officer of Health, Dr. Cameron, took the most active steps to prevent the dissemination of the disease. The patient was at once taken to the floating hospital at Ringsend—which it was recently most foolishly proposed to sell—and the ship in which he arrived was put into strict quarantine. A special surgeon was engaged to remain on board the floating hospital night and day. Up to the period of our publication there has been no indication of a spread of the disease.

Death of Dr. Wilbur.

INFORMATION comes from America of the death of one of the most eminent and widely-known of asylum superintendents in the States, and a physician who was familiar, by name at least, to a not inconsiderable number of the profession here. Dr. H. B. Wilbur, Superintendent of the New York State Idiot Asylum at Syracuse, died on May 1st, after a service of no less than thirty years in the post left vacant by his decease. As a pioneer in the theory that care and kindness combined would suffice to effect improvements, in the condition of the unfortunate beings in his charge, Dr. Wilbur earned and has received the grateful thanks of an appreciative number of his followers, and in the work accomplished by him in the particular line he made his own especial study he has laid claim to be remembered as a benefactor of the first order. To his friends and acquaintances his loss will be a severely-felt blow, and all will regret that he has so soon, at 63 years of age, been cut off from the continuance of the labours he turned to so good account.

The Royal Medical Benevolent College.

THE annual general meeting of the Royal Medical Benevolent College was held in the Committee Room, Soho Square, on Thursday last. The treasurer occupied the chair, and the secretary read out the list of successful candidates, when it appeared that the recommendation of the committee of examination as to the most urgent and deserving cases had met with the almost unanimous approval of the body of Governors, both the vacant pensionership and Morgan annuitant being respectively elected, together with seven out of the nine foundation scholarships. The Report stated that the working of the school was now all that could be desired, many of the boys having taken honours and obtained scholarships in and out of the College, and one or more had passed directly from the school into the Universities. It is a subject of much regret to find the funds of the College are still in a languishing condition. The expenses of the institution exceed the receipts by several hundreds of pounds—a fact, we hope, which needs only to be made known to ensure a ready response from the wealthier members of the profession.

The Clinical Society of London.

JUDGED by the attendance of members at the extraordinary meeting of the Clinical Society on Friday evening, the experiment of having an extra "clearing" night was not a success. In other ways, however, it probably answered all expectations, for quite a succession of papers was read, but little discussion being indulged in. Possibly a larger gathering might have been secured had longer notice of the additional meeting been given; but as it was arranged with a view to enabling a clearance of all the papers in hand with a view to publication in the annual volume of Proceedings, no doubt all that was required was obtained. It would, however, be well for the Council of the Society to remember that discussion is a very valuable part of the programme of its meetings, and that a precedent of the kind encouraged by Friday's occurrence may, if unduly strained, result in a certain disadvantage.

Oxalurea.

WHETHER the presence of oxalate of lime crystals in the urine is a primary cause of a very unsatisfactory train of symptoms, or is itself only a symptom of a constitutional state, the conditions under which it occurs are sufficiently troublesome to deal with to demand our earnest and close attention. The cases in which it occurs usually progress very slowly towards restored health. Even the best text-books upon abnormal states of the urine pass lightly over its true significance as a symptom, and are very meagre in their directions as to treatment, &c. Dr. J. L. Bauer, of St. Louis, reports the details of a case of this nature that lately came under his notice at some length. The patient had been for many years the subject of venereal excesses, both by self abuse and sexual concourse, and had induced a highly irritable condition of the urethral membrane and prostate gland. The lips of the meatus were reddened and everted, the passage was highly sensitive, micturition was frequently painful, muco-gelatinous discharges took place from the urethra, and the urine presented mucous flakes. The prostate gland was enlarged and tender. The patient suffered from indigestion, hypochondria, general pains, constipation, and partial impotence. The patient's attention had never been drawn to the presence of a sediment in the urine until some time after coming under Dr. Bauer's notice, when he passed a large quantity of small concretions, which were found to be composed of oxalate of lime. The hyperæsthetic condition of the genital organs was overcome by the administration of a mixture, as follows:—

R Potass. acetatis, ℥iiss.;
Ext. buchu fluidi, ℥ss.;
Ext. hyoscyami, gr. xij.
Syr. gentianæ, ℥j.
Aqua destil. ad ℥vj.

M. A tablespoonful every third hour; and the passage daily into the urethra of a suppository containing grs. x. of iodoform and grs. v. of eucalyptol oil (Landers).

After the passage of the small calculi the patient was placed on five-drop doses of the dilute nitro-muriatic acid three times a day, to be increased to toleration; and his bladder was washed out with a solution of grt. 1½ of pure nitric acid in ℥ij. of water. The treatment was followed by perfect recovery.

OWING chiefly to the magnificent weather of the past three weeks, the mortality throughout the United Kingdom has been steadily declining, and in most of the large towns last week it was much below the average. The highest annual death-rates from diseases of the zymotic class were—From whooping-cough, 1·2 in Cardiff and 2·4 in Birkenhead; from measles, 1·9 in Liverpool and 2·1 in Newcastle-upon-Tyne; from scarlet fever, 1·8 in Derby and 1·9 in Sheffield; and from "fever," 1·2 in Hull and 1·3 in Sunderland. The 28 deaths from diphtheria included 14 in London, 5 in Glasgow, 2 in Edinburgh, and 1 in Dublin. Small-pox caused 2 deaths in Birmingham, 2 in Newcastle-upon-Tyne, and one each in London, Liverpool, Leeds, and Sunderland.

menced, and continued to such an extent that after a few weeks the child was able, not only to move its legs, but make an attempt to stand. It unfortunately caught whooping-cough, and had to leave. The fifth and last case occurred in a child two years old. The disease came on insidiously, is confined to one leg, which, on admission, Feb. 4th, 1883, was shrunken and paralysed, with loss of reflex contractility. This patient is also having the moxa, and is now, without any other medicine, able, not only to stand, but to walk a little as well.

These cases, I may safely state, practically illustrate the value of the moxa, though I do not forget that it is open to say that something is due to the belladonna, nuxvomica, &c., contemporaneously administered.

But when we remember the chronic character of the disease, and the undoubted expenditure of the *vis medicatrix nature*, and the certainty in the first and third cases, and the probability in the second, that these or similar drugs had a fair trial and failed, it is impossible not to be convinced that the complete cure in one case, the great improvement in two cases, and the expected cure in the fourth case is due to the moxa.

I might conclude here, were I not anxious to show that the use of the moxa, which is undeservedly neglected, and which is not even mentioned by most of our popular therapeutic writers, can be supported as strongly by theory and argument as it has been just illustrated by practice.

It may, I think, be granted that counter-irritation in some form is frequently advantageous in the degenerations and chronic morbid states under review.

But it may nevertheless be useful to pause and ask ourselves what is the *rationale* of its curative power. In fact, for my purpose of showing the superiority of the moxa to other forms, it is necessary to do so.

Counter-irritation, broadly speaking, is of two kinds. The first may be likened in its effects to a kind of local depletion, as when a large fly blister is applied for a considerable duration of time, as in the early stage of acute inflammation, for example, over the lungs in pneumonia. The serum of the blood is withdrawn, and the subjacent congestion relieved. The second is similar in its action to the stimulating effects of strychnia and electricity, and is adapted to chronic morbid conditions, in the anæmic states of the system, and for the dissipation of old fluid collections. Its action may be illustrated by the use of firing in joint disease, and that of the moxa in the diseases in question. In both kinds the stimulant influence is exercised primarily through the nervous system, acting secondarily on the vessels of the part morbidly affected. Thus in the very early stage of acute inflammation we can easily understand the depleting effect of a good blister, the vessels still retaining some functional power.

The following experiment of Nauman will illustrate the reflex stimulant action of the second form of counter-irritation when applied to sclerosis of the cord. The head of frog was removed the medulla intact, and its mesentery exposed, and one thigh, after ligation of the blood-vessels, was separated from the body, leaving only the sciatic nerve unimpaired. On applying a mild galvanic stimulus to the web of the prepared extremity, and examining the vessels of the mesentery, the current in the vessels was observed to be quickened, and rendered continuous instead of wavy. A through current caused the vessels to separate from each other, and to appear more distinct. At the conclusion of the experiment the blood current assumed its *original rate*. In this way the vaso-dilator nerves are at first stimulated, and then, becoming tired, resume their normal state of quiescence, showing that, whatever form of counter-irritation is used, it must be reapplied at intervals. This experiment explains not only the action of electricity—an agent of the greatest utility in chronic spinal affections—but which sometimes, as in some of the present cases, failed (I may here state that I did not try electricity, as I wished to give the moxa a fair trial, but it was tried before by others); but it has a wider significance, explanatory of all cutaneous irritation on the circulation

through the action of the nervous system by a reflex operation.

If the stimulating action of electricity is similar to that of the moxa and some other forms of counter-irritation, in what, then, it may fairly be asked, does the superiority of the moxa consist? Having noticed the advantage of the moxa where electricity had failed, owing probably to the impairment of the receptivity of the nerve fibres or centres allotted to the conduction and presidence of electrical force, as shown by the want of electrical contractility, it appears to me not unreasonable to contend (and the slight and often non-impairment of common sensation confirms this view) that the centres and fibres associated with common sensation and the sensation of *heat and cold often remain intact*, while those connected with electricity are, in chronic cases, usually diseased. Even in loco-motor ataxy the often normal condition of the *superficial reflex excitability* is remarkable when we remember the total absence of the patella and other tendon reflexes. In this disease, also, the sensibility to heat and cold, &c., usually remains to the last. These things, at any rate, show the rarity of nerve fibres, and that consequently a therapeutic agent, whose ultimate result is the same, may differ greatly in power, owing to the freedom or blockage of the channels along which it is distributed. Thus far I have tried to explain the theory of the stimulating action of cutaneous irritation in general. I will now discuss the special advantages of the moxa, first saying a few words descriptive of this agent, including its history.

History and Description of the Moxa.

The physicians of Greece and Rome, who all used some form of counter-irritation, were not, as far as I can find out, familiar with the moxa, which would appear to be of Eastern origin. It was introduced into the West by the Portuguese soon after their earlier Eastern conquests, whether from India or China is not clear, though I may say that when in India I was informed by an intelligent Portuguese Eurasian that it was first carried to Europe by the physician of Albuquerque, the conqueror of India. The great surgeon Larrey became aware of its value during his Egyptian campaigns, and spoke highly of its utility; but in all the works on materia medica which I have referred to, except that of Stillé, who gives a good account of it, the moxa finds no place. Even the homeopaths, so prolific on the treatment of disease, have forgotten to make it conform to their great axiom.

The moxa may be made of many substances, such as the down of the various species of the artemesia, the agaric of the oak, flax or hemp impregnated with inflammable matter, or linen saturated with nitrate of potash. Larrey's moxa was an inch long and half-an-inch broad. This I consider too short, as its action would be too rapid and severe, and of the other forms above alluded to I have no experience. That which I myself use consists of a piece of brown paper about 15 inches long and 4 broad. This is saturated in a solution of nitrate of potash in proportion of ʒj. to ʒj. of water. A stronger solution, or one of chlorate of potash, is not advisable, as it is liable to burn with a flame, which should be avoided. This paper is dried and rolled into a cylinder, and is then ready for application. It resembles a short cigar without the tapering ends. To apply it, one end is set on fire and the other placed on the skin in the vicinity of the subjacent disease. The neighbouring parts should be protected with alum paper with a central hole, while the degree of heat can be moderated to any degree by the moxa holder or forceps, and freshened if necessary by blowing upon it. I always remove it before the burning part comes in immediate contact with the skin. In this way no scar or sore is ever produced, and it can be reapplied as often as necessary.

During its application the first degree of heat is attended with an agreeable sensation, which gradually increases, but is rarely severe, and has never been much objected to by my patients, who, on the contrary, seem rather pleased at the idea of the application, as the pene-

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE SCOTCH CORPORATIONS AND THE UNIVERSITIES.—At present a severe contest is going on between the Corporations and the Universities, and as usual much may be said on both sides. The Corporations claim that they existed before the Universities, and were the first to institute an examination in arts, condemned especially by the University of Edinburgh. This statement is especially true, especially on the part of the College of Surgeons. The Universities claim that they are *bond fide* teaching bodies: this is only partly true. The Edinburgh Corporations have always, though in a somewhat half-hearted way, fostered medical education. They have required the teachers of the medical school to pass an examination in the branch of study proposed to be taught, which examination is recognised by the Universities. For the professors in the University no such test is required, the only requirement for a professorship being the amount of interest he can procure, the methods of obtaining this being in many cases not the most creditable to the parties concerned. The Universities charge the Corporations with selling their diplomas. This is a dangerous weapon in the hands of both parties. Readers of old plays not well known to the present generation will have read of a certain Dr. Pangloss who obtained a doctorate from an ancient northern university, and the memories of St. Andrews have not quite died out. There is, however, one charge which the Corporations can bring against the Universities which is irrefutable, and that is, that the Universities, by allowing their teachers to examine their own pupils, have permitted a species of extortion which in some cases is simply disgraceful. The system has been disastrous in more ways than one. It has stamped men with high-sounding titles who were simply crammed with the crotchets of their teachers, and whose mental growth was dwarfed by the very institutions whose duty it was to enlarge the understandings of their *alumni*. The system has sapped the manliness from the students by turning them into cringing hypocrites and servile imitators. The Corporations, on the other hand, whatever may have been the failings in their examinations, have always allowed a wider field for their candidates, and the candidate and examiner have met on a broader platform. The abuses just mentioned could easily be met by taking the examining power out of the hands of both parties—that is, as far as the minimum State examination is concerned.

THE FUTURE OF THE EXTRA-MURAL SCHOOL, EDINBURGH.—If the Medical Amendment Bill becomes law, the outlook of the Extra-Mural School is dark enough, and medical education in Scotland will suffer a fatal blow. To make this statement clear, we will mention the facts of the case as they will stand if the Bill passes in its present form. The final examination in medicine, surgery, and midwifery is alone to be conducted by the new Board. The examinations in the primary subjects are to be conducted by the Corporations and Universities, to which latter the great bulk of the students will, as now, be attached. The professors enjoying their right of examining will fill their classes by demanding a knowledge of their crotchets, the result being that the Extra-Mural teachers will have to close their lecture-rooms, and the whole monopoly of teaching will be thrown into the hands of the Universities. There being no rivalry, the teaching will soon degenerate. Those who have at heart the welfare of medical education in this country will take care lest the evil we have pointed out become an established fact.

A COUNTERBLAST FOR SIR WILFRID.—In the course of his examination before the Crofters' Commission at South Uist, Dr. Donald Black, the parochial medical officer, said that the public health was pretty good, but in spring and winter there were numerous cases of chest diseases due to the reduced state of the body. Pulmonary complaints and chronic rheumatism were common ailments; scrofulous affections were not common. The idea that consumption was much more rare in the island formerly than it was now was, he believed, owing to the fact that in former times they were less able to diagnose properly. There was a considerable liability to fevers, such as typhus, owing to the close proximity of the houses to cattle, and the bad drainage. The children were, upon the whole, fairly clothed. "*Giving tea to the children was quite prevalent, and, in his opinion, injurious.*" Milk, of course, was the best thing they could get, but in the event of their not being able to get it, *he would recommend a cheap beer*, beginning with children at from one to two years of age.

ANTI-VIVISECTION CONFERENCE IN EDINBURGH.—At a thinly-attended conference of those opposed to vivisection, held in Edinburgh on the 26th ult., a resolution in which the conference viewed with alarm the statement by the Home Secretary, that he had accepted the assistance of the "Association for the Advancement of Medicine by Research" in carrying out the duties imposed on him by the Vivisection Act, 1876, and disputed the statement that under the Act demonstrations in illustration of lectures were prohibited, was adopted.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 26th ult., were at the rate of 83 per 1,000 per annum, against 35 in the preceding week, and 28, 22, and 27 in the corresponding periods of 1882, 1881 and 1880.

UNIVERSITY OF EDINBURGH.—The following scholarships have been awarded:—The three Vans Dunlop Scholarships in the Faculty of Medicine were awarded to—one in natural history, including geology and botany, to George L. Gulland, M.A., B.Sc.; one in anatomy, physiology, materia medica, and pathology, of £100 a year, tenable for three years, to Fourness H. Simmons; and one in the same subjects to M. S. Altounian, which had been resigned by its former holder. The Charles Murchison Scholarship in clinical medicine has been awarded to George Cecil Dickson, M.B., C.M.

THE HEALTH OF EDINBURGH.—The mortality of Edinburgh for the week ending with Saturday the 26th ult., was 94, and the death-rate 21 per 1,000. There were 18 deaths under 1 year, and 23 above 60, of which 7 were above 80. Diseases of the chest accounted for 29 deaths, and zymotic causes for 6, of which three were due to measles, and 1 to scarlatina. The intimations of these diseases were 42 and 25.

UNIVERSITY OF EDINBURGH BUILDINGS COMPLETION FUND.—At the meeting last week of the Society of Writers to the Signet £250 was unanimously voted as a contribution to this fund.

MEETING OF THE PROFESSION IN SCOTLAND AT THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

LAST Wednesday afternoon a meeting of members of the medical profession was held in the Hall of the Royal College of Physicians, Queen Street. The meeting was called by a circular and public advertisement. There was a large attendance of members from all parts of the country, but principally of those in and around the capital.

Dr. Balfour, President of the College of Physicians, was called to the chair. He announced that he had received a letter from Professor Fraser, in which he said that he and his

colleagues declined to attend. A letter of apology had also been received from Professor Struthers, of Aberdeen.

The Chairman said they had not a single word to say against the principles of the Bill; but with regard to the provisions there were considerable differences of opinion. After describing the constitution of the Boards which the Bill proposed to establish, Dr. Balfour remarked that the treatment of the Corporations amounted to a gratuitous insult.

Dr. Smith moved the following resolution, which was seconded by Mr. Imlach:—

“While approving generally of the objects of the Medical Amendment Bill, this meeting is of opinion that in the constitution of the Medical Board for Scotland the representation proposed to be assigned to the corporations is quite inadequate, and ought to be increased.”

He pointed out that, as the Bill at present stood, the corporations would not have their fair share of representation on the Medical Council, so that, if an appeal were made from the Board to the Council, it would practically be an appeal from the Board to the Board, and the complete control of medical education in Scotland would be transferred to the Universities. Why this should be so seemed mysterious. The talk on the other side of the border about the low standard of qualification in Scotland could only be ascribed to jealousy. It would be very hard if the fate of the Scottish corporations should be decided by the reports circulated by a few Englishmen.

Dr. Brakenridge proposed, as an addition to the original motion, the words, “Further, that by equality of representation or otherwise provision be made to ensure that one of the two members of the Medical Council elected by the Medical Board for Scotland shall be a representative of the corporations.”

Dr. Smith intimated his willingness to accept the addition, but recommended the omission of the words, “by equality of representation or otherwise.”

After a few remarks by Dr. Argyll Robertson, Dr. Charles Bell, Mr. Joseph Bell, Dr. Dickson, and Dr. Balfour,

Dr. Haldane moved, “That all candidates for the final examination of the Medical Board in Scotland be required to pay a uniform fee.” In supporting this resolution, he referred with satisfaction to Dr. Struthers' announcement that the Universities were willing that Scotland should be specially excluded from the operation of that part of the Bill to which his resolution referred. Dr. Struthers' letter was instructive, because it admitted what was an open secret before, that the Universities had been consulted before the Bill was brought before Parliament.

Dr. Keiller seconded, and the motion was carried.

Dr. Duncan moved, “That provision be made that at the final examination of the Medical Board no student shall be examined by his own teacher.”

Considerable discussion ensued on this resolution, which was eventually carried, after two amendments had been rejected, and the meeting closed with a vote of thanks to the Chairman.

THE MEETING AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual assemblies of the Fellows of the College and of the Irish Medical Association came off on Saturday and Monday last, and were occasions of very special interest. The Fellows assembled at 3 p.m., the chair being occupied by Mr. Barton, the President, and proceeded to the consideration of the annual report, the details of which, however, did not give rise to any debate. Arising out of the report, motions of much importance were presented to the Fellows. Dr. Thornley Stoker moved the proposition foreshadowed in our last issue, to the effect “that in the opinion of this College the present method of electing professors and examiners is unsatisfactory, and that the Council be recommended to seek for such alterations in the charter as shall enable these elections to be made by the vote of the entire Council, or such part of it as may

be present; not less than two-thirds of the whole number, including the President or Vice-President, to constitute a quorum for election purposes.”

The resolution was seconded by Dr. Whistler, of Bray, and was opposed by a section of the Fellows, who urged that the existing system had worked sufficiently well, and who moved as an amendment that any proposition involving a change of charter should be the subject of a notice of motion and a special meeting. It was pointed out *contra* that any motion arising out of the annual report was usually discussed without notice, and, furthermore, that the effect of remitting a subject to a special meeting was to limit its settlement to the metropolitan Fellows, inasmuch as the provincial members of the College could not be expected to come to town for such special occasion. Eventually the amendment was negatived, and the motion passed without a division by a large majority.

Dr. Jacob then moved the following resolution:—

“That this College approves of the determination evinced by the Council to ensure the *bond fides* of attendance on courses of medical study, but is of opinion that attendances purporting to be given by persons who are engaged during the usual hours of medical study in other engrossing avocations is not a *bond fide* fulfilment of the four years of study required by the General Medical Council, and therefore ought not to be recognised by this College as sufficient qualification for the Letters Testimonial of the College.”

Dr. Jacob proceeded to give the history of the establishment, in 1879, of night lectures by the Ledwich School and the Carmichael College for students who are engaged in offices and shops during the day, and the action of the Council thereon. He stated that previous to that date something more than strong suspicion had existed that persons presented themselves for the College examinations on the faith of fictitious certificates of attendance on courses of study at which it could not be pretended that they had been present, considering that they were compelled to be elsewhere all day and every day; and he adduced one case out of many in which a student, who had been engaged up to a few months previously in a bank, was passed upon the faith of a full supply of these false certificates, and immediately elected surgeon to one of the chief hospitals of the city, where he had responsible charge of the lives and health of the inmates in less than a year after his descent from the office stool. These abuses, Dr. Jacob observed, had been long suspected, but they were not acknowledged or proved until these schools publicly advertised that they were catering for such students by means of lectures delivered at night. At once the Council of the College had taken action and condemned the system, with the result that the Carmichael College immediately abandoned the practice. The Ledwich School, however, though it stated its willingness to conform to the wish of the College, and, though it had since been reminded by a second resolution of the Council, had continued the system, and had encouraged this class of students to set the College at defiance.

Dr. Jacob stated the object of his motion to be to induce the Fellows to strengthen the hands of the Council in putting down this traffic in fictitious certificates; and he urged that it was dishonest and discredit-

to follow her calling as domestic servant, on account of the difficulty in breathing, which was greatly aggravated on exertion, and became—by her own account—paroxysmal at times. There was no exophthalmos. As all the ordinary means of relieving the condition had failed, Mr. Barker removed the tumour on August the 24th, 1881. This was done with all Listerian precautions as to asepticity. A median incision, about four inches long, gave access to the tumour, which was cautiously dissected out as much as possible with blunt instruments. It proved to be the enlarged right lobe of the thyroid body, the left lobe and isthmus being normal. The latter was ligatured and divided, and the left lobe was not removed. During the dissection the vessels were tied with double ligatures, and divided between the latter. In this way seventeen silk and six catgut ligatures were used and left in the wound. Hardly any blood was lost, and the important structures around were not interfered with in the dissection. A drainage tube and gauze packing completed the operation. The next morning all the dressings were found to have slipped and become loose during the night, and salicylic wool was substituted without the spray. The wound healed almost entirely by first intention and without any inflammatory reaction, and the patient left the hospital well on September 14th. On her return from the country she was found to be quite relieved of her former trouble. The patient has been under constant observation now for nearly two years, and has had none of her former distress though she has returned to service. She has had some neuralgia in the neighbourhood of the wound at one spot which is also a little tender to the touch. Not one of the ligatures left in the wound has ever come away or shown signs of its presence, unless the neuralgia alluded to be taken as such. As the patient suffers from amenorrhœa, however, neuralgia might well be due to other causes. The author suggests the importance of collecting evidence as to the behaviour of aseptic silk in wounds of parts easily accessible to examination, seeing that as regards security and uniformity of texture most surgeons would prefer it to catgut; and if it be shown to be tolerated by the tissues as well as the latter the choice of ligatures would be simplified. This case offers in this direction several points for reflection. The author further points out that this is one of those cases which are probably far less uncommon than is supposed where small bronchoceles have produced very serious symptoms. He draws attention to other cases recorded or referred to where small tumours of the kind have produced fatal attacks of dyspnoea, and he concludes by suggesting much earlier operation for such bronchoceles than has hitherto been customary.

Mr. SYDNEY JONES described a mode of operation in these cases adopted by himself with much success, in imitation of Continental surgeons. The operation consisted in the removal simply of the isthmus of the thyroid body, ligatures being first applied on each side. In the case of a boy treated in this manner, and in which, from approximation of the mass of the trachea, introduction of a tube would have been very difficult, a complete and speedy cure was obtained, the most remarkable sequel to the operation being the atrophy of the lobes of the thyroid which followed it. Mr. Jones strongly advised that recourse should be had to this operation rather than to one involving such an amount of risk as that of removing the whole gland.

Mr. HOWARD MARSH related the history of a distressing case recently admitted into St. Bartholomew's Hospital. The patient, a man, *æt.* 21, was suffering from extreme dyspnoea, which was induced by the enlarged thyroid. Tracheotomy about the level of the isthmus was done, the trachea being found flattened antero-posteriorly, and lending difficulty to insertion of the tube. Relief was obtained by the means adopted, and subsequent operation for removal was contemplated. An attack of dyspnoea, however, carried off the patient in the night. Mr. Marsh approved the plan suggested by Mr. Sydney Jones, and thought that Mr. Barker's case would tend to convince surgeons of the necessity for immediate radical measures in these cases to relieve the dyspnoea. Respecting the silk ligature, he could add from his own experience of ligaturing the subclavian artery with that substance that most of it was retained without inconvenience. Mr. Lister was in the habit of leaving even the thick silver wires with which he sutured fractured patellæ, and with no ill consequence.

Mr. PEARCE GOULD remarked on the superiority of the operation recommended by Mr. Sydney Smith as compared

with extirpation, on account of the support given by the gland substance left behind, and thus preventing the forward dropping of the head which sometimes occurs in these cases from softening of the trachea. He asked whether such condition of the tube existed in Mr. Barker's patient; a small goitre did not usually set up such an amount of dyspnoea. Mr. Gould's experience of silk as a ligature confirmed the previous observations made on the subject.

Mr. PARKER referred to a case in which he had assisted to remove the whole thyroid gland from a child without any relief being thereby afforded to the patient. He had also under observation four women with laterally enlarged thyroids. He suggested that dyspnoea in these cases might sometimes be due less to pressure than to the mere presence of the tumour, or to interference with the inferior laryngeal nerve.

Mr. HAWARD observed that dyspnoea was usually associated with small bronchoceles, and that it ought, therefore, to be ascribed to the nature and position of the tumour. Small goitres were usually fibrous in character, and pressed tightly on the trachea and laryngeal nerves. Mr. Haward's experience led him to think dyspnoea was not often associated with lateral pressure, and in such cases the operation recommended by Mr. Jones would give relief.

Dr. LEE referred to the probable differences existing between thyroid enlargements in cretins, and in, *e.g.*, a girl of 15 or 16. Pathological differences were of great importance. He described a case in which at his recommendation a goitre treated for three or four years in vain and in various ways was reduced by repeated hot fomentations; wherefore he concluded it was unscientific to treat all cases of bronchocele on the same plan.

Mr. BARKER agreed that pressure was not essential to the production of dyspnoea, and was glad to be supported in the opinion that such condition of breathing was commonly associated with small tumours. He had found improvement follow employment of iodine internally and externally. In the case he had recorded, successive attempts at treatment were made altogether in vain: only one lobe of the gland was enlarged, and it alone was removed. The trachea was unaltered; but before the operation Dr. Poore had noticed a backward pressure on its anterior wall. The incision was purely median, and permitted the enlarged lobe to be readily shelled out. While fully agreeing with Mr. Jones that a mild form of operation was much to be preferred, he thought a much larger number of cases of the new operation must be observed before its real merits could be gauged. In his own case the structure of the growth was essentially fibrous.

DR. HABERESHON ON A CASE OF

ULCERATION AT THE PYLORUS, SITUATED AT THE VALVE, THE FLOOR OF THE ULCER BEING FORMED BY THE NECK OF THE GALL BLADDER.

It occurred in a gentleman, *æt.* 60, who began to suffer about nine months before death from pain at the stomach and vomiting; the pain was very severe in character, but most irregular in its onset, and the point of great clinical interest in the case was that "at no time during his illness did food aggravate the pain." The words were quoted from a letter of his medical attendant, Dr. Archibald. There were considerable intervals of relief, and after some weeks of comparative comfort, he was suddenly seized, after taking luncheon with his family, with intense pain in the abdomen, followed by collapse and death in about fourteen hours. The ulcer had extended through the coats into the peritoneum, and thus extravasation of the gastric contents caused fatal peritonitis. The absence of one of the most prominent symptoms of gastric ulcer—*viz.*, pain produced by food, was remarkable. It was stated that the pain of gastric ulcer ceases from varied causes, such as the healing of the ulcer, the relief of congestion from hæmorrhage, the division of the nerve from sloughing, or from the position of the patient. In the case narrated there was no evidence of hæmorrhage, nor was there any destruction of the nerve connection. The ulcer was situated at the pylorus itself, and it was doubtful at first whether it was on the duodenal or the gastric side of the valve. It was divided into two parts by a central contraction as if there had been a healing process, or as if the ulcer had been double. The base of the ulcer was formed by the neck of the gall bladder, and it was at this part that perforation had taken place. The walls of the stomach were not thickened, as if there had been pyloric obstruction. It was suggested that the situation of the ulcer had to do

with the absence of pain, and that when food was taken the pylorus contracted and the pain ceased.

Dr. MAHOMM inquired whether a symptom observed by himself in the subjects of gastric ulcer, and consisting of a ball rising up in the epigastrium, had been noticed by Dr. Habershon.

Dr. DREUIT suggested that gastric ulcers were of frequent occurrence, but were undiagnosed among hospital patients.

Dr. HADDEN asked whether the relief to pain experienced by Dr. Habershon's patient might not have been due to separation of the ulcerated surfaces following ingestion of food?

Dr. MONEY thought the ulcer might be due to lesion of trophic nerves.

Dr. HABERSHON had frequently recognised the ball phenomenon mentioned by Dr. Mahomed, and attributed it to its proper cause—*flatus*. In the particular case recorded, however, it had been absent. He was inclined to ascribe the greater number of gastric cases to nervous disturbance rather than to ulcerative changes. He thought Dr. Hadden's suggestion a very probable explanation of the facts, and had intended to imply such a theory of causation in his paper.

THE UNQUALIFIED ASSISTANT SYSTEM

AND THE

ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 468.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.—(Continued.)

MR. GRAHAM, coroner in the County of Durham, in a letter, says: "I have felt considerable surprise at this state of things having been allowed to exist so long as it has without any action being taken in the interest of properly qualified medical men."

The employment of uncultured persons as assistants is unfair to those who are subjected to the companionship of this class of colleagues. It prevents their getting into more congenial society, and has been known in some instances to lead to the adoption of low and immoral habits. Our correspondents who have been unqualified assistants in early life invariably speak of it as their "misfortune." Several of the large employers of assistants state that the majority of young men they have had under them have been "emphatically gentlemen," and to offer grocers' or druggists' shopmen as colleagues to such worthy representatives of the profession is a gross abuse of influence and opportunity.

It is this latter class of unqualified assistants who (as may be learnt from advertisements) "would live in the kitchen or outdoors at a nominal salary," and who show their fitness for the place assigned to them sometimes by choosing a wife among their master's domestics. They commence as mere dispensers, pick up some minor surgery by looking on, and end by making themselves popular among patients of the class they belong to, and useful as general helps. A very exceptional master may now and then be found who cares to take up one of this sort and aim at making a gentleman of him; but as a rule, a surgeon has neither the leisure nor the inclination nor the inducement of interest to do so, especially as success is far from sure.

The lowering of the social position of assistants is peculiar to recent times; for the old-fashioned apprentice, whom the unqualified man replaces, was a rough school-boy often enough, but had at least the making of a gentleman in him.

5. The employment of unqualified assistants is an impediment to systematic education.

Both in London and in the provinces general practitioners are in the habit of seeking for assistance among the most industrious of the hospital students, and often apply to the deans and secretaries of the schools to recommend young men of good character. The students also find their own way to such engagements by advertisement and otherwise, in defiance of the warnings of their authorised teachers.

The unqualified assistants *in statu pupillari* are described as "neglectful of their clinical studies," backward and irregular in their clerking, and slow to profit by it. They are apparently "anxious to learn, but with minds otherwise pre-occupied." They hang about the school for years and years after the natural period of becoming qualified, and are not

unfrequently tempted away from their original ambition of being recognised practitioners. A few of the better and wiser among them slide off into other means of livelihood, the greater number remain as they are, a few defy the law, and practise for themselves without diploma. Yet even these last sometimes retain a touching attachment to their old school, displaying, "framed and glazed, the certificates of lectures" they failed to attend, and tickets of admission to the wards of which they had no time to avail themselves.

The authorities of hospital schools are entirely at one in condemning this abuse as subversive of their influence over education. Though I have sought diligently, I have not been able to find one dissentient voice to the unanimous opinion of the present teachers of schools that, "until the qualifying examination has been passed, there is no period in which a man could hold an assistantship without prejudice to his education" (Dr. Andrew, senior physician of St. Bartholomew's). "The pupils' studies are unquestionably retarded, because the time for study and reading are limited" (Dr. Phillipson, Newcastle College of Medicine). "We should strongly discourage the practice" (Dr. Wadham, Dean, St. George's). It makes the pupil's work harder, and interferes with his studies" (Dr. Scott, Warden, London Hospital). "Such men lose in proportion to the time they subtract from their hospital studies" (Dr. Taylor, Guy's). "Such men rarely go into the wards" (Dr. Morgan, Manchester School).

Dr. Leech, of Owens College, says of unqualified assistants *in statu pupillari*: "These men are the bane of a medical school. They are irregular in their habits, often idle and immoral. We have, like many other schools in the provinces, an undue proportion of these fellows, and we find them a source of unmixed evil."

The clearest justification of their coming to this conclusion is afforded by the following statistics of one year, taken from the records of St. Bartholomew's Hospital, by Dr. Norman Moore:—

"Excluding an American, who stayed only a few months, and students who entered for a single course, and for whose education the school was not responsible, there were entered in 1874—

Students for full curriculum	101
Of these there died	2
There have become qualified in the course of the eight years which have gone by	72

Of the remaining twenty-seven, eighteen got no further than the preliminary examination in arts, and have disappeared outside the scope of the present inquiry. Nine have passed some sort or part of the professional examination, but two of these have been led into more remunerative pursuits.

"The remaining seven still go on at the school, hoping ultimately to obtain some kind of qualification. They have all been unqualified assistants"; and it seems fair to conclude that it is this method of carrying on their studies which has uselessly protracted the period of education, and, at the same time, deteriorated its quality. Four of the best years of their lives have been wholly, irretrievably wasted.

The experience of other Medical Schools, such as those at Leeds, Newcastle and Bristol, Westminster, Middlesex, King's College, and St. Thomas's, is similar in its condemnation of the employment of unqualified assistants during their pupillage in private practice.

It is probably impossible to prevent this abuse by coercive measures directed against the students themselves; and, in fact, on their behalf a powerful plea is urged on philanthropic grounds. Those who take places as unqualified assistants are always poor, for all who can afford to live during their pupillage without this occupation know well how obstructive it would be to their progress and what a false economy. It is on the ground of pecuniary need that the main defence of the system rests. It offers a means by which needy youths, possibly destined to be an honour to our profession, may support the expense of their training. A case has been laid before the Committee of a dispenser, without any education but that of a national school and a chemist's shop, who was possessed with the ambition of being a medical man. He had no friends and no money. But he worked away with the aid of a fellow assistant, and got enough Latin, &c., to pass his preliminary. He remained a dispenser three years, saving every sixpence of a small salary, then got a place as assistant in a town where he could attend lectures, and passed, a few months ago, after seven or eight years of self-denial and hard work, his first professional examination. He now has taken an assistant

ship in the North of England, "until such time as he can save enough money to pay his fees for his qualification."

The training above described has been needlessly tedious, and for all those whose abilities, industry, and previous education fit them to fulfil a high destiny, ample provision is made by scholarships, exhibitions, bursaries, and paid appointments at the schools and hospitals, not to mention a few endowments at the Universities. To show how complete this provision is, take the instance of the youngest of the metropolitan schools at which a man can enter. It has no invested capital, and was built by private enterprise with money raised on debenture bonds. The annual entries have as yet rarely exceeded twenty; yet it is enabled, by the help of the staff and hospital governors, to distribute in scholarships and hospital and school appointments upwards of £840 a year by competition among those of the twenty students who are in need of it, the wealthier being usually restrained by worthy motives from competing, except for hospital appointments. This instance is selected in preference to some older and larger school with endowments, which possibly may give more, but does not so well represent the policy of the present time. Such open-handedness seems quite sufficient to aid effectually all those who are ever likely to justify the aid by aiding themselves in after-life; in fact, all poor students of superior or even average abilities. Dr. Tirard, Dean of King's College, also writes; "Of our really successful pupils, by far the larger proportion are men who from poverty have been led to work hard for scholarships in College and University. I cannot remember one, during my connection with King's College, who has taken a good position as a result of working as an unqualified assistant."

Moreover, some scholars can employ their evenings in mechanical literary work, such as translating, indexing, correcting proofs, reviewing, reporting, &c., which does not interfere with their presence in lecture-room or hospital.

Other modes of adding to their incomes might be enumerated, more open to objection perhaps than those above mentioned, but still far less grossing than the toil of an assistant.

The protraction of systematic technical education is a serious abuse. It breaks the natural connection of the elementary and practical parts by interposing an interval between them. For example, if a pupil's knowledge of anatomy has had time to grow rusty, he is less able to profit by clinical instruction. And this failure reacts also upon the retention of the science, for if he does not fully profit by his clinical instruction, he does not have the half-forgotten anatomy impressed upon his memory, as at an earlier period it might have been impressed.

If a young man is naturally dull, and has not compensated his dulness by industry, and is at the same time in narrow circumstances, it cannot be any boon to himself or others that he should be enabled to enter the medical profession. It would surely be better that, like unsuccessful barristers, artists, soldiers, sailors, and those who are rejected from the Civil Service, &c., he should embark in another and less responsible pursuit for a livelihood. Yet there is no doubt much to be learnt in the position of an assistant—much that is very valuable in after-life to a practitioner—much that cannot be taught in a hospital. It would be a firm step forwards in professional education if students had the advantage of both the two schools of mental training, without either impeding the good influence of the other.

To put this matter in various lights, the opportunity is taken of introducing the opinions of several persons, either actually engaged in education, or otherwise officially interested in the promotion of professional skill among junior practitioners. The opinions have been given in answer to letters addressed to them on the subject.

Dr. Shepherd, Dean of St. Mary's School, says: "As to the question you put to me whether it would be well to insist upon an assistantship, or a position of responsibility at a public institution before registration, it settles itself. Very few indeed from our school go without some introduction of the kind into practice. The best men get it through hospital appointments, house-surgeons, &c.; others by a partnership—happy if they don't pay for it—for a time. The University of London insists upon a six months' responsibility of hospital or workhouse patients before candidates can offer themselves for the M.B. Others go to sea."

Mr. G. A. Brown, Surgeon to Tredegar Iron Works, writes: "In order that newly-qualified men may be better fitted for their duties as curers of disease, some modified form of pupillage should be enacted or (which would perhaps be the better course) diplomas should be withheld until

evidence could be afforded that some experience in medical practice had been obtained."

Dr. Eddison, late Secretary of Leeds Medical School, writes: "I do not think it would be viewed as a hardship if an assistantship, after qualifying, were made compulsory, provided that a year's house-surgeony or house-physiciancy were admitted in place of it."

Dr. Andrew, Senior Physician to St. Bartholomew's Hospital, says: "My friends among our students often ask what they ought to do for the first year after qualifying. If they can afford it, and can trust their industry, I advise them to go abroad for a year. If they cannot do this, then to take a good assistantship."

Dr. Andrew questions the wisdom of making this advice compulsory, from a fear that there are not enough places vacant for all the candidates who pass. There probably, however, would be sufficient, if Dr. Eddison's plan of utilising the resident posts at the provincial and metropolitan hospitals were to be systematically adopted.

Mr. Morratt Baker thinks the practical knowledge to be acquired by familiarity with disease, on a less formal footing than that on which it is seen in the wards connected with a school, is very important. He suggests that it might be gained at a provincial hospital before entering at a recognised medical school.

Mr. George Johnson says: "I have no doubt that the spending a few months as an assistant after the final examination would be useful to most men. But I think it would be a hardship in many cases to make it compulsory."

Dr. Norman Moore, Warden of St. Bartholomew's College, thinks "it desirable that candidates, after qualification, should hold some resident medical appointment. If the vast opportunities of workhouses and sick asylums were properly used, this might easily be done. I think any resident appointment better than an assistantship."

"If all the possible resident appointments in London, in cases where there is no school, were tabulated, and the appointments to them apportioned numerically to the several schools in proportion to the number of students qualifying, I think it would be possible for every London student to hold such a post before registration. . . . The third summer seems to me the easiest time for attendance on midwifery."

Dr. Moore gives a sketch of a complete curriculum, concluding with "end of fourth summer, qualifying examination. Then resident appointment six months, then registration."

Dr. Tirard, King's College, London, writes: "It would certainly be desirable for candidates to spend a certain time as assistants, or as residents in town or country hospitals, before registration. The present rule, which allows a man of private means to take a practice as soon as he is qualified, is not, in my opinion, calculated to improve the standing of the profession or the welfare of the public. . . . For the majority who qualify it is well that circumstances often compel them to commence work as assistants or residents, thus forcing them to be still, to a large extent, under the guidance of seniors."

Dr. Scott, Warden of London Hospital College, writes: "Our students are strongly urged to press on and get qualified before seeking employment."

Dr. Allchin, Dean of Westminster Hospital School, approves the plan of requiring attendance for (say) six months as assistant to a general practitioner after the period of hospital study, "after the qualifying examination, but before registration. . . . It would effectually meet the present difficulty and objection to unqualified assistants. . . . The knowledge men would get by such a plan," he says, "they cannot get in an hospital, and yet it is most essential, for the want of it seriously diminishes the practical capabilities of men when starting in practice for themselves."

(To be continued.)

A NEW process for meat preserving has been discovered by Signor Pavesi, who is said to have succeeded in keeping pieces of meat for years without their flavour being impaired. During the whole time that it is required to preserve the meat, it is to be kept in a pickle consisting of water slightly acidulated with nitro-muriatic acid; and when required for use, the meat is dried at a temperature of about 60° Fahr. To avoid a slightly brown colour, the meat may be steeped in plain water before being dried.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 6, 1883.

LORD MORLEY'S COMMITTEE ON THE ARMY MEDICAL DEPARTMENT.

THIS important Report, to which we referred in our last, has now been issued, and will naturally be read with much interest by medical officers of the Army as well as those connected with them in civil life. While the medical officers have obtained general and warm praise for their care and removal of the sick and wounded from the field of battle, many serious and disagreeable facts have been brought to light in the general nursing and cooking arrangements for the proper care of the sick, very much as they were in the Crimean war, apparently the result of War Office checks and counter-checks, and the administrative deficiencies of some. Medical officers cannot regret that such facts are brought to light should the result be a final and common-sense arrangement of departmental duties in the future. The Committee believe that many of the inconveniences complained of were rather the result of the way in which the departmental system was worked than the fault of the system itself. Can this be wondered at when, as does sometimes occur, men are promoted as they come to the top of the list to be senior departmental medical officers with little or no regard to professional ability or merit beyond that of pure seniority? We assert without fear of contradiction that, as long as there is no system of non-selection of such individuals, administrative failures must follow, and with this the depreciation in the estimation of the Army and

the public of the credit and *prestige* of the medical staff. The whole gist of Lord Wolseley's evidence tends to show that in his opinion the members of the Medical Department did not assume to themselves in emergencies the full responsibilities which their position involved, and expressly stated that “if an officer in the position of a medical officer in charge of a hospital finds that the patients in his hospital are not receiving what they ought to receive in accordance with his ideas of what the sick and wounded ought to have, if it is possible for him to obtain it in any way, it is his bounden duty to do so.” To this we say—How could a medical officer, as a matter of fact, take upon himself of his own initiation to ignore and over-ride the regulations of the Service? Simply he could not if he dared, and dared not if he could. All he could do was to represent to the commanding officer the condition of things. It was for the latter to issue the required orders on the subject.

We are glad to find that individual control over a hospital is to be still vested in what in future, we hope, will always be a specially-selected medical officer, in whose prudence and common sense the Director-General may confidently rely. The regular and systematic inspection of an hospital under such an officer can only redound to his credit and that of the department. Punishment for minor offences will remain with medical officers, the more grave offences being relegated to military authority—a system which prevails in India, and appears to work well. The Quartermaster and Steward are to have their duties more clearly defined; medical officers are to exercise a personal supervision over the hospital subordinates; and the medical officer in charge is to live as near his hospital as possible; and in the larger hospitals there is to be a resident surgeon. We must say that the system which exists at some stations, apparently with the tacit sanction of principal medical officers, of allowing medical officers in charge of military hospitals to live sometimes miles away, is most detrimental to the good of the service and of the institution over which they preside. Nursing sisters are to be employed in hospitals with over one hundred beds to superintend the orderlies. Medical officers appointed to attend officers and their families are to have quarters in barracks, or reside as near the barracks as possible. The medical service of the Household Troops is to be assimilated to that of the rest of the army. Opportunity of practice with war equipment during peace is to be afforded. The evacuation principle, under which sick are constantly sent to the base, is to be checked, and each regiment is to be supplied with a pair of field panniers and surgery tent, a corporal and private of each battalion assisting the medical officer, and soldiers are to be trained for this service. Bearer companies are to be reduced to one-half their establishment, sections attached to field hospitals, and provision made for mounted bearer companies. Field hospitals are to be distributed by brigades, and the nursing staff increased to 1 to 7 patients, and all packages are to be capable of being transported on mules. Medical officers are to be held responsible for procuring the best quality of supplies procurable. Civilian cooks may be hired to superintend cooking. But it is not indicated how or where they are to be obtained on the field, or before the enemy.

We are glad to see that the Committee recommend that the examination for promotion is to be restored, a reform which will do much to raise the professional reputation of the service, especially if gentlemen who fail to keep up their professional knowledge are retired with the gratuity of their rank as in the combatant branch. The Army Hospital Corps are to be amalgamated with the Medical Department into a Royal corps, and the uniforms assimilated, a most important recommendation, which, if carried out, will do much to foster *esprit de corps*. As there appears to be a strong feeling in favour of the traditional scarlet of the old medical staff amongst medical officers, we trust the system of levelling up, and not levelling down, will be adopted, and opportunity taken of getting rid of that most antiquated and unsuitable of head-gears, the cocked hat, and the helmet substituted. We also hope no long-winded title will be adopted. Of the many suggested, Royal Surgeons, Royal Medical Staff, or Royal Medical Corps appear to be the most appropriate. We also think the opportunity should be taken of conferring on medical officers ranking as Lieutenant-Colonels of some distinctive designation, such as Senior Surgeon-Major, as proposed originally by the meeting of medical officers at Aldershot some years ago, and that measures for quickening promotion to the rank of Brigade-Surgeon will be devised. It is not an unreasonable demand upon the part of the senior qualified Surgeons-major that this rank should be reached not later than the completion of twenty-five years' service, the late War Office Committee having recommended that they should attain it at twenty-two and a-half. These reforms, with limit of tenure of administrative appointments to five years, or up to sixty years of age in cases only of exceptional merit, specially recommended by the Director-General, would undoubtedly add much to the efficiency of the Medical Department and render it still more popular.

CONCEALMENT OF DISEASE UNDER COMPULSORY NOTIFICATION.

(Continued.)

DR. CARTER, of Liverpool, writing on the effect of compulsory notification as a factor in producing concealment of disease, to a contemporary, says:—

Arguing from what seems to us to be the inevitable tendency of human nature, we believe that the exercise of the powers in question must lead to the concealment of disease; that the heads of business houses—and especially of small businesses—dreading the notification that must follow if a medical man be called in, and which may lead to their children being forcibly removed from their homes, and their business diverted into other channels, will not summon medical aid; and that, in the absence of those precautionary measures which, by the private medical practitioner's directions, are all more or less taken, disease will spread; though it may spread under other names than those of scarlet and typhus fevers. But we shall, of course, be told that to argue from the inevitable tendencies of human nature would be to show ourselves theorists, that your practical men must have facts. To facts, therefore, we will turn; and, difficult though in the nature of things it must be to prove concealment, I think that the evidence that it does exist is overwhelming.

Firstly, let me ask your consideration of a few figures,

taken from such reports of medical officers of health as have come to my hand. In Blackburn, during 1881, there were 103 notifications of scarlet fever, and 23 deaths, or 1 in every 4. In Bolton, during the fifteen months ending December 31st, 1880, there were 702 cases reported, and 112 deaths, or one in every 6.2. Or, turning to another disease: in Bolton, during the same period of fifteen months, there were 102 notifications of typhoid fever, and 23 deaths, or 1 in every 4.4. In Blackburn, during 1881, there were 281 notifications, and 68 deaths, or one in every 4.2. Now, I would ask any medical man here, whatever his practice may be—even if it be among the very lowest and poorest of the land—if he has ever known, in the most serious and fatal epidemic, such ghastly mortalities as these? The deaths from typhoid fever in Blackburn and Bolton were half as high again as at the London Fever Hospital, where, from reasons given by the late Dr. Murchison, they must always be exceptionally high. The only conclusion that seems possible from such figures as these is, either that many cases are concealed, and hence the mortality is made to appear high; or that the diseases themselves, if at all of a severe type, are fearfully fatal to the individual, where such powers as those possessed by Bolton are carried out.

But there is unexceptionable evidence of a different kind that concealment prevails. Thus, a medical officer of health for one of these towns writes: "No. 2 was a case where there were three other children in the house, but two of them were removed in the night, after I had given my certificate." From another gentleman I learned that a certain course was adopted, because parents would "wriggle out of giving notice in mild cases of scarlet fever, declaring it measles."

Again, we find that in Dublin, although no law exists to compel the physician to notify, the effect of such a law is foreshadowed by the result of a limited notification. The dispensary district medical officers are the *ex-officio* district medical officers of health and the servants of the Town Council, and, as such, they are under orders to report infectious cases to the Public Health Committee. They have done so, and the Corporation disinfectors have thereupon been sent to adopt the necessary sanitary precautions, and have been obliged to do so with every consideration for the feelings and the interests of the patient's family, inasmuch as no special powers existed to effect sanitation or isolation by force. Nevertheless, it is notorious that the result of this very limited system of notification in Dublin has been to exclude the dispensary district medical officers from practice amongst the poorer classes, and to throw the treatment of infectious cases into the hands of "club" doctors, who, not being corporate officers, are not obliged to notify, and, in fact, do not do so. The infected poor of Dublin, in many instances, even deny themselves the necessaries of life in order to be able to pay a private practitioner, rather than resort to the dispensary doctors, and the Public Health Committee of the Corporation have publicly stated this fact in their official reports. They say—

The attention of the Public Health Committee was drawn to the fact of 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 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 last two 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.

We say advisedly, that in towns in which compulsory notification is the rule, concealment does take place to a very serious extent, and we ask the advocates of compulsory notification by the physician, can you prove by statistics of the number of persons who died *unattended by a qualified medical practitioner*, within towns in which notification is compulsory on the medical attendant, that the system has not caused concealment of disease, or driven the population into the arms of quacks or prescribing chemists?

The following are the regulations relating to death registration:—

a. Every registered medical practitioner in attendance on deceased must give to the person who is to give the information for registering the death a certificate of the cause.

b. The person who gives the information must deliver the certificate to the Registrar, under penalty of 40s.

c. The Registrar must state cause of death when so certified in his record; but when the deceased has been attended by no one, or by an *unqualified practitioner*, he must enter the death as "uncertified."

d. The Registrar must give, gratuitously, a certificate for burial.

e. Every such certificate must be handed to the person who buries, under penalty of 40s.

f. If no burial certificate is produced, the person who buries must at once inform the Registrar-General thereof.

g. No child's body shall be buried as still-born without special precautionary certificates.

Under the law of death registration, every information desired is available, and it is, therefore, easy for a medical officer of health to compare, day by day and year by year, the mortality from any class of disease, and to illustrate the actual results from notification by proving that zymotic deaths have been reduced in number by its agency. Moreover, an examination of the death certificates would show to what extent persons dying from infectious disease had been attended by quacks or prescribing chemists, or left without attendance; and if it appeared upon investigation that the percentage of persons who died without the ministrations of a qualified practitioner had materially increased as a sequence of the introduction of the notification system, we should then be entitled to assert that the public had been driven to resort to unqualified practitioners, who are not amenable to notification law, in order to conceal the existence of the infection, and, *ergo*, that the disease was being secretly disseminated in spite of the notification law.

We again invite medical officers of health to test the soundness of our conclusions, and the truth of the statements which we have quoted above, by showing that the proportion of persons who have died without the attendance of a physician has not increased as a sequence of compulsory notification, by which means only can they satisfy the public that wholesale concealment and dissemination of infection is not the actual outcome of the system, as it is obviously the natural result.

ICHTHYOL.

A NEW drug has been recently introduced to the notice of pharmacologists which bids fair to prove of considerable value. It has been described by G. P. Unna, of Hamburg, a well-known investigator in the domain of therapeutics, as a tarry-looking substance of the consistence of vaseline, and as possessing a peculiar odour. For reasons which will be presently stated, it has received the name of Ichthyol. It is said to be partly soluble in ether and partly in alcohol, and totally in a mixture of the two. It forms an emulsion with water, whilst with vaseline and fat it may be mixed in any proportions. It contains a considerable proportion of sulphur—about 10 per cent., which is so intimately united to the remaining constituents that it can only be separated by destruction of the ichthyol.

According to Rudolf Schroeter (*Deutsch Med. Zeit.*, 17/83), it is obtained from a bituminous mineral found in the neighbourhood of Seefeld in Tyrol. The colour of the stone from which it is obtained is a clear brown and brownish black; its percentage of bitumen varies between 10-60. In the matrix in which the stone is found are a great number of fossil imprints of fishes, and some petrified fish were even met with. In consequence of this, Professor Fritsch has concluded that the bitumen is the animal remains of ancient marine animals and fishes,—whence the name.

The bituminous stone is subjected to dry distillation in iron retorts, the result of the process being the production of a tarry like substance of a peculiarly disagreeable odour. From this after long standing a thin fluid oil is separated. After thorough purification it is treated with concentrated sulphuric acid. The superfluous sulphuric and sulphurous acids have then to be separated from the sulphate thus formed.

Unna has made numerous experiments with the substance thus prepared, both in skin and other diseases.

From a paper contributed to the *Monatsch für Pract. Dermatol.*, 11 & 12/82, and noticed in the *Deutsche Med. Zeit.* above quoted, we learn that it has been employed with good results in every form and stage of eczema, care being taken, as soon as its characteristic effects have been produced, to gradually reduce the strength of the application employed, exactly as when sulphur preparations are made use of. It must be used in a more diluted form in the case of children than is necessary in adults (10-20 per cent. in ointment for children, 40-50 in adults). He has used the following form in an obstinate case:—

Lythargyri, 10,0;
Coque c. aceti, 30,0;
Ad reman., 20,0.

Adde—

Olei olivar., adipis, ana 10,0;
Ichthyoli, 10,0.

M. Ft. ung.

In acne rosacea he saw good results from its employment, but nothing special in psoriasis.

In a later communication to the last-named paper he gives his observation on its employment in other forms of disease. Of its employment in cases of acute

are well known, and from its publication may be dated the reforms which have been productive of much advantage both to our own and foreign armies, and to the civil population as well. The paramount influence of foul air in the production of lung disease was proved to demonstration, and the art of ventilation was placed upon a secure foundation. The Barrack Hospital Committee, of which Dr. Sutherland and Captain Douglas Galton were the active members, laid down a series of regulations for the construction of barracks and hospitals, which have been followed with the utmost benefit both at home and abroad. Following this came the Indian Commission, which did for that vast dependency what the Home Commission had done for the rest of the empire. The mortality in India was found to be inordinate, and it was equally clearly traced to insanitary habits and surroundings. To recognise an evil and its cause is half way to curing it, and after a lapse of a quarter of a century we can point, not certainly to perfection, but to such an improvement as might fairly at one time have been looked upon as chimerical. The death-rate of the Army at home is only two-fifths of what it was before the Crimean war; the death-rate in India is only one-third, and the death-rate in the West Indies one-tenth.

In civil life it has recently been shown that the improvements of later times have resulted in a diminution of 2 per 1,000 in the general death-rate, and with the knowledge we now have of the causes of disease we may be sure that a general death-rate of not more than 15 per 1,000 may be confidently looked for. The remarkable immunity of soldiers and prisoners in the last epidemic shows what can be done when people can be compelled to lead fairly hygienic lives.

Although there are many names I might refer to as great writers in hygiene, abroad as well as at home, there is one which we cannot omit in a lecture like this, more especially as it is the first delivered in this museum which has been founded to his memory. Edmund Alexander Parkes did more than any other one man in this or any age to make hygiene a positive fact, a practical science, based upon not only philosophical conceptions, but actual experiments. Starting in life as an army medical officer he was able to produce during his short service in India and Burmah works upon dysentery and cholera, which will always be of the greatest value. Retiring into civil life he became eminent as a physician and teacher, and in 1855 he undertook the organisation of the hospital at Renkisi, in the Dardanelles, which was a perfect model of successful hygienic administration. Struggling with distressing and dangerous disease he continued to lead a life of intellectual activity not often accomplished by the most robust; and when, in 1860, the Army Medical School was established by Lord Herbert of Lea, Sir James Clerk had no hesitation in advising that Dr. Parkes should be secured if possible as the Professor of Hygiene. How excellent the foresight of that eminent physician was we all know, for Dr. Parkes was not only the first professor of the science in this country in point of time, but also the first in every sense of the word. The publication of his well-known "Manual of Practical Hygiene" gave us for the first time a work on the subject, which was not merely a string of opinions and surmises, but at every point brought opinion to the test of figure and experiment, where it was possible, and thus laid the foundation for a real science in the future. Similarly with his teaching he pressed upon the Government to establish practical laboratories for his pupils, where they could do for themselves as much of the experimental work as time and opportunity allowed; and he impressed upon them who studied under him the necessity of testing everything by actual investigation and bringing all statements to the proof of figures before accepting them as true. There was never probably a man of calmer and more judicial mind, a man more rigidly critical of his own work, or more kindly disposed to allow every credit to the work of others. Having known him personally for many years, during thirteen of which I was his assistant and colleague, I can bear confident testimony to

the exceeding beauty of his character, in which "sweetness and light" were never more truly displayed, and the scrupulous accuracy and care with which every investigation of his was carried out. The science of hygiene could have no purer and better founder, and its votaries no brighter and more spotless example.

URIC ACID: ITS PHYSIOLOGY AND ITS RELATION TO RENAL CALCULI AND GRAVEL. (a)

By ALFRED BARING GARROD, M.D.,
F.R.C.P., F.R.S., &c.,
Consulting Physician to King's College Hospital, London.

LECTURE I. (continued).

LET us pass on to another point in the physiology of uric acid. How can we explain the fact that, in proportion to the weight of their bodies, some animals excrete so large a quantity of such an insoluble principle as uric acid, or even as urate of ammonium, the one requiring 8,000, the other 2,400 times its weight of water at the body-temperature to dissolve it? The human subject excretes on an average in the twenty-four hours about one part of uric acid for each 120,000 parts of his weight; or, estimating the weight of a man at about ten and a-half stone, throws out about eight grains of this acid daily. This is an average arrived at from a very large number of observations, which you will find detailed in Dr. Edmund Parkes's valuable work.

In the case of the lower animals, I could find no facts on record relating to this subject, and therefore had to undertake to supply them for myself by means of observations and experiments.

In pursuit of this subject, I made observations on the relation between the daily weight of the uric acid excreted and the weight of the renal organs themselves. In the case of a lark, I found that the ratio of the weight of bird to that of kidneys was 125 : 1; in that of a linnet, 118 : 1; in that of a turkey, 172 : 1; but this latter bird was in a fattened condition, so the ratio may be somewhat misleading. Taking the lark and linnet, therefore, after calculating their daily excretion of uric acid, we find that it amounts to more than the weight of the kidneys of the same birds. Let us reflect on these facts. Is it possible to conceive, if we assume that the uric acid first exists in the blood, that the amount of this fluid passing through the renal organs could excrete as much of this principle as we have found, as a fact, to be thrown out? True, in the case of man, who excretes only one-thousandth part of the uric acid thrown out by birds, we could easily imagine this to be the process; but the more we consider the facts about birds, the more difficult does it become to believe in this explanation; and, if we go further, and hold it impossible, then the first view as to the formation of uric acid appears to me to fall to the ground.

As this question is of the utmost importance to physiology, and as its decision must necessarily be followed by weighty consequences, it is essential that nothing should be left undone which might help us to the truth. With this object before us, there arise many points which must be determined; and, first of all, we must ascertain the condition of the blood of various animals, especially with regard to the presence or absence of uric acid. I have obtained many such data from observations made during a long course of years. I have several times examined the blood of man in health, and many hundred times in various diseases; and the conclusion at which I have arrived is this: that, in absolute health, the uric acid in the blood is inappreciable by our tests, and that that fluid does not contain the one hundred thousandth part of its weight of the acid; while, in gout, the blood is very rich in this principle, as I showed in 1847; that

(a) The Lumleian Lectures for 1883. Delivered before the Royal College of Physicians of London.

bi-hourly doses of 0.5 and 0.2 grains. Somewhat similar doses produced similar effects in the pyrexia of phthisical patients. The drug was also administered hourly or bi-hourly in 0.2 grain doses in a severe case of typhoid with bloody stools. During the first days of administration, the temperature was reduced on the average scarcely 1° C., but some days it fell to 38° C. (100.2 F.), and remained at this point several hours. Later, the daily average diminution of temperature reached 2° C. If the kairine was temporarily omitted, the temperature immediately rose. Doses of 0.3 grain gave rise to rigors, collapse, and feebleness of cardiac action. Professor Drasche considers that kairine is superior to all other drugs as a promptly-acting anti-pyretic, and believes that it has a great future before it.

Clinical Society's Committee on Spina Bifida.

AN announcement was made by the President of the Clinical Society on the 25th ult., to the effect that the Committee appointed to consider and report on Spina Bifida and its Treatment had not yet concluded its labours. In consequence, therefore, its report will not be presented during the current session, which ended on Friday last; nor can it be included in the next issue of the Society's Transactions. The Committee have accumulated a very large and valuable amount of information, and are anxious to make their report as complete and exhaustive as possible. They desire to have it generally known that any gentlemen who may have cases they are willing to communicate will do so without delay, and that specimens will be especially acceptable in illustration of the subject.

Students and the Medical Bill.

ON Friday last Mr. Mundella received a deputation from the Medical Union Society in favour of the new Medical Bill. The objects of the deputation, which was introduced by Dr. Farquharson, M.P., were briefly explained by the Honorary General Secretary of the Society, Mr. Charles H. Wade, who expressed the gratitude felt towards the Government by students of medicine for the improvements promised by the Bill. It was especially urged, however, that the interests of students demanded the restoration of the "title clause," and that amendment of the Bill in this direction would be no more than an act of justice to the many young men who, by-and-by, would be influenced by the operation of the Act. In reply, Mr. Mundella said that, although he had received many deputations on the Bill, none had interested him so much as this, for he felt that in a question so deeply affecting students themselves the expression of their particular views was of value and importance. He said he was much impressed by the statement Mr. Wade had made, and held forth considerable hope that the concessions sought for might eventually be granted; certainly the matter in question had been put before him more clearly and forcibly than at any time previously. The deputation then, after thanking the Vice-President of the Council for the attention he had given to it, withdrew; and the Society may be congratulated on having very satisfactorily advanced the views of its members.

Murchison Memorial Scholarship.

THE examination for the Murchison Memorial Scholarship, held this year in Edinburgh, has resulted in its award to Mr. G. C. Dickson, M.B., C.M., House Physician at the Royal Infirmary. The examination for the scholarship was partly written and partly oral, and included examination of patients, with reports and commentaries on the cases, problems in treatment and pathology, and descriptions of specimens. The successful candidate graduated at Edinburgh University in 1882, having gained honours of the second class.

The Royal Red Cross.

A LIST has recently been published in the *Gazette* of ladies on whom the new order of the Royal Red Cross has in the first instance been bestowed by the Queen. Six members of the Royal Family head the list, and after them come five-and-twenty other recipients of the order, including Miss Florence Nightingale, Mrs. Deeble, lady superintendent at Netley, Lady Strangford, and Lady Lloyd-Lindsay. In the institution of this distinction for the women who by devotion and self-sacrifice have done incalculable good to the cause of humanity, a step has been taken which is thoroughly significant of the deep interest always taken by Her Majesty in the welfare of her people, and her appreciation of the valuable nature of the labours of those who essay to relieve the pangs of sickness and to soften the horrors of war.

The Unqualified Assistant again.

MR. EVANS, surgeon, of Pontlottyn, and his unqualified assistant, have been prosecuted, at the instance of the Registrar-General, for unlawfully and wilfully making a false certificate of the death of a child who had been attended by the assistant and had not been seen by the principal, in consequence, it was alleged, of his being suddenly called away on the day of the child's death. It was admitted that the certificate was filled up by the assistant, but that the signature was the principal's. The stipendiary, while convicting the assistant and fining him £5, declined to convict the principal on the ground that the evidence was insufficient to show that he was a party to giving and making the false certificate. He admitted that it was a reprehensible act to leave blank certificates about signed by the principal. But this did not necessarily involve the offence named in the summonses. A case for a superior court was granted.

Small-Pox in Dublin.

WE regret to learn that a case of small-pox arrived in the Liffey on Monday last on board a foreign barque. At once the Superintendent Medical Officer of Health, Dr. Cameron, took the most active steps to prevent the dissemination of the disease. The patient was at once taken to the floating hospital at Ringsend—which it was recently most foolishly proposed to sell—and the ship in which he arrived was put into strict quarantine. A special surgeon was engaged to remain on board the floating hospital night and day. Up to the period of our publication there has been no indication of a spread of the disease.

Death of Dr. Wilbur.

INFORMATION comes from America of the death of one of the most eminent and widely-known of asylum superintendents in the States, and a physician who was familiar, by name at least, to a not inconsiderable number of the profession here. Dr. H. B. Wilbur, Superintendent of the New York State Idiot Asylum at Syracuse, died on May 1st, after a service of no less than thirty years in the post left vacant by his decease. As a pioneer in the theory that care and kindness combined would suffice to effect improvements, in the condition of the unfortunate beings in his charge, Dr. Wilbur earned and has received the grateful thanks of an appreciative number of his followers, and in the work accomplished by him in the particular line he made his own especial study he has laid claim to be remembered as a benefactor of the first order. To his friends and acquaintances his loss will be a severely-felt blow, and all will regret that he has so soon, at 63 years of age, been cut off from the continuance of the labours he turned to so good account.

The Royal Medical Benevolent College.

THE annual general meeting of the Royal Medical Benevolent College was held in the Committee Room, Soho Square, on Thursday last. The treasurer occupied the chair, and the secretary read out the list of successful candidates, when it appeared that the recommendation of the committee of examination as to the most urgent and deserving cases had met with the almost unanimous approval of the body of Governors, both the vacant pensionership and Morgan annuitant being respectively elected, together with seven out of the nine foundation scholarships. The Report stated that the working of the school was now all that could be desired, many of the boys having taken honours and obtained scholarships in and out of the College, and one or more had passed directly from the school into the Universities. It is a subject of much regret to find the funds of the College are still in a languishing condition. The expenses of the institution exceed the receipts by several hundreds of pounds—a fact, we hope, which needs only to be made known to ensure a ready response from the wealthier members of the profession.

The Clinical Society of London.

JUDGED by the attendance of members at the extraordinary meeting of the Clinical Society on Friday evening, the experiment of having an extra "clearing" night was not a success. In other ways, however, it probably answered all expectations, for quite a succession of papers was read, but little discussion being indulged in. Possibly a larger gathering might have been secured had longer notice of the additional meeting been given; but as it was arranged with a view to enabling a clearance of all the papers in hand with a view to publication in the annual volume of Proceedings, no doubt all that was required was obtained. It would, however, be well for the Council of the Society to remember that discussion is a very valuable part of the programme of its meetings, and that a precedent of the kind encouraged by Friday's occurrence may, if unduly strained, result in a certain disadvantage.

Oxalurea.

WHETHER the presence of oxalate of lime crystals in the urine is a primary cause of a very unsatisfactory train of symptoms, or is itself only a symptom of a constitutional state, the conditions under which it occurs are sufficiently troublesome to deal with to demand our earnest and close attention. The cases in which it occurs usually progress very slowly towards restored health. Even the best text-books upon abnormal states of the urine pass lightly over its true significance as a symptom, and are very meagre in their directions as to treatment, &c. Dr. J. L. Bauer, of St. Louis, reports the details of a case of this nature that lately came under his notice at some length. The patient had been for many years the subject of venereal excesses, both by self abuse and sexual concourse, and had induced a highly irritable condition of the urethral membrane and prostate gland. The lips of the meatus were reddened and everted, the passage was highly sensitive, micturition was frequently painful, muco-gelatinous discharges took place from the urethra, and the urine presented mucous flakes. The prostate gland was enlarged and tender. The patient suffered from indigestion, hypochondria, general pains, constipation, and partial impotence. The patient's attention had never been drawn to the presence of a sediment in the urine until some time after coming under Dr. Bauer's notice, when he passed a large quantity of small concretions, which were found to be composed of oxalate of lime. The hyperæsthetic condition of the genital organs was overcome by the administration of a mixture, as follows:—

R Potass. acetatis, ʒiiss.;
Ext. buchu fluidi, ʒss.;
Ext. hyoscyami, gr. xij.
Syr. gentianæ, ʒj.
Aque destil. ad ʒvj.

M. A tablespoonful every third hour; and the passage daily into the urethra of a suppository containing gr. x. of iodoform and gr. v. of eucalyptol oil (Landers).

After the passage of the small calculi the patient was placed on five-drop doses of the dilute nitro-muriatic acid three times a day, to be increased to toleration; and his bladder was washed out with a solution of gtt. 1½ of pure nitric acid in ʒij. of water. The treatment was followed by perfect recovery.

OWING chiefly to the magnificent weather of the past three weeks, the mortality throughout the United Kingdom has been steadily declining, and in most of the large towns last week it was much below the average. The highest annual death-rates from diseases of the zymotic class were—From whooping-cough, 1·2 in Cardiff and 2·4 in Birkenhead; from measles, 1·9 in Liverpool and 2·1 in Newcastle-upon-Tyne; from scarlet fever, 1·8 in Derby and 1·9 in Sheffield; and from "fever," 1·2 in Hull and 1·3 in Sunderland. The 28 deaths from diphtheria included 14 in London, 5 in Glasgow, 2 in Edinburgh, and 1 in Dublin. Small-pox caused 2 deaths in Birmingham, 2 in Newcastle-upon-Tyne, and one each in London, Liverpool, Leeds, and Sunderland.

The Professorship of Practice of Medicine in the Irish College of Surgeons.

THE election of a Professor in the room of Dr. James Little, resigned, took place on last Saturday, at one o'clock. In conformity with the terms of the Charter, seven members of Council were chosen by lot to elect, and the duty fell upon Messrs. MacNamara, Tufnell, Bennett, Porter, Smyly, Denham, and Clapton. The candidates were Dr. A. W. Foot and Dr. John William Moore, Lecturers on Medicine respectively in the Ledwich School and the Carmichael College, both gentlemen being physicians to the Meath Hospital. The electors having retired and deliberated, announced that they had elected Dr. Foot.

The new Professor is a Licentiate of the College of Surgeons of 1862, a Fellow of the College of Physicians, and an M.D. and Diplomate in State Medicine of the University of Dublin. He enjoys a very high character as a teacher.

Modern Circumcision.

AN interesting illustration of the progress and direction of modern thought is given in an official circular of instructions, issued under date of January 10th, 1883, to the Israelitish communities of Baden. It sets forth that the only persons who are to be permitted for the future to perform the rite of circumcision shall be such as shall be authorised by the Jewish Supreme Council. The persons thus authorised are to observe accurately a series of directions, from which we notice the following:—The knife employed in the operation must be freshly polished for each circumcision, and the forceps used properly purified. 6. The quadrangular pillow employed, as well as the sausage-shaped ring, must be frequently renewed, and, before every circumcision, covered with new gutta-percha tissue or new sarsenet. 7. The operator immediately before the operation must carefully wash his hands with soap, and cleanse the nails with a good hair brush, taking peculiar care that no dirt be allowed to remain under the nails, more especially under those of the thumbs. The hands must in addition be washed in a 5 per cent. solution of carbolic acid. The operator is no longer to suck the wound nor irrigate it with wine ejected out of the mouth. Instead of this the blood is to be removed by gently wiping the wound with pledgets of purified lint boracic lint dipped in wine. The wound is to be closed by being enveloped in a strip of 10 per cent. boracic lint. The further removal of fluids and blood clots is only to be effected by means of a new sponge previously soaked in a 5 per cent. carbolic solution or by salicylised lint. A medical man must be immediately called in if hæmorrhage be considerable and cannot be at once stopped, or if it be from an artery. Such authorised persons are forbidden to perform the rite if suffering from any infectious disease, and until complete recovery has taken place. Every operator must send in to the district Rabbi once in six months a list of the persons on whom the rite has been performed. Such list to give the name, to state whether the circumcision was performed on the eighth day, if not, why not; whether any accident occurred during the performance, particu-

larly with regard to excessive hæmorrhage; results, &c. Any neglect in carrying out these instructions is punishable by law, and also entails the withdrawal of the certificate of authorisation of the offender if the Supreme Council decide upon such a step being desirable. We see in this circular the far reaching effects of modern science in thus modifying in accordance with its teachings the most ancient religious rite of which we have any knowledge, and of the spirit of progress that pervades a religious community, generally considered to be very conservative in all that pertains to its ritual.

It is decided that the *conversazione* to be given by the Royal College of Physicians shall take place at the College on Wednesday, July 4, at nine o'clock.

THE Harveian Oration of the Royal College of Physicians will be delivered at the College by Dr. Habershon on the afternoon of Wednesday, June 27, at four o'clock.

WE are requested by the treasurer of the British Medical Benevolent Fund to state that he has received a second donation of £100 from Dr. James George Beaney, of Melbourne, towards the funds of the Society.

A NOVEL method of collecting funds for a hospital was adopted last Sunday week by the Friendly Societies of Kentish and Camden Towns, who paraded the principal streets in procession, and by the aid of collecting boxes obtained the handsome sum of £150 in aid of the new wing recently added to the North-West London Hospital.

THE annual dinner of the Army Medical Department took place, at the Inns of Court Hotel, on May 25th. One hundred and eleven officers—past and present—sat down, under the presidency of the Director-General, T. Crawford, M.D.; the vice-chair was occupied by Inspector-General R. Lawson (retired). The guests were Sir J. W. Reid, K.C.B., Director-General of the Navy; and Sir Joseph Fayrer, K.C.S.I., of the Indian Medical Service.

It has been decided henceforth, the Cairo correspondent of the *Standard* says, to use Mount Troodos, in Cyprus, as a health station for the troops serving in Egypt. This station, which is distant only 30 hours by sea from Alexandria, presents many advantages to invalids, and is specially suited to the wives and families of officers, its nearness to Egypt representing a great saving of time and expense.

IN the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 30, Bombay 29, Madras 34, Paris 28, Geneva 41, Brussels 22, Amsterdam 25, Rotterdam 26, The Hague 23, Copenhagen 23, Stockholm 25, Christiania 19, St. Petersburg 40, Berlin 27, Hamburg 29, Dresden 30, Breslau 36, Munich 34, Vienna 35, Prague 47, Trieste 24, Rome 28, Venice 21, Lisbon 29, Philadelphia 22, Baltimore 19.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

THE SCOTCH CORPORATIONS AND THE UNIVERSITIES.—At present a severe contest is going on between the Corporations and the Universities, and as usual much may be said on both sides. The Corporations claim that they existed before the Universities, and were the first to institute an examination in arts, condemned especially by the University of Edinburgh. This statement is perfectly true, especially on the part of the College of Surgeons. The Universities claim that they are *bona fide* teaching bodies: this is only partly true. The Edinburgh Corporations have always, though in a somewhat half-hearted way, fostered medical education. They have required the teachers of the medical school to pass an examination in the branch of study proposed to be taught, which examination is recognised by the Universities. For the professors in the University no such test is required, the only requirement for a professorship being the amount of interest he can procure, the methods of obtaining this being in many cases not the most creditable to the parties concerned. The Universities charge the Corporations with selling their diplomas. This is a dangerous weapon in the hands of both parties. Readers of old plays not well known to the present generation will have read of a certain Dr. Pangloss who obtained a doctorate from an ancient northern university, and the memories of St. Andrews have not quite died out. There is, however, one charge which the Corporations can bring against the Universities which is irrefutable, and that is, that the Universities, by allowing their teachers to examine their own pupils, have permitted a species of extortion which in some cases is simply disgraceful. The system has been disastrous in more ways than one. It has stamped men with high-sounding titles who were simply crammed with the crotchets of their teachers, and whose mental growth was dwarfed by the very institutions whose duty it was to enlarge the understandings of their *alumni*. The system has sapped the manliness from the students by turning them into cringing hypocrites and servile imitators. The Corporations, on the other hand, whatever may have been the fallings in their examinations, have always allowed a wider field for their candidates, and the candidate and examiner have met on a broader platform. The abuses just mentioned could easily be met by taking the examining power out of the hands of both parties—that is, as far as the minimum State examination is concerned.

THE FUTURE OF THE EXTRA-MURAL SCHOOL, EDINBURGH.—If the Medical Amendment Bill becomes law, the outlook of the Extra-Mural School is dark enough, and medical education in Scotland will suffer a fatal blow. To make this statement clear, we will mention the facts of the case as they will stand if the Bill passes in its present form. The final examination in medicine, surgery, and midwifery is alone to be conducted by the new Board. The examinations in the primary subjects are to be conducted by the Corporations and Universities, to which latter the great bulk of the students will, as now, be attached. The professors enjoying their right of examining will fill their classes by demanding a knowledge of their crotchets, the result being that the Extra-Mural teachers will have to close their lecture-rooms, and the whole monopoly of teaching will be thrown into the hands of the Universities. There being no rivalry, the teaching will soon degenerate. Those who have at heart the welfare of medical education in this country will take care lest the evil we have pointed out become an established fact.

A COUNTERBLAST FOR SIR WILFRID.—In the course of his examination before the Crofters' Commission at South Uist, Dr. Donald Black, the parochial medical officer, said that the public health was pretty good, but in spring and winter there were numerous cases of chest diseases due to the reduced state of the body. Pulmonary complaints and chronic rheumatism were common ailments; scrofulous affections were not common. The idea that consumption was much more rare in the island formerly than it was now was, he believed, owing to the fact that in former times they were less able to diagnose properly. There was a considerable liability to fevers, such as typhus, owing to the close proximity of the houses to cattle, and the bad drainage. The children were, upon the whole, fairly clothed. "*Giving tea to the children was quite prevalent, and, in his opinion, injurious.*" Milk, of course, was the best thing they could get, but in the event of their not being able to get it, *he would recommend a cheap beer*, beginning with children at from one to two years of age.

ANTI-VIVISECTION CONFERENCE IN EDINBURGH.—At a thinly-attended conference of those opposed to vivisection, held in Edinburgh on the 26th ult., a resolution in which the conference viewed with alarm the statement by the Home Secretary, that he had accepted the assistance of the "Association for the Advancement of Medicine by Research" in carrying out the duties imposed on him by the Vivisection Act, 1876, and disputed the statement that under the Act demonstrations in illustration of lectures were prohibited, was adopted.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 26th ult., were at the rate of 33 per 1,000 per annum, against 35 in the preceding week, and 28, 22, and 27 in the corresponding periods of 1882, 1881 and 1880.

UNIVERSITY OF EDINBURGH.—The following scholarships have been awarded:—The three Vans Dunlop Scholarships in the Faculty of Medicine were awarded to—one in natural history, including geology and botany, to George L. Gulland, M.A., B.Sc.; one in anatomy, physiology, materia medica, and pathology, of £100 a year, tenable for three years, to Fourness H. Simmons; and one in the same subjects to M. S. Altounian, which had been resigned by its former holder. The Charles Murchison Scholarship in clinical medicine has been awarded to George Cecil Dickson, M.B., C.M.

THE HEALTH OF EDINBURGH.—The mortality of Edinburgh for the week ending with Saturday the 26th ult., was 94, and the death-rate 21 per 1,000. There were 18 deaths under 1 year, and 23 above 60, of which 7 were above 80. Diseases of the chest accounted for 29 deaths, and zymotic causes for 6, of which three were due to measles, and 1 to scarlatina. The intimations of these diseases were 42 and 25.

UNIVERSITY OF EDINBURGH BUILDINGS COMPLETION FUND.—At the meeting last week of the Society of Writers to the Signet £250 was unanimously voted as a contribution to this fund.

MEETING OF THE PROFESSION IN SCOTLAND AT THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

LAST Wednesday afternoon a meeting of members of the medical profession was held in the Hall of the Royal College of Physicians, Queen Street. The meeting was called by a circular and public advertisement. There was a large attendance of members from all parts of the country, but principally of those in and around the capital.

Dr. Balfour, President of the College of Physicians, was called to the chair. He announced that he had received a letter from Professor Fraser, in which he said that he and his

the clonic contractions. A safe and permanent contraction following the expulsion of the secondaries might in this way be usually secured in from ten to twenty minutes. The chief error at present consisted in mistaking constant irritation for support of the uterus.

The PRESIDENT said the paper raised several questions of deep interest, as to the time at which the placenta should be removed, the danger on the one hand of being too precipitate, and on the other of leaving in the placenta too long; how far hæmorrhage was sometimes induced by a too speedy removal and at other times by leaving the placenta too long in the uterus, and also as to the danger of leaving in portions of the membranes.

Dr. HARLEY objected altogether to premature pressure over the fundus of the uterus for the purpose of pressing off the placenta. He also objected to exercising pressure on the cord at any period.

Dr. W. J. SMYLY stated that in the Strasbourg Hospital, where the patients were as a rule left to Nature during the third stage of labour, it had been observed that the placenta was most frequently expelled in the manner described by Schultze. He believed that Credé's method of exciting the uterus to contraction had been confounded with the hasty expulsion of the placenta. Credé himself never advocated the immediate expression of the placenta, but rather the immediate excitation of the uterus by irritation and friction through the abdominal walls, and then usually with the third or fourth contraction the expression of the afterbirth. The immediate expression of the placenta was very liable to be followed by the retention of the membranes and post-partum hæmorrhage.

Dr. MACAN said that since the time of Hippocrates there had been ebbs and flows of opinion as to whether expulsion of the placenta should be left entirely to Nature, or should be immediately effected by the accoucheur, either by passing the hand into the uterus, as the older authorities recommended, or by the more modern treatment of expression. Hence he thought that a happy mean between these two methods was probably the best way, for if the uterus was well contracted there need be no fear of hæmorrhage, and therefore no cause for hurry, while if the uterus was relaxed with hæmorrhage the removal of the placenta tended certainly to increase the hæmorrhage by removing all pressure from the mouths of the uterine sinuses, unless the means used to remove it at the same time caused the uterus to contract. The great advantage claimed at the present day by the adherents of the plan of leaving the whole process to Nature was that a much larger proportion of the decidua came away with the placenta than when the placenta was immediately removed. When two such authors as Dr. Matthews Duncan and Professor Schultze differed as to the mechanism of the separation and expulsion of the placenta, it was pretty certain that there was more than one way, and that both their views were probably right. If they adopted the expression plan, which might, he thought, be called "the Dublin Method," they should be careful not to allow the placenta to be suddenly expelled on to the bed, for a sudden strain was thus put on the membranes, and a portion might easily be torn off and left behind in the uterus. This had been looked on as a very serious accident, but he was inclined to think that the mere presence of a portion of the membranes in the uterus for some days after delivery could not be looked on as dangerous unless air had been allowed to enter and set up decomposition. He also thought that it was very often during the efforts made to remove a piece of retained membrane that the air was caused to enter the uterus. He had often seen a piece of the membrane expelled some days after the delivery without being accompanied with the slightest fever, or giving rise to the least fever; indeed, it seemed to him probable that in hospital practice at least the danger from retention of a portion of the membrane was less than the danger of infection from the hands of the operator in his efforts to remove it. He always waited a quarter of an hour before attempting to press off the placenta, and considered that light friction over the fundus with the tips of the fingers was a much more powerful method of inducing contraction than merely holding the fundus in the hands.

Dr. NEVILLE having also spoken,

Dr. R. HENRY briefly replied; and

The Section adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

THE INTERNATIONAL MEDICAL CONGRESS.

At the usual monthly meeting of this Society, held on Friday, the 4th inst., Dr. E. HART VIXER in the Chair, Dr. THUDICHUM, who had attended the recent International Medical Congress at Wiesbaden, stated that that body had met with a view of advancing medicine to the level of the natural sciences. The question of the extermination of infectious disease was fully discussed, but no new theory of particular value was advanced. Naturally, in a city where there were continual experiments in chemistry on a large scale—in the chemical factory in that city thirty professors confined their attention to theoretical chemistry—great attention was paid to the action of medicines on the human system. It was acknowledged that the chemistry of the body was badly understood, and that definite results from the action of medicinal agents could not be looked for at present. A clinical professor from Berlin gave an interesting account of the result in 40 cases of the treatment of tuberculosis with corrosive bichloride of mercury by means of the syringe, but although benefit was said to have been derived by some of the patients, he regarded phthisis as being left where it was, and could not recommend its adoption. In some of the German hospitals he found that tubercular disease of the lungs was being treated surgically. A rib was excised, and with every antiseptic precaution the diseased portion removed. Patients so treated had recovered in some cases. He hoped to continue his remarks at a future meeting.

Dr. BRUCE CLARKE read a paper on

THE PRACTICE OF THE BONESSETTER,

In which, after briefly alluding to the variety of cases that found their way to the bonesetter, and derived benefit from his treatment, he alluded to the pathology of stiff joints, and showed from observations of severe cases which he had been able to examine after removal of the limb, that adhesions were usually found outside joints and tendon sheaths, and were due to contractions of the limb. Adhesions were rarely found inside the tendon sheaths or joints. When they were the disease was far more serious, and rarely yielded to treatment. In cases of old stiff joints, the skin, and probably the subcutaneous tissues, became weakened and atrophied by disease, and were so rendered more liable to injury—in proof of which he cited several examples of tearing and laceration of the skin without the employment of undue violence. The usual history of the class of cases that came under the hands of the bonesetter was this: The patient met with an injury resulting in a dislocation or fracture, or perhaps, only a severe bruise or sprain. He readily recovered up to a certain point, but when an inflammation had subsided, there remained a stiffness accompanied by pain on movement. In other cases there were periodical attacks of synovitis. The treatment in all such cases was active movement with or without chloroform, which was usually accompanied by a click or crack, ascribed by the bonesetter to the replacement of the bone, but which was due to the freeing of the corrective tissue bands. In slight cases one violent flexion might cure the trouble of months. In severe cases the treatment would be measured by months rather than minutes. The pathology of such cases was as well marked as that of iritis; when there was the advantage of seeing the adhesions not only form, but rupture and disappear. He expressed his obligation to Mr. Wharton Hood's lecture, which had induced him to study this subject. The difficulty with these cases was the selection of time for rupture. Signs of inflammation were their guide in that matter. Rest should be relegated to its proper position in surgery, and should not be kept up when it increased instead of abating the patient's troubles.

Mr. KERTLEY thought Mr. Clarke could hardly have chosen a more interesting subject. Undoubtedly, the bonesetter frequently earned great credit by the manipulations which broke down adhesions outside a joint, and at the same time removed the cause of inflammation; for in these cases there was no contraction of membrane. Where there was an osseous fibroid band, the case was of strumous origin—it was due to the presence of organisms. In such cases the joints became adhered, and there was great danger from the rough usage of the bonesetter. In the treatment of such joints he had put on ice for several days with great advantage, and had repeatedly put them straight. When once

convalescent, a joint rarely again became strumous. There was much bewilderment with regard to the value of rest, which was only a negative factor. It was the natural tendency of a colony of germs to die as the joint became healthy.

Dr. ALDERSON related the case of a knee which became enlarged fourteen days after confinement, but without pain. He called on Dr. Hewitt, who ordered rest, the knee to be rubbed with salad oil. He also used Scott's dressing. Subsequently, at Brighton, a seaweed poultice was used. The treatment was successful. He had also known an enlarged ankle which was caused by the use of lotion and embrocation, proving that there was no fracture.

Dr. ALLDEN OWLES had seen several cases confirmatory of the opinions advanced in the paper. One was a shoulder, the manipulation of which caused agony to the patient, but in which motion was regained. Another, regarded at first as a strumous joint was eventually cured by somewhat violent manipulation.

Dr. VINEY referred to the case of an officer of the 60th regiment, who sustained a compound fracture below the knee whilst playing at football in India. The bones were set by some naval surgeons who were watching the game, but in consequence of the leg being deformed the adhesions were broken, and the limb was re-set. The ankle then remained fixed, and the patient's health suffered. However, Mr. Erichsen was called in, he broke the adhesions, and the patient recovered so thoroughly that he was enabled to rejoin his battalion in the Transvaal.

Dr. BRUCE CLARK, in reply, pointed out the necessity of distinguishing chronic cases, as such were usually made worse by movement.

THE UNQUALIFIED ASSISTANT SYSTEM AND THE ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 492.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.—(Continued.)

In his introductory lecture at St. Thomas's Hospital in 1873, Dr. J. Harley suggested the attaching to each hospital an out-patient department, which might take charge of patients too ill to come out, and precluded by the nature of the disease, or other circumstances, from admission to the wards, and who might be seen at home by students *in their last year, after lectures, &c., had been fully attended.* Superintendence by the seniors of the staff is implied. (a)

This is quoted not from its having been taken into separate consideration, but as showing how important this part of training is considered by those interested in medical schools.

Dr. Theodore Acland, M.B. Oxon, writes: "There seems to be no doubt that much valuable experience might be gained by those who are about to enter practice, if they were compelled to hold a resident appointment in some hospital recognised by the examining boards; or, failing this, to occupy the post of assistant to some registered practitioner, after having obtained a diploma, but before being allowed to place their names on the Register."

Mr. Marcus Beck, in his introductory address at University College Hospital this year, recommending his pupils to study with a dispensing practitioner as a sequel to hospital work, thinks that "six months of such experience would be quite sufficient."

Dr. Redwood, of Rhymney, county Durham, writes: "It would undoubtedly be a great boon to medical men, and a decided benefit to themselves, if candidates were required, after passing the qualifying examination and before being registered, to act as assistants for six months at least. They would then not only be better able to prescribe, attend casualties, &c., but would have some practical knowledge of, and be more handy at dispensing, besides being more neat and methodical in their work altogether. I have found some assistants very deficient in these respects."

Dr. Leech, of Owens College, is of opinion that "education

for general practice is not complete unless a man has worked under a general practitioner."

There seems to be no doubt in the minds of teachers, pupils, and practitioners, who communicate their views, that in addition to the systematic school teaching, a young man should go through a certain probation, involving partial charge of patients, before he enters on independent practice. It would be very desirable to give to all that which the wisest teachers recommend to their most industrious friends, who in point of fact least of all need it. If it is of use to the cultured and intelligent, of how much more use might it be to the average student, of how much more to those whom John Milton calls "the stocks and stubs" of the school, who are trembling on the verge of becoming burdensome or profitable to the community, and for whom the scale inclines one way or the other, according to the mode in which they pass the first few months after the final examination. What appears to be desired is something equivalent to the "title for orders" in the English Church; that is to say, service as a curate for a certain time after examination, but before full ordination to professional work, which service is required of every secular priest. The plan is found to operate satisfactorily, and, although troublesome to some candidates, has not been complained of as a hardship.

There really is no valid reason against requiring a candidate for registration to spend at least six months after final examination, but before being registered, as assistant to a registered practitioner recognised by an examining board, or in some equivalent public post where he would be under supervision.

And the suggestion that this end should be obtained by the licensing body keeping the issue of the diploma in abeyance till the assistantship shall have been served, is well worthy of consideration.

The period of assistantship before registration would be a good time for that attendance upon pregnant women which is required of candidates by nearly all the licensing bodies in the kingdom.

It is obvious that hospital students, who before their final examination give obstetric aid, do so as unqualified assistants. Their employment in that capacity is open to objection, and occasionally leads to serious evils, and to dissatisfaction among the tens of thousands (a) annually trusted in the hands of these students. It is also an inconvenience, to say the least, to the school staffs; and is found to be "the portion of the course of instruction which is, practically, by far the most difficult to carry out," as Dr. Arthur Farre informed the Council in 1869. (b)

Nevertheless, the greatest objection to this abuse in the eyes of a Council of Education will probably be that it so completely occupies the body and the mind of the student as to be a serious interruption to other engagements. Dr. Norman Moore finds at St. Bartholomew's that attendance on women in labour "makes most men for the time quite unfit for any other occupation."

The question naturally arises whether enforced attendance on women during their confinements, or even in labour, is, as a means of gynecological education, worth the sacrifice it entails. It would hardly appear to be so; for as a matter of fact, training for midwifery with charge of women and infants does not so readily fit a man to show himself competent for practice as training for medicine without charge of patients. At the London College of Physicians, there have been rejected from the examination for licence during twenty years, 367; on the score of medicine alone, 62; on the score of midwifery alone, 109; on the score of both together, 136; leaving a balance of 75 per cent. against the midwifery. Previous to this examination, attendance on twenty labours is required.

In Scotland, where six is the number required, there does not appear to have been observed any notable difference between the numbers of rejections on the score of midwifery and of other subjects. In fact, at Edinburgh, according to the report of Dr. Simpson, none have failed in midwifery who have not failed in other subjects also. It is noticed, however, by a late examiner at Glasgow, that candidates who have come up chiefly from English provincial schools (which are largely frequented by unqualified assistants employed in attending pregnant women and their offspring) were "shockingly ignorant of midwifery."

(a) Germans call this course of study "Poliklinik"; probably some such term as "Home-wards" or "Home-visiting" would be more agreeable to English ears. It would of course rank as an assistantship.

(b) If an average of twenty labours is required for each candidate for diploma, the 1000 who pass the examination have had 40,000 labours and women in their charge.

(c) See Report of the Committee on Professional Education, p. 27.

That there exists an unexpressed want of confidence in the desirability of attempting to instruct pupils by employing them prematurely in work, is shown by the great diversity in the numbers of accouchements required at the several examining boards to have been conducted by the candidate. At the King's and Queen's College of Physicians, and at the College of Surgeons of Dublin, it is thirty; at the College of Physicians in London, it is twenty; at the Queen's University, Ireland, it is ten; at Edinburgh, Aberdeen, and Glasgow, it is six; at the German Students' Examination it is four; at the University of Oxford it is none.

Independently of all evidence derived from experience, it might have been expected that, during the period devoted to the acquisition of knowledge, to call upon the pupil to exercise that knowledge as if it were complete, would check its further development. It stunts the growth of the mind, just as too early toil stunts the growth of the body, and leads a young man to think his education accomplished, and that he is already furnished with all the requisites for practical life.

There is not the same want of confidence in the other means of education, such as definite courses of lectures, clinical instruction, and preliminary studies, the quantity of which called for by each licensing body varies very little indeed.

It must be always remembered that the taking charge of these patients of the obstetric department is enforced solely as a *means of education*; for it is not supervised by an examiner, which must be done where it is made a *test* of efficiency, as in the German Staats-examen. In the last-named examination the "necessary operations," in one selected instance, have to be "performed under the eye of an examiner," and a written report of the progress of the case for nine days handed in for inspection. (a)

(To be continued.)

Special.

THE NATIONAL HEALTH SOCIETY'S EXHIBITION.

POPULARISATION of reforming habits has by common consent become a legitimate part of society work, and not a few of modern associations have been founded with a view to carrying out reforms having for their object the general welfare of the people: Such unselfish labour is eminently praiseworthy, and deserves to receive every kind of encouragement that can properly be given to it; for, although a good many hobbies are ridden, at times to a desperate extent even, by more enthusiastic supporters of such societies, still the aggregate good they accomplish suffices to bury far out of sight such harmless indiscretions as are sometimes committed by too zealous reformers. Especially may this be said in connection with the National Health Society, which, although it is sometimes committed to seeming absurdity by its members, is nevertheless slowly accomplishing valuable work by popularising at least the consideration of domestic and personal hygiene. Little soever as it may be, every little done in this direction is so much absolute gain in a national sense, that the amount of interest taken in the exhibition of hygienic dress, sanitary appliances, &c., now on view at Humphrey's Hall, Knightsbridge, is an excellent indication of advancing opinion on subjects of importance to the home and the individual, both hitherto too lightly regarded.

The Exhibition is not an extensive one, but it is sufficiently representative to be well worthy a visit of inspection. Prominence is of course given to "the dress of the future," several stalls being set apart for the display of garments cut in the approved form advocated by Lady Harberton and her disciples. Here and there, too, in the building may be seen living wearers of the much-derided costume, and certainly as a mere matter of elegance and beauty, the unreformed eye finds difficulty in admitting the superiority of appearance possessed by the hygienic costume, however ready the observer may be to admit its

unquestionably greater healthfulness. Possibly, by-and-by, when the new dress is universally or very generally worn, the absence of contrast will lead to the evolution of more accurate notions of the beautiful in the masculine mind; and then in all probability we shall unanimously despise our own distempered judgments, which lead us now to look more favourably on the shapely dress than on the shapeless costume which hangs on those who exhibit it in use at the Exhibition.

A prominent position facing the entrance way is occupied by a stall filled with a large collection, of drugs, &c., exhibited by the well-known firm of Burroughs, Wellcome, & Co. Among the novelties to be found on this stand (Block B.), the most recently introduced improvements in pharmacy are "the Burroughs elixoids." These comprise an elegant and agreeable series of liquid medicines in the production of which, success has been carried to a very high degree of perfection; the process of preparation having effectually disguised the taste of a number of drugs, against the administration of which their unpalatableness is often a serious objection. Bromides of potassium and sodium, colisaya bark, iodide of potassium, and biniodide of mercury, and a number of other remedies and combinations are offered in this improved shape, which is unquestionably a very great advance on the older forms. Messrs. Burroughs & Wellcome show also a most deliciously fragrant perfume, to which the appropriate name of "edenia" has been given, and which, for purity and exquisite odour, is altogether matchless. It has a most refreshing effect moreover, and for the use of delicate invalids it is likely to become a favourite scent. Compressed tablets of potassium permanganate, each containing two grains, have been added to the familiar "Wyeth" series, and will be found of much service for general internal use, and in many affections of the mouth and teeth; this form of the drug, moreover, admits of ready and convenient employment under any circumstances. "Hazeline, Florida Water," MacKesson & Robbins' capsuled pills, and other well-known specialities for which the house of Burroughs & Wellcome is famous, are also shown, but need not be further mentioned here.

At the opposite end of the hall to that occupied by Messrs. Burroughs and Wellcome's stall will be found that of Messrs. P. and P. W. Squire (No. 53), who show several novelties that are worthy of more than passing attention. Among these a recently added improvement to the well-known medicine chests manufactured by this firm calls for especial notice. This ingenious arrangement consists in a patent spring lid, by means of which the stoppers of bottles contained in the case are, when it is closed, kept securely in place, thus obviating the necessity of fastening them by means of a cover or cap. Such a contrivance has long been a desideratum, and the provision of it will be a most useful addition to many a hard-working practitioner; for the invention can be applied to cases of any size, and for all purposes. Messrs. Squire have also introduced a new malt extract, termed by them "superdiastatic," and which, it is claimed, possesses unusual digestive powers. It is certainly a most pleasant and palatable form of extract, and will doubtless be very favourably received by the profession. Among the elegant preparations exhibited on the stall none are more interesting than those in which the antiseptic agents, eucalyptics and thymol are presented; and particular mention must be made of the toilet requisites into the composition of which these valuable agents enter. The soap tablets are very agreeable and healthful. Several forms of lozenges also are shown, among them those containing eucalyptics; and a cheap but efficient respirator made for hospital use deserves notice.

So much favourable notice has already been given to the Maltine Manufacturing Company's speciality, and the preparation is so universally recognised as an invaluable therapeutic agent, that little more than mention of the fact that it is shown in the exhibition need be said concerning it. We must, however, refer to another important

(a) Belgel and Bruce. Report on Prof. Education. 1889.

article introduced by the same firm, and which, as "Reed and Carnrick's Beef Peptonoids," have within a short time won the unanimous approval of those who have employed them. These peptonoids consist of concentrated powdered beef extract, *partially digested*, and in combination with gluten in equal amount. For economy and palatableness this preparation is unrivalled, while also it is a valuable clinical assistant. We hope soon to publish reports of the experience gained after extended trial of the peptonoids in cases of disease.

Messrs. Allen and Hanburys' stall contains samples of most of the "well-known A. & H." preparations, among them the "tasteless" castor oil, "perfected" cod-liver oil, &c., by the introduction of which they have achieved a well-deserved reputation. The "A. & H." malt extract and farinaceous foods also demand attention.

An important collection of the preparations of natural digestive ferments with which Mr. Bengler's name will always be inseparably connected is shown on Stand 7. The already widely known and appreciated "liquor pancreaticus," and "liquor pepticus," with the "peptonised beef jelly," and "self digestive food," are all exhibited; and it is highly probable that every medical man who visits the exhibition will mentally reflect on the advantages derived in his own practice from the admirable and effective assistance lent to his efforts by the results of Mr. Bengler's long-continued labours. Certain it is that few modern improvements in pharmacy have done so much as Bengler's preparations to assist the physician in his treatment of the sick; and it is in the highest degree satisfactory to learn that steady progress is being made, not only in the direction of perfecting these invaluable remedial agents, but also in the extent to which they are appreciated and employed.

In the way of creature comforts pure and simple the exhibition is fairly well supplied, among the evidences that hygienic principles extend even to material blessings being the array of wines and other liquors of the kind that cheer and even inebriate if too freely indulged in. In this respect, however, the samples exhibited by the Australian Wine Company (Stand 28) might well tempt the most careful to somewhat unusual "tasting;" for some of the brands introduced from the Antipodes compare even more than favourably with European wines of similar class. It is easy to comprehend, after once making trial of them, why public taste is rapidly approving these newly-introduced vintages, for they possess a wholesomeness and agreeableness which can be the accompaniment of purity and quality alone. Added to their excellent qualities the comparatively low price at which the wines of Australia are put on the market must inevitably tend to bring them very generally in demand among those who regard the properties rather than the source of their wines. The "Muscat" sold by the Australian Wine Company at 42s., and the Hermitage at 36s., a dozen is, altogether apart from its price, one of the choicest liquors we have ever tasted; and many of the cheaper white Australian wines are infinitely superior to much of the expensively-rated produce of Continental vineyards sent to the English market.

Mr. James L. Denman shows a selection of pure Greek wines, which also deserve the careful attention of connoisseurs. Reasonable in price, choice in flavour, and of guaranteed purity, there is every reason why these, like the Australian growths just noticed, should be admitted to replace the deteriorated vintages of France and Germany. We would especially recommend trial to be made of the "St. Elie" (white), "Como" (red), "Noussa" (red), Greek wines.

The exhibition includes a large number of other objects to which we should, if space permitted, willingly draw attention. "Mellin's Infants' Food," "Feltos's Lime Juice," "Maignen's Filtre Rapide," "Cleaver's Terebent Preparations and Soaps," improved cowls, water-closets, ventilators, &c., &c., all deserve attention, and the visitor will do well to spend some time in examining them.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 13, 1883.

LORD MORLEY'S COMMITTEE.

(Second Notice.)

A FURTHER perusal of this very voluminous report of 771 pages gives us an insight into the prevailing opinions of the military and medical chiefs of the Army on Army medical organisation. His Royal Highness the Commander-in-Chief considers that young medical officers would best learn discipline by being attached for at least three, and if possible, five years to a regiment; while all the senior medical officers concur in the necessity for the re-introduction of the examination for promotion. Professor Longmore's evidence upon this point must carry the greatest weight. He tells the Committee that in the German service—in consequence of finding the necessity for it in the Franco-German war—the following, among other regulations, were issued to ensure that medical officers kept up their knowledge. He has to go through a three-fold examination. He has first to write an essay on a subject that is sent to him from the war office; next he is subjected to an oral examination and a practical examination as follows, viz., three important surgical operations: 1. An amputation; 2. Ligature of one of the intricate arteries; 3. The resection of a joint. If he fails in the performance of one of these he may select for himself another of a corresponding kind. If he fails and is allowed

colleagues declined to attend. A letter of apology had also been received from Professor Struthers, of Aberdeen.

The Chairman said they had not a single word to say against the principles of the Bill; but with regard to the provisions there were considerable differences of opinion. After describing the constitution of the Boards which the Bill proposed to establish, Dr. Balfour remarked that the treatment of the Corporations amounted to a gratuitous insult.

Dr. Smith moved the following resolution, which was seconded by Mr. Imlach:—

“While approving generally of the objects of the Medical Amendment Bill, this meeting is of opinion that in the constitution of the Medical Board for Scotland the representation proposed to be assigned to the corporations is quite inadequate, and ought to be increased.”

He pointed out that, as the Bill at present stood, the corporations would not have their fair share of representation on the Medical Council, so that, if an appeal were made from the Board to the Council, it would practically be an appeal from the Board to the Board, and the complete control of medical education in Scotland would be transferred to the Universities. Why this should be so seemed mysterious. The talk on the other side of the border about the low standard of qualification in Scotland could only be ascribed to jealousy. It would be very hard if the fate of the Scottish corporations should be decided by the reports circulated by a few Englishmen.

Dr. Brakenridge proposed, as an addition to the original motion, the words, “Further, that by equality of representation or otherwise provision be made to ensure that one of the two members of the Medical Council elected by the Medical Board for Scotland shall be a representative of the corporations.”

Dr. Smith intimated his willingness to accept the addition, but recommended the omission of the words, “by equality of representation or otherwise.”

After a few remarks by Dr. Argyll Robertson, Dr. Charles Bell, Mr. Joseph Bell, Dr. Dickson, and Dr. Balfour,

Dr. Haldane moved, “That all candidates for the final examination of the Medical Board in Scotland be required to pay a uniform fee.” In supporting this resolution, he referred with satisfaction to Dr. Struthers' announcement that the Universities were willing that Scotland should be specially excluded from the operation of that part of the Bill to which his resolution referred. Dr. Struthers' letter was instructive, because it admitted what was an open secret before, that the Universities had been consulted before the Bill was brought before Parliament.

Dr. Keiller seconded, and the motion was carried.

Dr. Duncan moved, “That provision be made that at the final examination of the Medical Board no student shall be examined by his own teacher.”

Considerable discussion ensued on this resolution, which was eventually carried, after two amendments had been rejected, and the meeting closed with a vote of thanks to the Chairman.

THE MEETING AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual assemblies of the Fellows of the College and of the Irish Medical Association came off on Saturday and Monday last, and were occasions of very special interest. The Fellows assembled at 3 p.m., the chair being occupied by Mr. Barton, the President, and proceeded to the consideration of the annual report, the details of which, however, did not give rise to any debate. Arising out of the report, motions of much importance were presented to the Fellows. Dr. Thornley Stoker moved the proposition foreshadowed in our last issue, to the effect “that in the opinion of this College the present method of electing professors and examiners is unsatisfactory, and that the Council be recommended to seek for such alterations in the charter as shall enable these elections to be made by the vote of the entire Council, or such part of it as may

be present; not less than two-thirds of the whole number, including the President or Vice-President, to constitute a quorum for election purposes.”

The resolution was seconded by Dr. Whistler, of Bray, and was opposed by a section of the Fellows, who urged that the existing system had worked sufficiently well, and who moved as an amendment that any proposition involving a change of charter should be the subject of a notice of motion and a special meeting. It was pointed out *contra* that any motion arising out of the annual report was usually discussed without notice, and, furthermore, that the effect of remitting a subject to a special meeting was to limit its settlement to the metropolitan Fellows, inasmuch as the provincial members of the College could not be expected to come to town for such special occasion. Eventually the amendment was negatived, and the motion passed without a division by a large majority.

Dr. Jacob then moved the following resolution:—

“That this College approves of the determination evinced by the Council to ensure the *bond fides* of attendance on courses of medical study, but is of opinion that attendances purporting to be given by persons who are engaged during the usual hours of medical study in other engrossing avocations is not a *bond fide* fulfilment of the four years of study required by the General Medical Council, and therefore ought not to be recognised by this College as sufficient qualification for the Letters Testimonial of the College.”

Dr. Jacob proceeded to give the history of the establishment, in 1879, of night lectures by the Ledwich School and the Carmichael College for students who are engaged in offices and shops during the day, and the action of the Council thereon. He stated that previous to that date something more than strong suspicion had existed that persons presented themselves for the College examinations on the faith of fictitious certificates of attendance on courses of study at which it could not be pretended that they had been present, considering that they were compelled to be elsewhere all day and every day; and he adduced one case out of many in which a student, who had been engaged up to a few months previously in a bank, was passed upon the faith of a full supply of these false certificates, and immediately elected surgeon to one of the chief hospitals of the city, where he had responsible charge of the lives and health of the inmates in less than a year after his descent from the office stool. These abuses, Dr. Jacob observed, had been long suspected, but they were not acknowledged or proved until these schools publicly advertised that they were catering for such students by means of lectures delivered at night. At once the Council of the College had taken action and condemned the system, with the result that the Carmichael College immediately abandoned the practice. The Ledwich School, however, though it stated its willingness to conform to the wish of the College, and, though it had since been reminded by a second resolution of the Council, had continued the system, and had encouraged this class of students to set the College at defiance.

Dr. Jacob stated the object of his motion to be to induce the Fellows to strengthen the hands of the Council in putting down this traffic in fictitious certificates; and he urged that it was dishonest and discredit-

"That the College, instead of passing any order at the present meeting regarding night lectures, request the incoming Council to forward a copy of the arrangements for securing the attendance of students at lectures and hospital to every lecturer and clinical teacher recognised by the Council with a request that they will aid in carrying out these arrangements."

On this amendment being moved, Mr. Stoker, of the Ledwich School, withdrew his frugal proposition to remit the subject to the incoming Council, and seconded it; and it was thereupon passed by a majority of 28 to 16, Dr. Jacob's motion being therefore superseded, and not put from the chair.

This narrative of what did really occur becomes necessary, in consequence of the publication in the newspapers of a totally untrue statement that Dr. Jacob's resolution against night lectures was negatived by a large majority of the Fellows. In fact, no resolution against night lectures was submitted, nor did the night lecture party venture to take the voice of the College which, they say, was in their favour, nor was the resolution against sham study (which they seem to consider applicable to night lecturing) voted upon by the Fellows.

Dr. Kidd's amendment, which was eventually adopted, could not be objected to by the opponents of sham study, except on the ground of its weakness. It was clearly the duty of the Council to circulate its certificate regulations, and it has already done so. If there is anything to be gained by a further circulation backed by an appeal to teachers to be honest in observance of the rules, by all means let the Council repeat the issue.

But we do not in the least believe in the efficacy of remonstrance against practices which are ingrained by long years of custom, and which have the additional charm of paying right well. The large majority of the Dublin teachers who would be likely to regard the appeal of the Council, have already, we believe, ceased from issuing fictitious certificates; the minority will not cease earning money in this way as long as those certificates are permitted to pass current. It is easy to comply in the letter with the suggestion of the College that a roll shall be called, and to evade the spirit of that suggestion by taking no care whether the name is answered for by the student himself or by a single student for half-a-dozen others; it is equally easy to fulfil the order by keeping an hospital attendance book, but to take no cognisance of the fact that the said book is signed at 9 a.m. by students who are hard at work in office or shop at 9.30.

The College has failed and will fail to make teachers honest by persuasion, and so long as it continues gravely to receive as genuine the proofs that a student who is in a place of business at a given period is also beside his hospital teacher at the same moment, so long will certificates that he is in both places at the same time be saleable and sold.

The next business of the Fellows was the following motion by Dr. Kidd, with reference to the Medical Bill:—

1. That the incoming Council be recommended to have the Medical Acts Amendment Bill further amended, so as to establish and maintain a closer supervision over medical education on the part of the College than the present Bill proposes to do.

That it appears to the College this could best be done

by defining in the Bill that all previous examinations should be conducted by the "medical authorities."

2. That the Board examination should be accepted by each of the medical authorities for the final examination.

3. That candidates who have passed the previous examinations of any medical authority and the final examination by the Board, should receive the qualifying diploma of such authority, and be registered in right thereof.

This motion, though heralded by a violent denunciation of the Medical Bill, was in no sense hostile to the measure, and, being a wise and sensible proposition for amendment, was at once accepted by the College and passed *nem. dis.*

(To be continued.)

EXECUTIONS AND THE PUBLIC PRESS.

WHEN, some years ago, the Home Office decided that for the future executions should be carried out in private instead of in public, as heretofore, most right-minded people experienced a sense of relief, from the thought that from that time the eye and the senses generally would be less offended by the parading of revolting details before the public. Such people were, however, disappointed. Since then a portion of the daily press has done its best to frustrate the wholesome intention of the Government. Every scrap of information, every disgusting little detail, that it has been able to collect respecting the horrors of an execution has been made public with an effusiveness and an unctuousness that savour very much of gloating, and mercenary gloating to boot. And these gentlemen are not satisfied that they are excluded from executions; they would fain be admitted, "if only to protect the interests of the public." Who wishes them "to protect the interests of the public?" Are not the public already efficiently represented by their duly authorised representatives—the sheriff, the chaplain, the gaol surgeon, the governor, and the warders? These are more trustworthy protectors of the "interests of the public" than irresponsible reporters, and less likely to offend the public by offensive details in the daily papers.

These thoughts are prompted by the remarks of our Scottish correspondent on the recent executions in Glasgow, and by a paragraph which appeared in the columns of a provincial daily. We give the paragraph (omitting names) exactly as it appeared, and leave it to our readers to judge for themselves whether they ever saw a piece of sillier (because bare-faced) special pleading:—

"The decision of the visiting justices . . . not to admit reporters to witness the execution of . . . will not improbably call greater attention than before to this somewhat delicate question. The balance of opinion appears to be that, without in any way wishing to encourage sensational writing upon such dismal affairs, the presence of reporters is desirable, if only to protect the interests of the public. Many a London journalist could, if he would, tell somewhat startling stories as to the bungles which at one time or another have marked the efforts of public executioners; and one of these functionaries was never allowed again to operate after a terrible blunder—seen by the reporters, and duly noted—which he perpetrated at Leeds some six years since. But what chance would there have been of this becoming known if the only witnesses had been those

personally interested in keeping it quiet? The present haphazard system of leaving the question of admitting reporters to the discretion of the high sheriff or the visiting justices is provocative of much friction, and might, in certain instances, prove a veritable premium upon bungling."

The question of money-making under the guise of philanthropy is always a "delicate" one. What the writer means by "balance of opinion" is, no doubt, the balance of his own opinion and of that of other reporters. That it is a fact that the balance of public opinion is in favour of private executions being made public for the benefit of reporters and their employers we indignantly deny. Even if public taste were so degraded, it would be the duty of the leaders of public opinion to elevate it, and not to pander to it by acting the part of procurers. If, however, these gentlemen honestly think themselves the protectors of the "interests of the public," and if they honestly believe that their presence at executions would really prevent this "veritable premium upon bungling," we see no objection to their fulfilment of a sacred duty, provided they are first sworn to spare the public a repetition of those degrading details to which they have been hitherto prone. One more part of the paragraph deserves notice—viz, that relating to the haphazard system of admitting reporters or not, according to the whim or discretion of the high sheriff or visiting justices. We would suggest that the haphazard system be improved away, and that the admission of reporters to executions be placed upon a satisfactory basis—i.e., that the Home Secretary take from the high sheriff and visiting justices the discretion of admission. "Much friction" would doubtless be avoided by this simple proceeding.

Notes on Current Topics.

Pleasant for Jack.

THE advocates of unrestrained infection have just enjoyed what will probably be to them a delightful proof of the wisdom which has animated them to pursue a course resulting in the virtual repeal of the Contagious Diseases Acts. In a letter to the *Daily Telegraph* on Friday last Dr. A. Conan Doyle, of Portsmouth, has given irrefutable evidence of the all too certain efficacy of the method which Mr. Stansfeld and his followers will by and bye receive the credit of having introduced, for national deterioration of physique. The following extract from Dr. Doyle's letter speaks volumes for the effect which that thrice ill-advised motion in the House of Commons is producing:—"Last week a large transport entered Portsmouth Harbour with time expired men from India. Upon the same day thirty diseased women left the hospital with the avowed intention of meeting that transport, and there was no law to prevent it." Divested of all additional details this bare statement of a fact contains a more crushing exposure of the fatuous proceeding of sentimentalists than the most eloquent exposition of the evils to which society is exposed to by their wretched meddling with questions involving scientific considerations.

Dr. Doyle's comments on the action of the Contagious Diseases Acts opponents are, however, well worthy of

reproduction. He continues:—"I say that, if an unfortunate soldier coming home to his native land after an absence of years, and exposed to such temptation should yield to them, and entail disease upon himself and his offspring, the chief fault should not lay at his door. It surely emanates logically from those enlightened legislators who set loose those thirty bearers of contagion, and their like, upon society. For fear delicacy should be offended where no touch of delicacy exists, dreadful evils are to result, men to suffer, children to die, and pure women to inherit unspeakable evils. Loose statements and vague doctrines of morality may impose upon hasty thinkers, but surely when the thing is reduced to its simplest terms, it becomes a matter of public calamity that these Acts should be suspended for a single day, far more for an indefinite period. The apostles of free-trade in infection have worked to such good purpose that within a few weeks the streets of our naval stations have become pandemonia, and immorality is rampant and self-assertive where it lately feared to show its face. Property has much depreciated near our public houses since the suspension of the Acts on account of the concourse of vile women, whose uproar and bad language make night hideous. I venture to say that, were the old laws enforced again to-morrow, there would still in a hundred years time be many living who could trace inherited mental or physical deformity to the fatal interregnum which the champions of the modesty of harlots had brought on." Other places than Portsmouth tell the same tale, as witness the following resolution of the Dover Town Council, a copy of which has been forwarded to the Home Secretary—"The Dover Town Council views with deep regret the suspension of the Contagious Diseases Acts, and trusts that their full operation may be reinstated at an early date."

Careless Patronage.

MUCH regret will be experienced at the announcement now being made public, that the President of the Royal College of Surgeons, Sir Spencer Wells, Bart., has permitted his name to be used in connection with an institution that is at least regarded by many members of the profession with suspicion. We refer to the St. John's Hospital for Skin Diseases, in Leicester Square, the management of which has been very unfavourably commented on in the past, and in aid of which a bazaar is about to be held under the patronage and in the presence of, among others, the eminent surgeon named above. Such a proceeding on the part of Sir Spencer Wells, is somewhat unfortunate, for it necessarily commits the distinguished College he so worthily represents to approval of a special hospital, the best that can be said about which is that it occupies a position of questionable stability; and we cannot refrain from an expression of very sincere regret at the association of a leader of English surgery with an institution which fails to command universal respect and sympathy.

THE President of the Royal College of Surgeons of London—Sir Spencer Wells—has issued cards of invitation to a *conversazione* at the College, at nine p.m., on Wednesday, June 20th.

The Dublin Sham Certificate Trade.

STIMULATED, probably, by the agitation against fictitious certificates which has been growing in strength for the last two years, the Board of the University of Dublin has issued the following notice:—

NOTICE is hereby given that, in future, Students in Arts of Trinity College, who have entered the Medical School during or since 1880, will not be required to produce certificates of attendance on lectures previous to admission to the Medical Examinations, but will be required, instead, to fill up, and lodge with the Medical Registrar, forms of Notice which will be issued before each examination. There will, therefore, be no general issue of Certificates by the Professors; but those students who may require them for presentation to other examining boards, can obtain them by application to the Medical Registrar. Students who have matriculated before 1880 will have to produce their certificates as heretofore.

N.B. Only those students who have attended three-fourths or upwards of the Courses of Lectures for which they have entered can present themselves for examination.

By order of the Medical School Committee,
HENRY W. MACINTOSH, Medical Registrar.
March 16th, 1883.

We trust that the example of Dublin University will be followed by every College or University throughout the Kingdom. Certificates have ceased to have any value, except, as the Reverend Dr. Haughton says, as receipts for money paid. They are not required by the English licensing bodies, and certainly the specific statement as to attendance which appears on the face of a schedule is far more reliable than any quantity of purchaseable certificates of "diligent" attendance.

Dalrymple Home for Inebriates.

AT the meeting held on May 31st at the Mansion House, for the purpose of advocating the cause of the Dalrymple Home for Inebriates, there was a considerable attendance of influential friends of the movement, the Lord Mayor, Mr. Alderman Knight, presiding. In the course of his remarks, the chairman urged that at least £6,000 should be raised for the committee to be able to carry out the object in view; towards this one member had offered £500, provided nine similar amounts were forthcoming, either in single sums or in small amounts; and the Lord Mayor added that a friend of his own had promised to give £25, if nineteen others would come forward with a similar amount. In conclusion, he said that he felt convinced, after much experience as a magistrate, that there was such a person as an habitual drunkard, utterly unable to resist the temptation to drink, and he should be glad to see a Home founded and at work, to which such unfortunates could be taken. As a magistrate, he would like to have power, under an Act of Parliament, when habitual drunkards came before him, to send them to such a home, where they could be taken care of, and reformed from the dread habit of drunkenness, not only for the benefit of the drunkard himself, but also for society at large. During the meeting a letter was read by Dr. Norman Kerr, in which the writer, Mrs. Dalrymple, widow of the late Dr. Dalrymple, stated her willingness to increase her donation from £500 to £1,000, in the hope that the whole amount required might thereby be sooner subscribed. Dr. Farquharson, M.P., moved, and Dr. Alfred Carpenter seconded, a resolution to the effect that "The diseased state of many inebriates calls for their residence in some

institution where they can be placed under curative treatment, where the surroundings will be favourable to cure, and where there will be no temptation from the presence of intoxicating liquor." Several other resolutions were carried, and the meeting was altogether a very successful and encouraging one.

The Irish Prisons Board and its Medical Officers.

OUR readers may remember that some months since we recounted the history of an attempt by the Irish Prisons Board to dismiss one of the medical officers of the Dublin city prisons because he was indisposed to answer questions which the Board—contrary to law—was seeking to put to him. That officer, when threatened with dismissal, set the Board at defiance, and the Board, after much bluster and a remarkable display of ignorance of its own law, was obliged to cave in and leave the officer undisturbed. The experience thus acquired has not, it would appear, taught the Board to be wise, for it has recently attempted to superannuate another surgeon of the City of Dublin prisons as a punishment for his having refused to examine civil servants as to the condition of their health unless he be paid for doing so. That duty is a perfectly new one, thrust upon the prison surgeons in defiance of the 27th section of the Irish Prisons Act of 1878, and is a service entirely outside prison duties, performed for persons who are able to pay and who are not prison officers.

The second attempt of the General Prisons Board has resulted in greater misfortune than the first, for that Board has been obliged to withdraw its superannuating order, and leave the officer in possession of his office and full pay.

If permitted to offer a little advice to the Irish Prisons Board and the Local Government Board, we would recommend them to save themselves these public humiliations by employing some competent person to read their Acts of Parliament, and—when read—by striving to restrain themselves within the limits of those Acts.

A Too Successful Experiment.

IMMEDIATE explanation should be given of the facts surrounding the statement made in the House of Commons in reply to a question from Mr. Hopwood. The truth about the matter is that an official of the National Vaccine Establishment, Dr. Cory, of St. Thomas's Hospital, who entertains the view that inoculation from a true Hunterian chancre is not possible, has submitted himself to experiment with a view to testing the theory. After four times failing of success, he has at length, unfortunately, succeeded too well, a hard chancre on the arm being the result. Notwithstanding that the sore has been cut out, secondary and tertiary symptoms have followed in due course, and now we regret to say Dr. Cory is wholly incapacitated from regular work. Of course, capital will be made out of this event by anti-vaccinators, but with what small cause the history will prove.

THE Staines Urban Sanitary Authority have been fined £20, and ordered to pay 10s. costs, for causing or suffering offensive matter to flow into a watercourse communicating with the Thames.

Hospital Sunday in London.

THE annual collection at the various churches and chapels in the metropolis took place last Sunday, and in the Jewish synagogues the day previous, and, judging by the sums already sent in to the Mansion House, the prospect of a larger amount in the aggregate than heretofore is almost assured. Last year the total was between £35,000 and £36,000, which was considerably higher than that for any previous year. On the present occasion everything was in favour of the fund—the weather brilliant, without excessive heat, London full, and the State attendance of the Lord Mayor and suite both at St. Paul's Cathedral and Westminster Abbey. The only drawback is the discovery of an attempted fraud by persons at present unknown, who at the last moment sent a forged circular round to the various places of worship in the Lambeth district, intimating that collectors from the Mansion House would call for the amounts collected in order to save the trouble of remittance to head-quarters. Fortunately the police had timely warning, and it is hoped that no sums were paid over to these *soi-disant* representatives of the Hospital Sunday Fund before the police had time to give the necessary warning.

The Tenure of Office of Irish Workhouse Surgeons.

THE Council of the Irish Medical Association has followed up its remonstrances against the attempt of the Irish Local Government Board to put the union officers under the foot of the guardians by a communication which it has sent to every workhouse medical officer in Ireland. This communication states the case, and gives the reiterated opinion of Mr. Purcell, Q.C., as to the illegality of the General Order promulgated by the Board, and proceeds as follows:—

“The Council of the Association has in vain solicited the Board to amend the objectionable articles of the recent General Order, or to submit the legality of their action for confirmation by the Law Officers of the Crown; but having been advised that the validity of the General Order can be tested at law only by an officer who has been dismissed or suspended by a board of guardians, the Council, therefore, is prevented taking the necessary steps to set aside the rules in question by application to the Court of Queen's Bench.

“From Mr. Purcell's opinion it follows that a dismissal or suspension by a board of guardians is wholly invalid; and that an officer is entitled (notwithstanding the General Order of the 18th of December, 1882, or any vote of the board of guardians founded thereon), to continue in his office, and to receive and recover at law, all his emoluments until he is formally removed by the Local Government under section 33 above quoted, the legal responsibility of such removal devolving solely upon that Board.

“The Council is prepared to consider the case of any officer dismissed or suspended by a board of guardians under this Order, with a view to proceedings to contest such dismissal at law where the circumstances appear to justify such action.”

We trust that an opportunity will arise before long to enable the Association to set aside this act of the Irish Local Government Board, for it would, in our opinion, be a disaster if the Board were permitted to shift its responsibility for dismissal to the guardians, or any one else.

It appears to us somewhat discreditable to the Board that we find it following the example of the Irish Prisons Board in attempting to override the Act of Parliament to the disadvantage of its own officers. If the Board is really in any doubt that its act is *ultra vires* and invalid it can readily obtain an opinion on the subject; but if it will not take that course, we think the Irish Medical Association should, as it proposes, do so on the very earliest occasion.

The Social Science Congress.

WE are informed that the subjects selected for discussion in the Health Section at the forthcoming annual meeting of the Social Science Congress, which is this year to be held at Huddersfield in October, are—

1. Is the modern system of education exerting any deleterious influence upon the health of the country?
2. Is it desirable to take any, and what further measures, to prevent the spread of zymotic diseases through the milk supply of our towns?
3. Is it desirable to amend or extend the Habitual Drunkards Act, and if so, in what direction?

Volunteer Medical Organisation.

THE executive committee of the Volunteer Medical Organisation held a meeting on June 1st, at Charing Cross Hospital, when the secretary reported on the considerable progress being made by the movement. Volunteer surgeons to the number of 51 have already placed their names on the general committee, and all the medical schools in London have now representatives in either the executive or general committee. The secretary was directed to convey to Messrs. Savory and Moore the thanks of the committee for the kind grant of 20 field haversacks complete, for the use of the Ambulance Company at Charing Cross Hospital. The National Aid Society have very courteously allowed the organisation to hold committee meetings at, and to have letters addressed to, their offices, 5 York Buildings, Adelphi. Besides Charing Cross Hospital, where a trained company already exists, St. Bartholomew's is about to take up the movement on a large scale. The London and St. George's are also moving in the matter.

The Council of the Royal College of Surgeons.

THE three members of the Council of the Royal College of Surgeons who retire this year by rotation are—Mr. John Cooper Forster, Vice-President of the College; Mr. John Birkett, President of the College in 1877; and Mr. Prescott G. Hewett, also a past President. Of these Mr. Cooper Forster only will seek re-election; and it is probable that most, if not all, of the following Fellows will be candidates for seats in the Council at the ensuing election:—Mr. George Lawson, of the Middlesex Hospital—Member, August 9, 1852; Fellow, December 17, 1857. Mr. Nottidge Charles Macnamara, of the Westminster Hospital—Member, April 17, 1854; Fellow, June 10, 1875. Mr. Oliver Pemberton, of the Birmingham General Hospital—Member, April 12, 1847; Fellow, April 18, 1875. Mr. Robert Brudenell Carter, of St. George's Hospital—Member, December 12, 1851; Fellow, 1864. Mr. Sydney Jones, of St. Thomas's Hospital—Member, April 4, 1853; Fellow, December 11, 1856. Sir William MacCormac, of

hygiene, to have taken his force so far with such little loss. Nor ought we to omit the name of Herodicus, one of the preceptors of Hippocrates, and the first to introduce gymnastics on scientific principles, not only as a curative, but also as a preventive measure. The works of Asclepiades, who boasted that he would never be sick, and did, indeed, die of a fall, and those of Aretæus, doubtless contained reference to preventive medicine, whilst those of Galen, which extended to 300 volumes, the majority of them now lost, furnished many of the precepts on which later hygiene was based. On the other hand, the myth which makes Health, or Hygieia, the daughter of Asklepios (whom we call Æsculapius) no doubt arose from an instinctive perception of the value of medical science in preserving health as well as in the cure of disease. We may also be permitted to believe that the honours paid to his sons Machaon and Podalirius were due, at least in part, to their hygienic foresight as well as to their medical and surgical skill. Besides the writers already quoted, it would be unjust to omit the name of Aristotle, whose writings include important hygienic precepts. The general life of the Greeks was eminently hygienic, being mostly out-door and under favourable conditions, persons even of high position taking part not only in active occupations, but in labours that might be even considered menial by the unthinking. The honourable place that athletic games held is a point of resemblance between the Greeks and our own countrymen that ought not to be lost sight of. Nothing is more conducive to health of body and mind than active exercise in the open air, and the splendour of Greek literature, art, and knowledge is a sufficient answer to those who are afraid lest athletics should develope the muscles of our youth to the detriment of their brains.

Among the Romans the care bestowed upon the provision of pure water—with which is connected the celebrated name of Frontinus, as *Curator Aquarum*—and their elaborate system of drainage, prove that they had correct ideas on some of the fundamental questions of hygiene. Their fondness for bathing and extensive establishments for that purpose remain monuments of the next to godliness which even at this distance of time we, with all our boasted civilisation, have been unable to emulate. The more recent discoveries in the Campagna have still further shown that they were fully aware of the conditions which alone could make that now pestilential region habitable, as a system of subsoil drainage has been revealed that is a reproach to the ignorance and supineness of modern times. Nor was Rome the only city of antiquity that was efficiently drained, for we have evidence of it at Agrigentum at least; but Rome was certainly among the oldest of which we have actual remains, the beginnings of its great cloaca going back at least five and twenty centuries. Another direction in which the Romans showed great knowledge of the principles of hygiene was in the management of their troops on the march and during war. The rules for encampments given by Vegetius are excellent, and to the great care shown for every detail of sanitation must be attributed the comparatively small loss which the armies of the Romans appear to have sustained. We may say, indeed, of classical times generally, that there was a remarkable absence of devastating epidemics, none of those on record approaching in fatality and intensity the great plagues which swept over Europe down to quite modern times.

In taking a cursory retrospect of the Old World in its medical aspects, I should be inclined to say that on the whole its medicine was as much preventive as curative. Two things seem to indicate this:—1. There was a dread and impatience of disease, so much so that men were known to commit suicide to escape it; like the aged Indian who slew himself at the tomb of Achilles, for fear he should die of disease, from which he had through life been free. 2. The sentiment of pity for the weak and the oppressed appears to have been absent; there was a tendency as we find among animals and among savages to hold a sick man of little account, as useless to the State, and the sooner

got rid of the better. Hence, perhaps, the curious fact that we have no record whatsoever of public hospitals or infirmaries for the sick poor during the classical period—the earliest being as late as the reign of Justinian.

From the time of the decline and fall of the Western Empire the progress of hygiene appears to have been arrested. Some few of the treatises of the Greek and Latin physicians survived, others were known only as translated from the Arabic, &c., whilst wholesome traditions of the hygienic life of Greece and Rome appear to have decayed, and we pass into a dark and dirty period when fanaticism usurped the place of religion, and dirt became the odour of sanctity; indeed, it may be said that no writings on science during this dark period were worth notice, except those attributed to our own Roger Bacon.

One of the first really practical writers on the subject of hygiene was the well-known Ludovico Cornaro, a noble Venetian, who, after a youth of intemperance and excess, reformed his ways and kept so strict a watch over his diet and habits that he prolonged his life to the age of 100 years, dying in April, 1566. Twelve ounces of solid food and fourteen ounces of liquid, in this case wine, were all he allowed himself, but then he led a life that was less life than mere vegetation, for he was careful to avoid heat, cold, fatigue, grief, watchings, and every other excess that could hurt his health. "How," says Sir John Sinclair, "could the business of the world be carried on if every man, like Cornaro, were to begin to follow such a system at the fortieth year of his age?" Yet the value of Cornaro's treatise was very great, for it was an indisputable proof that life might be maintained, and even health, upon much smaller amounts of food than were often taken, and further, that temperance and moderation are the best resources against both disease and accident. He recounts how he had been upset in a carriage, and been in consequence severely bruised and had an arm and leg dislocated. The doctors wished to bleed and purge him, but he confident in his temperate habits, desired merely that his limbs should be set and he himself be let alone, after which he made a rapid and complete recovery. The advanced age to which he lived, and also the great ages of Pope Paul Farnese, Cardinal Bembo, and the Doges Lando and Donato, whom he cites, all of whom were men of regular and temperate lives, contrast remarkably with the short lives of the average of men of the time, old men being very rare, and even those who had passed the half century uncommon.

Of the other writers of the period I will only refer to Thomas Philogus of Ravenna, on account of his strong protest against intramural interment, thus anticipating by some three centuries the happily fruitful labours of our distinguished countryman Edwin Chadwick.

The next writer of eminence was the celebrated Sanctorius, a native of Istria and a professor of Padua. He wrote a work on health, entitled "*Medicina Statica*," and he also began the era of exact observation by his well-known experiments with the weighing-chair, by which he endeavoured to show the weight of the insensible perspiration. His experiments were very crude and inaccurate; but they were in the right direction, and his work may be considered as marking an epoch in the advance of scientific observation. The aphorisms in his book are couched in quaint, and even fantastic, language, but many of them are sound when stripped of the vagueness and mannerism of the time. He is particularly severe upon a certain "*Staticomastix*," who had criticised him, and had asserted that a plentiful perspiration did not take away from the body one ounce of weight.

The writers from the time of Sanctorius down to the end of the seventeenth century call for little attention, as they seem to have added but little to the knowledge of the time. The remarkable physical discoveries of the close of that century and throughout the whole of the next certainly paved the way for more exact observation in medicine, both in its purely medical and etiological aspects. Accordingly, we have the observations of Boerhaave and Haller, and a host of other names of

distinction, all representatives of progressive medicine, either directly or indirectly connected with the advance of hygiene. Sketches of the various writings of this and preceding periods are given by Mackenzie in his "History of Health," by Sir John Sinclair, and by Hallé in his long article on Hygiene in the "Encyclopédie Méthodique."

It is a little difficult in a necessarily restricted lecture to convey any exact idea of the way in which modern hygiene became formulated into so much of a science as it can at present lay claim to; but I will attempt to make a brief sketch of its more salient points. In the eighteenth century there were several important questions inquired into, and to a large extent solved, of which the chief were: (1) The influence of air as a factor in the spread of disease; (2) The true cause and prevention of scurvy; and (3) the prophylaxis of small-pox. Taking the last first, we may say that the introduction of inoculation was a most important step, even although we must admit that it introduced a greater danger to the community at large than could be compensated for by the protection to individuals. But it was the first step on the road which led at the close of the century to vaccination, one of the most signal triumphs of preventive medicine, and in our own time to the magnificent results obtained by the renowned Pasteur, results which seem pregnant with so much hope for the future of our race.

The inquiry into the causes of scurvy was another step in advance of the most signal importance. No one in the present day can form any idea of the ravages that terrible disease produced. All long voyages were imperilled by it, whilst the very existence of England depended upon her fleet, which had frequently to return to port absolutely crippled with scurvy, in some cases as many as 10,000 men being landed from the Channel fleet helpless. Although so far back as the 17th century the efficacy of fruits and fresh vegetables as preventives had been surmised, if not actually noted, it is really to the renowned Captain Cook that the credit is mainly due of having established this important fact. That eminent navigator never lost an opportunity of taking on board fruits and fresh vegetables whenever he could, and the result was that he was able to bring home from a lengthened voyage crews in almost perfect health and condition—a thing never before known.

The recognition of foul air as a factor in disease was certainly begun in the last century, when the brilliant discoveries in pneumatic chemistry made by Lavoisier, Cavendish, Priestley, Black, and Rutherford threw such a flood of light upon a previously obscure subject, and opened the whole immense vista of the boundless science of modern chemistry. It was only then that the physiology of respiration could be even partially understood, and the changes recognised which take place in the respired air from the lungs of man. The great disaster of the "black hole" of Calcutta, and the terrible effects of the gaol fever, investigated by Howard and others, pointed to foul air as a main factor in the propagation of disease and death; and this was further corroborated by the observations made by military surgeons that outbreaks of typhus (or putrid fever) were most rapidly arrested when troops were encamped and scattered widely over the surface of the ground. It was reserved for the later researches of Neill Arnott and other hygienic observers of the present century to prove the still more important fact that foul air is the main cause of the still more general and fatal class of destructive lung diseases, which in this and in other lands cut off so many of the brightest and the best.

Another important discovery of the last century was the determination of the cause of the well-known lead colic by Sir George Baker. This opened up the large field of metallic poisoning which has received so much elucidation and proved of such importance in reference to the water-supply of the communities.

In the present century we have to point to the establishment of the fact of the water carriage of disease, with which the name of Snow is so honourably associated, the

differentiation of continued fevers by Stewart and Jenner, and their connexion with the poison of infected excreta by the labour of Budd and other eminent men. To those we must add the elaborate investigations into the modes of propagation of cholera, dysentery, and other tropical diseases, and the means by which scarlet fever, diphtheria, &c., are carried from place to place by various channels of communication. It would be unavoidable, even if it were possible, to enter into details on this point, but there is one branch of the subject on which we must dwell for a little. No inquiry can assume a scientific form unless it has a numerical basis to work upon, and therefore it behoves us to note the starting-point of such a basis in hygiene, if we can find it. This we do find in the collection of statistics, a beginning of which was made a long time ago in the bills of mortality kept in this country. We know how imperfect those were, and how even the population of this country was not correctly known until within the lifetime of men still living. But still beginnings were made, and the question taken up more and more enthusiastically by enlightened men, until at last the Government Statistical Department was formed, and that remarkable series of reports begun which will immortalise the name of William Farr. From that time the future of hygiene was assured; for there was sound ground to work on, and if we add to that the valuable reports on the health of towns published by the Commission of which the present Duke of Buccleuch was president, we shall have stated some of the most important foundations of modern sanitary science. Those reports disclosed a state of things little dreamt of, and the statistical returns compiled by Dr. Farr showed how much the life and health of the nation were dependent upon the conditions in which its individual members were placed. The establishment of the General Board of Health, under Mr. Chadwick, was one of the valuable outcomes of this remarkable movement. Although the original Board of Health was brought to an end in 1854, yet its work has been continued and expanded under Mr. Simon and his colleagues and successors, in spite of many difficulties and obstacles.

The part which the public services, such as the Army and Navy, played in the progress of hygiene, was very important, as might indeed be expected; for under no other circumstances could bodies of men be so well observed, and the effects of surroundings and conditions upon health noted. Accordingly we have a long roll of names connected with those services which must ever be remembered with honour; in the Navy we have such men as Lind, Blane, Trotter, Burnett, &c.; and in the Army, Pringle, one of the most philosophical physicians who ever lived, Brocklesby, Fergusson, McGregor, and a host of others. The labours of the late Sir Alexander Tulloch, Deputy Inspector-General Marshall, and Assistant-Surgeon (now Surgeon-General) Balfour, in collecting and arranging the army statistics, were of the highest value, and it is not too much to say that the publication of the first army medical statistical report marked an epoch in hygiene, especially in that part that deals with climatology. It exposed the fallacy of the common notions of acclimatisation, of the advantages of a seasoning fever, and similar ideas. It showed also that it was possible for men of temperate habits and in hygienic conditions to live and thrive in the tropics, whilst the death and sickness that were unfortunately so common were due much more to the ignorance and folly of man than the influence of climate in any form. The truth of that is to be seen now when life in the West Indies is actually healthier, especially for young soldiers, than service at home, whereas sixty years ago a tour of service there was looked upon as almost a sentence of death. But perhaps the most remarkable contribution the Army has made to sanitation has been by the evidence given to the Royal Commission of 1857, which met after the Crimean war to investigate the causes of the sickness and mortality of our troops. The results of that Commission

are well known, and from its publication may be dated the reforms which have been productive of much advantage both to our own and foreign armies, and to the civil population as well. The paramount influence of foul air in the production of lung disease was proved to demonstration, and the art of ventilation was placed upon a secure foundation. The Barrack Hospital Committee, of which Dr. Sutherland and Captain Douglas Galton were the active members, laid down a series of regulations for the construction of barracks and hospitals, which have been followed with the utmost benefit both at home and abroad. Following this came the Indian Commission, which did for that vast dependency what the Home Commission had done for the rest of the empire. The mortality in India was found to be inordinate, and it was equally clearly traced to insanitary habits and surroundings. To recognise an evil and its cause is half way to curing it, and after a lapse of a quarter of a century we can point, not certainly to perfection, but to such an improvement as might fairly at one time have been looked upon as chimerical. The death-rate of the Army at home is only two-fifths of what it was before the Crimean war; the death-rate in India is only one-third, and the death-rate in the West Indies one-tenth.

In civil life it has recently been shown that the improvements of later times have resulted in a diminution of 2 per 1,000 in the general death-rate, and with the knowledge we now have of the causes of disease we may be sure that a general death-rate of not more than 15 per 1,000 may be confidently looked for. The remarkable immunity of soldiers and prisoners in the last epidemic shows what can be done when people can be compelled to lead fairly hygienic lives.

Although there are many names I might refer to as great writers in hygiene, abroad as well as at home, there is one which we cannot omit in a lecture like this, more especially as it is the first delivered in this museum which has been founded to his memory. Edmund Alexander Parkes did more than any other one man in this or any age to make hygiene a positive fact, a practical science, based upon not only philosophical conceptions, but actual experiments. Starting in life as an army medical officer he was able to produce during his short service in India and Burmah works upon dysentery and cholera, which will always be of the greatest value. Retiring into civil life he became eminent as a physician and teacher, and in 1855 he undertook the organisation of the hospital at Renkisi, in the Dardanelles, which was a perfect model of successful hygienic administration. Struggling with distressing and dangerous disease he continued to lead a life of intellectual activity not often accomplished by the most robust; and when, in 1860, the Army Medical School was established by Lord Herbert of Lea, Sir James Clerk had no hesitation in advising that Dr. Parkes should be secured if possible as the Professor of Hygiene. How excellent the foresight of that eminent physician was we all know, for Dr. Parkes was not only the first professor of the science in this country in point of time, but also the first in every sense of the word. The publication of his well-known "Manual of Practical Hygiene" gave us for the first time a work on the subject, which was not merely a string of opinions and surmises, but at every point brought opinion to the test of figure and experiment, where it was possible, and thus laid the foundation for a real science in the future. Similarly with his teaching he pressed upon the Government to establish practical laboratories for his pupils, where they could do for themselves as much of the experimental work as time and opportunity allowed; and he impressed upon them who studied under him the necessity of testing everything by actual investigation and bringing all statements to the proof of figures before accepting them as true. There was never probably a man of calmer and more judicial mind, a man more rigidly critical of his own work, or more kindly disposed to allow every credit to the work of others. Having known him personally for many years, during thirteen of which I was his assistant and colleague, I can bear confident testimony to

the exceeding beauty of his character, in which "sweetness and light" were never more truly displayed, and the scrupulous accuracy and care with which every investigation of his was carried out. The science of hygiene could have no purer and better founder, and its votaries no brighter and more spotless example.

URIC ACID: ITS PHYSIOLOGY AND ITS RELATION TO RENAL CALCULI AND GRAVEL. (a)

By ALFRED BARING GARROD, M.D.,

F.R.C.P., F.R.S., &c.,

Consulting Physician to King's College Hospital, London.

LECTURE I. (continued).

LET us pass on to another point in the physiology of uric acid. How can we explain the fact that, in proportion to the weight of their bodies, some animals excrete so large a quantity of such an insoluble principle as uric acid, or even as urate of ammonium, the one requiring 8,000, the other 2,400 times its weight of water at the body-temperature to dissolve it? The human subject excretes on an average in the twenty-four hours about one part of uric acid for each 120,000 parts of his weight; or, estimating the weight of a man at about ten and a-half stone, throws out about eight grains of this acid daily. This is an average arrived at from a very large number of observations, which you will find detailed in Dr. Edmund Parkes's valuable work.

In the case of the lower animals, I could find no facts on record relating to this subject, and therefore had to undertake to supply them for myself by means of observations and experiments.

In pursuit of this subject, I made observations on the relation between the daily weight of the uric acid excreted and the weight of the renal organs themselves. In the case of a lark, I found that the ratio of the weight of bird to that of kidneys was 125 : 1; in that of a linnet, 118 : 1; in that of a turkey, 172 : 1; but this latter bird was in a fattened condition, so the ratio may be somewhat misleading. Taking the lark and linnet, therefore, after calculating their daily excretion of uric acid, we find that it amounts to more than the weight of the kidneys of the same birds. Let us reflect on these facts. Is it possible to conceive, if we assume that the uric acid first exists in the blood, that the amount of this fluid passing through the renal organs could excrete as much of this principle as we have found, as a fact, to be thrown out? True, in the case of man, who excretes only one-thousandth part of the uric acid thrown out by birds, we could easily imagine this to be the process; but the more we consider the facts about birds, the more difficult does it become to believe in this explanation; and, if we go further, and hold it impossible, then the first view as to the formation of uric acid appears to me to fall to the ground.

As this question is of the utmost importance to physiology, and as its decision must necessarily be followed by weighty consequences, it is essential that nothing should be left undone which might help us to the truth. With this object before us, there arise many points which must be determined; and, first of all, we must ascertain the condition of the blood of various animals, especially with regard to the presence or absence of uric acid. I have obtained many such data from observations made during a long course of years. I have several times examined the blood of man in health, and many hundred times in various diseases; and the conclusion at which I have arrived is this: that, in absolute health, the uric acid in the blood is inappreciable by our tests, and that fluid does not contain the one hundred thousandth part of its weight of the acid; while, in gout, the blood is very rich in this principle, as I showed in 1847; that

(a) The Lunnellan Lectures for 1883. Delivered before the Royal College of Physicians of London.

being now in a third edition proves that it is fully entitled. Nor is it difficult to understand why so favourable a reception has been accorded to the volume, for it presents the whole subject in so concise and comprehensive form that it very materially assists the student in remembering the mass of facts he is called upon to show an acquaintance with in examination rooms.

The third edition of Dr. Husband's guide to practice has undergone most careful revision throughout, and in many places important additions have been made to the text, especially in the sections relating to diseases of the nervous system. The compact size of the work necessarily precludes exhaustive or even lengthy descriptions; but in every case salient features of disease, the essentials of treatment, and sufficient details of pathology and etiology are included, and are expressed in clear, accurate, and precise language. There is no burdensome repetition encountered, and in numerous instances a tabular arrangement of the matter lends invaluable assistance to the learner. As a guide to outline knowledge of practical medicine, there is no work more suitable for the use of students than Dr. Husband's "Handbook."

GRAY'S ANATOMY. (a)

It is the fate of few books to achieve an amount of success at all equal to that attained by Gray's classical treatise on anatomy; on the other hand, the number of works at all comparable with it in excellence is likewise of the smallest. Even, however, for such a manual as Gray's Anatomy is universally admitted to be, ten English editions is a very large aggregate issue, to justify which unusual merit can alone be held a sufficient cause. It is gratifying also to know that, notwithstanding the publication of many competing and lesser manuals, this standard treatise still maintains its popularity; for in this fact there is proof that systematic and laborious study is still held to be as important as ever in respect to the anatomical branches of the curriculum. This last edition of Gray's has been carefully revised, and portions of it have been re-written to meet the requirements set up by advances in discovery, especially that part devoted to microscopical anatomy. Throughout, too, there is evidence of the utmost care having been bestowed to secure absolute accuracy; and as a consequence the number of typographical errors is reduced to a minimum. In every respect the new issue of the work is worthy the reputation alike of its predecessors and of its accomplished author and editor.

ST. THOMAS'S HOSPITAL REPORTS. (b)

This volume contains contributions from members of the staff, which occupy the smaller half, and the statistical reports of the various departments, which occupy the larger half of the book. With regard to the former, we are at once struck by the paucity of information contributed by the surgical staff. On looking at the surgical report for the year 1880, we find that the number of patients admitted to the hospital was 2,299; and, again, in 1881, 2,329 patients were treated to a termination, the total number treated in the surgical wards during the two years 1880 and 1881 being 4,628. The surgical staff of the hospital consists of two consulting surgeons, four attending surgeons, three assistant surgeons, and a resident assistant surgeon. The result of such a vast number of patients is the contribution of one paper on "Six Cases of Intestinal Obstruction," treated and written by the resident assistant surgeon, Mr. Bernard Pitts, for the purpose of illustrating the advantage in such cases of making an exploratory incision through the abdominal walls, and, by inserting the hand into the cavity of the abdomen, ascertaining the exact situation and nature of the obstruction, afterwards performing any further operation that may be thought desirable, taking the precaution of waiting for a short time before undertaking the second operation, in order to avoid the occurrence of peritonitis.

Among the medical papers we notice one on "The Use of the Continued Current in Diabetes," by Drs. Stone and Walter J. Kilner. The two recorded cases do not offer much

(a) "Anatomy, Descriptive and Surgical." By Henry Gray, F.R.S. Tenth Edition. Edited by J. Pickering Pick. Longmans and Co., London.

(b) "St. Thomas's Hospital Reports." New Series. Edited by Dr. Robert Long and Mr. Francis Mason. Vol. XI. London; J. and A. Churchill. 1882.

inducement from their results for others to follow this line of treatment. The principle of its action is founded on the hypothesis that diabetes is the result of an essential neurosis, which would offer a reasonable chance of cure by the application of the constant current to the pneumogastric nerve. In the first case cited the current was an ascending one, from the nape of the neck to the forehead, the negative pole being placed in the former region, the positive in the latter. The current was of 1,500 micro-verbers in strength, and was at first continued for seven minutes. The more immediate result was improvement in the eyesight, with rapid recovery of flesh. In the course of three months the quantity of urine passed was reduced from 170 ounces on November 3rd, with sp. gr. of 1045, to 58 ounces on January 22nd. So far, everything was satisfactory, but from this date the patient became much worse, and the termination of the case is here given in the author's words:—"On the 22nd the quantity of urine was 58 ounces. It continued at a comparatively reduced standard until February 9th, on which day a large carbuncular boil began to form at the back of the neck, where the negative pole of the battery had been applied. The use of galvanism was then finally discontinued. The patient became much worse, restless, semi-comatose, with raw, excoriated tongue; unable to take food or stimulants. The quantity of urine rose to 110 and 120 ounces; the temperature remained at 98° 6° Fahr. In this condition he remained until February 21st, when it sank to 96°. On the following day he died."

In the second case the same improvement occurred as in the first, but the patient himself does not seem to have been satisfied with his progress, as we read that he left after about a month to try some other hospital.

In continuation of a former article, entitled "Annotations on Anæsthetics," by Mr. S. Osborne, chloroformist to the hospital, the author adds some further particulars. The conjunctival surface, he remarks, when repeatedly touched, loses its sensibility, and, therefore, to avoid a false impression with regard to the anæsthetised condition of the patient, first one eye, and then the other, should be touched. Dilatation of the pupils is a sign of the anæsthetic having been pushed to a sufficient extent, and the inhaler should be immediately removed from the face. Flaccidity of the limbs is no sign of cutaneous insensibility. The inhalation of ether frequently produces exanthematous patches on the face and upper parts of the body, the origin of which is to be found in paralysis of the vaso-motor nerves by the anæsthetic.

Dr. Henry Gervis believes that the employment of topical applications to the cervix uteri is not in all cases contra-indicated during pregnancy, and that abortion or sterility owing their origin to endometritis or endocervicitis may be successfully treated in this manner. He adds a caution, that in no case is the application to be carried quite up to, and, *à fortiori*, not through the inner os. In his opinion, cases of chronic endometritis may be cured by applications confined to the cervix. The reason of this appears to Dr. Gervis to be that returning health is just as capable of spreading by continuity of tissue as disease is known to spread.

(To be continued.)

Medico-Parliamentary.

SYPHILITIC INOCULATION BY EXPERIMENT WITH VACCINE.

In the House of Commons on Thursday last, Sir L. PLAYFAIR asked the President of the Local Government Board whether it was true that one of the Board's officers, in the course of an investigation into the conditions under which syphilis could be transmitted in the act of vaccination, had infected himself, and had seriously injured his health; and whether the conditions under which he succeeded in infecting himself were such as might occur during legitimate operations of vaccination?

Sir C. DILKE replied that the facts were substantially as stated in the first part of the question. The officer referred to, believing that this disease, although it had very rarely indeed been communicated in any of the operations of vaccination, nevertheless could, under some circumstances, be so communicated, was desirous of

blood of a healthy pig, ascertained by the "thread test" that it was practically free from uric acid, and then proceeded to add to it a concentrated solution of urate of ammonium. The serum was thereupon allowed to remain a short time at the temperature of the body, and subsequently dried on glass and sealed off. On searching for uric acid, it was separated easily in the crystalline form, not, however, as it had been added to the blood-serum as urate of ammonium, but as urate of sodium. All difficulty, therefore, as to the explanation of the change in the salt as it passes from the kidney cells into the blood is at once removed, and it necessarily follows that the tissue deposits which occur in disease must be composed of urate of sodium.

It may, however, be asserted that uric acid exists in the urine of man chiefly as urate of sodium, not as the ammonia salt, and that I have only assumed that it exists as urate of ammonium in the kidney cells. The former of these assertions is doubtless true with regard to the urine of man and the carnivorous mammal. With reference to the latter, I must still ask that the truth of my assumption may be taken on faith for a short time, until I have an opportunity of proving it.

The explanation of the presence of urate of sodium in the urine is most simple, for urate of ammonium, excreted, as it is, in small quantities by man, meets at once with large amounts both of phosphate and chloride of sodium, and with mere traces of any ammonia salt. Hence the same change ensues as when urate of ammonium is dissolved in blood-serum, and it becomes converted almost entirely into urate of sodium. I have made many observations tending to elucidate this subject. If healthy human urine, dense in character, but not giving any deposit on cooling, has a hot, concentrated solution of urate of ammonium added to it, it frequently throws down a copious precipitate on being kept in the cold. This I have found to consist mainly of urate of sodium, thus showing that a similar change ensues whether the ammonia salt is absorbed into the blood, or is sent forwards and united with the other constituents of the urinary excretion.

As I have already said, those who consider that uric acid is formed before it reaches the kidneys, usually look to some other organ as its source, the spleen having been often fixed upon. On this subject, Dr. Michael Foster makes the following remark, in his work on *Physiology*: "The constant presence of uric acid is remarkable, especially since it has been found, even in the spleen of animals, such as the herbivora, whose urine contains none." And again, he says: "No less suggestive is the fact that the increase of uric acid during ague and during ordinary pyrexia seems to run parallel to the turgescence, and therefore, presumably, the activity of the spleen." As I had never examined the spleen for the presence of uric acid, I made the following experiment:—

One thousand grains of the spleen of the ox, and the same amount of the spleens of the turkey and common fowl were dried in a water-bath and reduced to powder. This was afterwards treated with distilled water, first made alkaline with carbonate of sodium, and afterwards dialysed for two or three days into distilled water. The dialysed fluid was then evaporated to a syrupy consistence. A drop of that obtained from the ox was strongly acidified with nitric acid, and evaporated to dryness; a very distinct colour from the production of murexide was obtained, which became intensified by the action of the vapour of ammonia. When the same syrupy fluid was acidified by the acetic acid, and a few drops allowed to dry spontaneously on glass, distinct evidence was obtained of the presence of uric acid crystals, which became unmistakable when polarised light was employed. On treating the concentrated fluids obtained from the birds in the same way—viz., for the production of murexide and for the crystals, it was with the greatest difficulty that any indication of the presence of uric acid could be

detected by either test. These experiments were repeated, and with the same results. Unless the process of dialysis be employed, the uric acid is much masked by a peculiar matter which accompanies it in its solutions. This is at least partially got rid of by dialysis.

If the spleen be the organ in which uric acid is formed, why should not this acid be present in the urine of herbivorous as well as carnivorous mammals? On the same assumption, should we not expect that uric acid would exist in much larger quantities in the spleen of animals whose urinary excretion consists mainly of that principle, than in others whose urine is often devoid of it? As far as my experiments go, the very reverse is the case; for, while uric acid was easily detected in the spleen of the ox, in that of the bird it was most difficult to discover it.

Again, it would naturally be expected that in animals that throw out uric acid, the spleen would be larger, proportionally, than in others; but I am not aware that such is the case. It must also be remembered that uric acid has been asserted by different observers to be present in other organs besides the spleen, as the liver, lymphatic glands, and brain; and from this last W. Müller separated about 1 part of uric acid in 40,000 parts of weight, yet no one would consider that the production of uric acid is one of the functions of the brain.

Assuming that our second view is correct, and that the kidneys are the true formative organs, then an explanation of the presence of uric acid in the spleen, liver, and other parts is not difficult. When, from any cause, there is an appreciable back flow of uric acid from the renal organs, and resorption, then the blood becomes more or less impregnated with that principle, as we find to be the case in disease; and, under these circumstances, it is attracted by various tissues, and becomes united with them. That such attraction or elective affinity does exist for certain poisons I have full proof in a case of arsenical poisoning which came under my care in the hospital about twenty-five years ago. A young man had swallowed a dessert-spoonful of arsenious acid. As he survived this four days there was plenty of time for the poison to be absorbed. I embraced the opportunity of examining the principal organs of the body for arsenic, and found it in all parts, though in very different amounts. The liver appeared to be most rich in the metal, then the spleen and the skin. May it not be the case that, when uric acid exists in the blood, it is attracted differently by different organs, and thus the spleen and liver more frequently contain appreciable quantities than other tissues? Or again, may it not be that in some organs, as the spleen, the substance of which, if not acid during life, rapidly becomes so after death, while the blood remains strongly alkaline, the uric acid becomes less soluble, and more easily retained? Or yet again, may it not be that, being united to these organs, the uric acid escapes certain destructive influences to which, if it remained in the circulating fluid, it might be exposed?

Although I have been drawn, by the force of the arguments in its favour, into regarding the second view of the origin of uric acid as the more sound, yet I do not wish, even in my own mind, to become a partisan of any theory, desiring only to arrive at truth; and I have, therefore, endeavoured equally to seek out and discuss facts which are antagonistic to one or other view, with those which appear to favour it.

Before concluding this, the purely physiological part of our subject, I will state that there are a few facts which demand full explanation under any theory which claims to be accepted as the true one. For instance, the urine of the sucking calf, and of the young of other herbivora, contains uric acid in notable quantities, while that of the adult animal is usually free from it. How can this be reconciled with the view that uric acid is formed in the kidneys? There are also other facts closely allied to these which appear to be equally difficult of explanation by the second theory.

In the course of these lectures, I hope to be enabled

fully to solve these difficulties; and, in so doing, to bring before you many observations, the results of which may prove to be of great service and value, both in pathology and in therapeutics.

HELIGOLAND AS A "CLIMATIC" AND HYDRO-PATHIC STATION.

By Dr. C SCHWARZ, Colonial Physician.

AMONG the numerous health-resorts at which North Sea air and North Sea water are made use of as medicaments, Heligoland justly claims a pre-eminent position. Whilst offering, like other watering-places on the North Sea coast, all the requirements for cold and hot sea-bathing, combined with shower and steam baths, it has in addition a large covered swimming bath, so that sea-bathing can be had in all weathers, also promenades on a soil free from obnoxious exhalations, pure drinking-water, &c. It surpasses every other North Sea bathing place by the purity of its sea air. All the other watering-places are situated either along the coast or on islands, which during low water are scarcely detached from the coast, and are naturally to a greater or lesser extent exposed to land winds, and thus more or less resemble inland salt-bathing or hydropathic establishments.

Heligoland, however, situated as it is 25 to 30 miles from the nearest points of the Continent, is thereby completely removed beyond the deteriorating influence of land winds and the impure water of the coast, and may truly be termed a model North Sea bath: it thus offers not only all the conditions of a hydropathic station, but in a still higher degree those of a climatic health resort. The air of Heligoland, besides its density, is distinguished by the most perfect purity, by its high absolute and comparative constant hygrometric qualities, and the great quantity of ozone and sea-salt which it contains, whilst a further most salubrious influence is caused by the frequent strong breezes which the island from its position and small area cannot help receiving from all sides.

The climate is very unchangeable: the differences in the monthly temperature being very slight, sudden changes from one day to the other are very rare, and a change in the temperature between day and night is generally scarcely felt. The summer, therefore, is temperate and pleasantly refreshing, whilst autumn and winter are surprisingly mild.

The state of health and mortality of the inhabitants is most favourable, as a proof of which statement the following data collected from official records may be quoted:—

Out of 100 cases of death, there occurred in the following ages—

	In Heligoland from 1868-72.	In Prussia in 1877.
From 4—10 years of age	6·706	12·596
" 11—20 "	4·531	6·791
" 21—30 "	4·207	9·668
" 31—40 "	7·120	10·361
" 41—50 "	9·385	12·082
" 51—60 "	9·061	13·503
" 61—70 "	14·563	17·219
" 71—80 "	27·832	13·026
" Over 81 "	16·505	4·754

Contagious diseases, like measles, diphtheria, scarlet fever, whooping-cough, &c., seem never to appear spontaneously in the island, and have, when a case has been brought over from the Continent, never spread here.

The principal physiological influences of the sea air and sea baths of Heligoland on a healthy human frame consist in a tonic animation of the entire nervous system and an enormous rise in the organic change, during which latter the process of increase is much more considerable than the decrease, and therefore, notwithstanding a demonstrable great increase of the excretions, the weight of the body is visibly raised during a stay on the island. The indications for a cure in Heligoland result in part

from the above-mentioned effects on a healthy constitution, in part they are determined by long practical experience—not to mention such diseases as find their cure in other health resorts, or by special medical treatment. We find that the air and water of Heligoland offer a very valuable healing influence for many classes of disease, as nearly without exception truly brilliant results are achieved here, either by simply climatic cures or by the combination of climatic and hydro-therapeutic treatment.

1. In cases of general neurosis, of hypochondriasis, and hysteria, as also in a great number of local disturbances of the functions of the nervous system, above all, nervous dyspepsia and enteropathy (whether combined with persistent constipations or diarrhoea), and nervous interruptions of the male sexual functions.

2. In cases of general interruption of the organic change, caused by defective composition of the blood (anæmia and chlorosis), or by scrofulous and rachitic disposition and abdominal plethora.

3. In cases of hereditary constitutional debility and disposition to such diseases as result therefrom, scrofulous and tuberculous symptoms, want of resistance to rheumatic and other influences.

It is necessary strongly to point out that good results of a cure on Heligoland are, however, dependent on careful medical guidance, as also on a sufficiently long stay of the patient on the island. If the conviction of the eminent and incomparable sanitary value of North Sea air and North Sea baths in the above-enumerated cases has not as yet penetrated as much as might be desired into scientific and lay circles, it is because both the above conditions have been neglected, and finally Heligoland has been blamed for what only resulted from want of proper caution. Attention must further be drawn particularly to the circumstance that cases of hereditary debility, which give rise to a life of uninterrupted suffering, and against which medical treatment in general has proved powerless, are by no means effectually to be overcome by the stay of a few summer months on Heligoland. Such cases require an uninterrupted residence of a year or more.

It may be here remarked that, not only board and lodging are to be had during the winter months as well as in summer, but that also the education of children would not have to suffer, as the standard of the Colonial teachers is sufficiently high to answer any requirements.

The great attraction of Heligoland is undoubtedly the bathing, which takes place on the Düne Sandy Island, a long stretch of the finest conceivable sand without stones or pebbles, a mile from the main island (a high cliff of sandstone rising 140 feet from the sea), hence naturally and at all times of the tide free from any sewage or impurities so common in or near large coast towns and other sea-bathing resorts.

Regular communication with the Continent is kept up by steamers all the year round. In summer no less than twelve regular steamers ply weekly between Heligoland and the ports of Hamburg, Cuxhaven, and Bremerhaven (Bremen)—all ports in direct communication with England.

A good band, theatre, and other amusements are provided; while the inner man is well supplied at the numerous good hotels and restaurants. Boats of every kind, for fishing, shooting, parties, &c., also afford amusement. Hotels and lodging-houses, clean and comfortable, are available at prices to suit all purses, while the fact that Heligoland is a British colony, and that the islanders all more or less speak English is a further inducement to visitors from Great Britain.

A NUMBER of ladies and gentlemen assembled at Willis's Rooms on Friday last to celebrate the anniversary festival of the East London Hospital for Children, the Marquis of Lansdowne in the chair. Subscriptions were announced to the amount of over £800.

Clinical Records.

MIDDLESEX HOSPITAL.

Cases of Herniotomy.

Under Mr. H. J. MORRIS.

From notes by Mr. ROGER WILLIAMS, Surgical Registrar.

THE following four cases of hernia occurred in women of advanced age:—

Case I. was an inguinal hernia, and the operation was followed by excessive and continued diarrhoea. During the night after the operation the bowels were opened four times, by the 3rd day they had acted sixteen times, and by the 6th day twenty-nine times. For several days longer the bowels continued to act twice nearly every day.

I have seen death from the exhaustion due to diarrhoea after herniotomy, the patient dying within 48 hours.

In Cases I., II., and IV. the symptoms had existed, and went on increasing for several days before the operation.

In Cases III. and IV. the sac was removed after transfixing and tying the neck. The advantage of removing the body of the sac is, that the wound healed very quickly, and there is not the risk of reopening of the wound from nervous distension of the inflamed sac when left behind. This has often proved a source of delay in recovery; the skin round has healed rapidly and quietly, but a day or two later it has been broken open by the accumulation of inflammatory fluid secreted by the serous sac.

In the femoral region the sac is easily separated from its areolar tissue surroundings right up to the orural opening at which level its walls should be stitched together, and the body of the sac cut away.

The course of all these cases was uninterruptedly good, the temperature never rising above 99°6'. The dressings in all the cases were the same, terebene and oil on lint, and a pad of absorbent cotton wool over the lint. A drainage tube is in all cases used for the first 36 or 48 hours.

CASE I.—Strangulated inguinal hernia, R.—Excessive and continued diarrhoea after operation—Cured.

H. D., *æt.* 56, charwoman, married. This patient was admitted into the hospital with a strangulated inguinal hernia. Constipation had existed for 13 days. Sickness became fecal the day before admission. Tumour oval in shape, seated in inguinal region, and when thigh was strongly flexed could be seen to be plainly above Poupart's ligament; hard and dull on percussion. Patient was put under chloroform at 8 p.m., October 7th, and the tumour cut down upon and sac opened. The bulk was found to consist of highly congested omentum, which was matted together. There was a small knuckle of small bowel which seemed only slightly congested. The internal ring, at which strangulation was seated, was divided in three different parts—upwards, downwards, and to internal side. The omentum was transfixed and tied in three parts and cut off with scissors. Terebene, oil on lint, and absorbent cotton wool dressings applied to groin.

8th, 10 a.m.—Bowels have been open in the bed at four different times during the night. Evacuations of a darkish brown colour. Slept very well. No great amount of pain, and no sickness whatever. Had $\frac{1}{2}$ of morph. supp. last night. Tongue is dry but not furred. Brandy \mathfrak{z} j. every two hours.

9th.—Wound dressed, some sutures removed, and drainage-tube omitted. Bowels relaxed, frequent evacuations since operation. M. T. 99°, P. 102. E. T. 98°8', P. 98. Tr. opii \mathfrak{m} x., every four hours.

10th.—No nausea or vomiting since the operation. Tongue moist, thick, white fur, except at edges and tip. P. 104, small and weak. Bowels relaxed, two motions this morning. P. 102, F. 98°48'. Last night cough very troublesome. Not much sleep. No abdominal tenderness. Bowels moved sixteen times since operation.

11th.—T. 98°. Bowels open once. Milk diet, custard pudding. motions watery, contained small blood clots.

12th.—Bowels opened five times. No nausea or vomiting.

13th.—Bowels moved five times during night, very loose. P. 90, T. 97°25. Bowels purged again, making 29th time since operation. Brandy \mathfrak{z} ij. daily.

14th.—P. 96, T. 100°. Wound dressed. A little suppuration going on around sutures. Bowels opened twice since yesterday, motions firm, no blood. Took yesterday a little bread and butter. Is to have fish to-day. Milk and beef-tea. E. T. 99°4'.

16th.—T. 97°45. General condition improved. Bowels opened once yesterday, and twice in the night. E. T. 98°68'.

19th.—Bowels have been moved twice during the last 24 hours. Tongue clean, moist. Appetite good. P. 96, small, soft. Sleeps

well. No abdominal pain or tenderness. General condition good. Nov. 11th.—Discharged from hospital quite well.

CASE II.—Femoral hernia, L.—Herniotomy—Sac not opened—Recovery.

A. G., *æt.* 59. Patient has been ruptured for one year. First symptom of constipation came on Friday (29th). On Saturday (30th) she was sick; on Sunday there was hiccough; and on Monday she was relieved by enema and opium pill; though previous to this was advised admission into hospital, but refused. Yesterday, January 2nd, vomiting became distinctly fecal. There is a small tumour the size of a walnut in left groin; no impulse on coughing; not tense or tender.

Jan. 3rd, 1 p.m.—Operation for hernia. An incision along the inner side of the tumour; sac exposed; Gimbernat's ligament divided with herniotome passed along the index finger. Taxis was then applied and the contents of the sac slipped back upon slight pressure upon the bulk of the tumour, and a little kneading at the neck of the sac being applied. The sac, not being opened, was not ligatured or removed. Wound brought together with fishing-gut sutures (3), and dressed with terebene and cotton-wool.

Jan. 4th.—No vomiting since the operation. The pain she previously experienced is much relieved. The bowels have not been moved since the operation, but she has passed flatus. Last night slept fairly well. Nutritive enemata every six hours. Slight abdominal tenderness in the left iliac region. P. 104, full. Tongue rather dry, brownish white, and furred. General condition satisfactory.

5th.—Slept well. No abdominal pain, or vomiting, since the operation. Bowels confined, flatus passed. Tongue cleaning, moist; furred still in middle and at base. P. 100, less full than yesterday.

7th.—Wound dressed; sutures removed; soundly healed. A linear granulating surface along upper half of incision from anterior edges of skin not having been quite accurately adjusted.

8th.—Bowels opened this morning for first time since operation.

9th.—Bowels opened again in night. Patient well.

(To be continued.)

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND.

OBSTETRICAL SECTION.

THE Obstetrical Section met in the Hall of the King and Queen's College of Physicians, Dr. DENHAM, President, in the chair.

Dr. W. NEVILLE, Sectional Secretary, read the minutes of the previous meeting, which were confirmed.

THE THIRD STAGE OF LABOUR.

Dr. R. HENRY read a paper on the importance of the third stage of labour. He commenced by pointing out the various risks, immediate and remote, to which the improper performance of the third stage of labour exposed a woman. These risks would be minimised by a suitable conduction of this most important period of labour. To arrive at any just conclusion on this subject it was necessary in the first place to study Nature's methods in effecting the separation and delivery of the placenta and membranes—by the conjoint action of tonic and clonic contractions, moulding the placenta, as had been described by Dr. Matthews Duncan, or in the different way described by Schultze. In the author's experience, both these methods had been observed, a lateral attachment of the placenta being Duncan's, while a fundal, or nearly fundal one would give Schultze's. The former was the more common method. Dr. Henry quoted Deaman, Smellie, Collins, and others on the question of manual interference in the third stage. In 1786 Dr. Joseph Clarke had advised the practice of pursuing with a hand on the abdomen the fundus uteri in its contractions until the fetus be entirely expelled, and afterwards continuing for some time this pressure to keep the uterus, if possible, in a contracted state. This practice had been largely adopted in Dublin. Dr. Henry adhered to it, believing that in modern practice undue haste to press off the placenta was constantly exhibited. He kept his hand over the uterus during delivery and subsequently, but forbore pressing or actively supporting the uterus until it had itself commenced to contract clonically. Assistance should only be given with

the clonic contractions. A safe and permanent contraction following the expulsion of the secondaries might in this way be usually secured in from ten to twenty minutes. The chief error at present consisted in mistaking constant irritation for support of the uterus.

The PRESIDENT said the paper raised several questions of deep interest, as to the time at which the placenta should be removed, the danger on the one hand of being too precipitate, and on the other of leaving in the placenta too long; how far hæmorrhage was sometimes induced by a too speedy removal and at other times by leaving the placenta too long in the uterus, and also as to the danger of leaving in portions of the membranes.

Dr. HARLEY objected altogether to premature pressure over the fundus of the uterus for the purpose of pressing off the placenta. He also objected to exercising pressure on the cord at any period.

Dr. W. J. SMYLY stated that in the Strasbourg Hospital, where the patients were as a rule left to Nature during the third stage of labour, it had been observed that the placenta was most frequently expelled in the manner described by Schultze. He believed that Credé's method of exciting the uterus to contraction had been confounded with the hasty expulsion of the placenta. Credé himself never advocated the immediate expression of the placenta, but rather the immediate excitation of the uterus by irritation and friction through the abdominal walls, and then usually with the third or fourth contraction the expression of the afterbirth. The immediate expression of the placenta was very liable to be followed by the retention of the membranes and post-partum hæmorrhage.

Dr. MACAN said that since the time of Hippocrates there had been ebbs and flows of opinion as to whether expulsion of the placenta should be left entirely to Nature, or should be immediately effected by the accoucheur, either by passing the hand into the uterus, as the older authorities recommended, or by the more modern treatment of expression. Hence he thought that a happy mean between these two methods was probably the best way, for if the uterus was well contracted there need be no fear of hæmorrhage, and therefore no cause for hurry, while if the uterus was relaxed with hæmorrhage the removal of the placenta tended certainly to increase the hæmorrhage by removing all pressure from the mouths of the uterine sinuses, unless the means used to remove it at the same time caused the uterus to contract. The great advantage claimed at the present day by the adherents of the plan of leaving the whole process to Nature was that a much larger proportion of the decidua came away with the placenta than when the placenta was immediately removed. When two such authors as Dr. Matthews Duncan and Professor Schultze differed as to the mechanism of the separation and expulsion of the placenta, it was pretty certain that there was more than one way, and that both their views were probably right. If they adopted the expression plan, which might, he thought, be called "the Dublin Method," they should be careful not to allow the placenta to be suddenly expelled on to the bed, for a sudden strain was thus put on the membranes, and a portion might easily be torn off and left behind in the uterus. This had been looked on as a very serious accident, but he was inclined to think that the mere presence of a portion of the membranes in the uterus for some days after delivery could not be looked on as dangerous unless air had been allowed to enter and set up decomposition. He also thought that it was very often during the efforts made to remove a piece of retained membrane that the air was caused to enter the uterus. He had often seen a piece of the membrane expelled some days after the delivery without being accompanied with the slightest fever, or giving rise to the least fever; indeed, it seemed to him probable that in hospital practice at least the danger from retention of a portion of the membrane was less than the danger of infection from the hands of the operator in his efforts to remove it. He always waited a quarter of an hour before attempting to press off the placenta, and considered that light friction over the fundus with the tips of the fingers was a much more powerful method of inducing contraction than merely holding the fundus in the hands.

Dr. NEVILLE having also spoken,

Dr. R. HENRY briefly replied; and

The Section adjourned.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

THE INTERNATIONAL MEDICAL CONGRESS.

At the usual monthly meeting of this Society, held on Friday, the 4th inst., Dr. E. HART VINEY in the Chair, Dr. THUDICHUM, who had attended the recent International Medical Congress at Wiesbaden, stated that that body had met with a view of advancing medicine to the level of the natural sciences. The question of the extermination of infectious disease was fully discussed, but no new theory of particular value was advanced. Naturally, in a city where there were continual experiments in chemistry on a large scale—in the chemical factory in that city thirty professors confined their attention to theoretical chemistry—great attention was paid to the action of medicines on the human system. It was acknowledged that the chemistry of the body was badly understood, and that definite results from the action of medicinal agents could not be looked for at present. A clinical professor from Berlin gave an interesting account of the result in 40 cases of the treatment of tuberculosis with corrosive bichloride of mercury by means of the syringe, but although benefit was said to have been derived by some of the patients, he regarded phthisis as being left where it was, and could not recommend its adoption. In some of the German hospitals he found that tubercular disease of the lungs was being treated surgically. A rib was excised, and with every antiseptic precaution the diseased portion removed. Patients so treated had recovered in some cases. He hoped to continue his remarks at a future meeting.

Dr. BRUCE CLARKE read a paper on

THE PRACTICE OF THE BONESSETTER,

In which, after briefly alluding to the variety of cases that found their way to the bonesetter, and derived benefit from his treatment, he alluded to the pathology of stiff joints, and showed from observations of severe cases which he had been able to examine after removal of the limb, that adhesions were usually found outside joints and tendon sheaths, and were due to contractions of the limb. Adhesions were rarely found inside the tendon sheaths or joints. When they were the disease was far more serious, and rarely yielded to treatment. In cases of old stiff joints, the skin, and probably the subcutaneous tissues, became weakened and atrophied by disease, and were so rendered more liable to injury—in proof of which he cited several examples of tearing and laceration of the skin without the employment of undue violence. The usual history of the class of cases that came under the hands of the bonesetter was this: The patient met with an injury resulting in a dislocation or fracture, or perhaps, only a severe bruise or sprain. He readily recovered up to a certain point, but when an inflammation had subsided, there remained a stiffness accompanied by pain on movement. In other cases there were periodical attacks of synovitis. The treatment in all such cases was active movement with or without chloroform, which was usually accompanied by a click or crack, ascribed by the bonesetter to the replacement of the bone, but which was due to the freeing of the corrective tissue bands. In slight cases one violent flexion might cure the trouble of months. In severe cases the treatment would be measured by months rather than minutes. The pathology of such cases was as well marked as that of iritis; when there was the advantage of seeing the adhesions not only form, but rupture and disappear. He expressed his obligation to Mr. Wharton Hood's lecture, which had induced him to study this subject. The difficulty with these cases was the selection of time for rupture. Signs of inflammation were their guide in that matter. Rest should be relegated to its proper position in surgery, and should not be kept up when it increased instead of abating the patient's troubles.

Mr. KEETLEY thought Mr. Clarke could hardly have chosen a more interesting subject. Undoubtedly, the bonesetter frequently earned great credit by the manipulations which broke down adhesions outside a joint, and at the same time removed the cause of inflammation; for in these cases there was no contraction of membrane. Where there was an osseous fibroid band, the case was of strumous origin—it was due to the presence of organisms. In such cases the joints became adhered, and there was great danger from the rough usage of the bonesetter. In the treatment of such joints he had put on ice for several days with great advantage, and had repeatedly put them straight. When once

convalescent, a joint rarely again became strumous. There was much bewilderment with regard to the value of rest, which was only a negative factor. It was the natural tendency of a colony of germs to die as the joint became healthy.

Dr. ALDERSON related the case of a knee which became enlarged fourteen days after confinement, but without pain. He called on Dr. Hewitt, who ordered rest, the knee to be rubbed with salad oil. He also used Scot's dressing. Subsequently, at Brighton, a seaweed poultice was used. The treatment was successful. He had also known an enlarged ankle which was caused by the use of lotion and embrocation, proving that there was no fracture.

Dr. ALDEN OWLES had seen several cases confirmatory of the opinions advanced in the paper. One was a shoulder, the manipulation of which caused agony to the patient, but in which motion was regained. Another, regarded at first as a strumous joint was eventually cured by somewhat violent manipulation.

Dr. Viner referred to the case of an officer of the 60th regiment, who sustained a compound fracture below the knee whilst playing at football in India. The bones were set by some naval surgeons who were watching the game, but in consequence of the leg being deformed the adhesions were broken, and the limb was re-set. The ankle then remained fixed, and the patient's health suffered. However, Mr. Erichsen was called in, he broke the adhesions, and the patient recovered so thoroughly that he was enabled to rejoin his battalion in the Transvaal.

Dr. BRUCE CLARKE, in reply, pointed out the necessity of distinguishing chronic cases, as such were usually made worse by movement.

THE UNQUALIFIED ASSISTANT SYSTEM AND THE ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Continued from page 492.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING ASSISTANTS.—(Continued.)

In his introductory lecture at St. Thomas's Hospital in 1873, Dr. J. Harley suggested the attaching to each hospital an out-patient department, which might take charge of patients too ill to come out, and precluded by the nature of the disease, or other circumstances, from admission to the wards, and who might be seen at home by students in their last year, after lectures, &c., had been fully attended. Superintendence by the seniors of the staff is implied. (a)

This is quoted not from its having been taken into separate consideration, but as showing how important this part of training is considered by those interested in medical schools.

Dr. Theodore Acland, M.B. Oxon, writes: "There seems to be no doubt that much valuable experience might be gained by those who are about to enter practice, if they were compelled to hold a resident appointment in some hospital recognised by the examining boards; or, failing this, to occupy the post of assistant to some registered practitioner, after having obtained a diploma, but before being allowed to place their names on the Register."

Mr. Marcus Beck, in his introductory address at University College Hospital this year, recommending his pupils to study with a dispensing practitioner as a sequel to hospital work, thinks that "six months of such experience would be quite sufficient."

Dr. Redwood, of Rhymney, county Durham, writes: "It would undoubtedly be a great boon to medical men, and a decided benefit to themselves, if candidates were required, after passing the qualifying examination and before being registered, to act as assistants for six months at least. They would then not only be better able to prescribe, attend casualties, &c., but would have some practical knowledge of, and be more handy at dispensing, besides being more neat and methodical in their work altogether. I have found some assistants very deficient in these respects."

Dr. Leech, of Owens College, is of opinion that "education

for general practice is not complete unless a man has worked under a general practitioner."

There seems to be no doubt in the minds of teachers, pupils, and practitioners, who communicate their views, that in addition to the systematic school teaching, a young man should go through a certain probation, involving partial charge of patients, before he enters on independent practice. It would be very desirable to give to all that which the wisest teachers recommend to their most industrious friends, who in point of fact least of all need it. If it is of use to the cultured and intelligent, of how much more use might it be to the average student, of how much more to those whom John Milton calls "the stocks and stubs" of the school, who are trembling on the verge of becoming burdensome or profitable to the community, and for whom the scale inclines one way or the other, according to the mode in which they pass the first few months after the final examination. What appears to be desired is something equivalent to the "title for orders" in the English Church; that is to say, service as a curate for a certain time after examination, but before full ordination to professional work, which service is required of every secular priest. The plan is found to operate satisfactorily, and, although troublesome to some candidates, has not been complained of as a hardship.

There really is no valid reason against requiring a candidate for registration to spend at least six months after final examination, but before being registered, as assistant to a registered practitioner recognised by an examining board, or in some equivalent public post where he would be under supervision.

And the suggestion that this end should be obtained by the licensing body keeping the issue of the diploma in abeyance till the assistantship shall have been served, is well worthy of consideration.

The period of assistantship before registration would be a good time for that attendance upon pregnant women which is required of candidates by nearly all the licensing bodies in the kingdom.

It is obvious that hospital students, who before their final examination give obstetric aid, do so as unqualified assistants. Their employment in that capacity is open to objection, and occasionally leads to serious evils, and to dissatisfaction among the tens of thousands (a) annually trusted in the hands of these students. It is also an inconvenience, to say the least, to the school staffs; and is found to be "the portion of the course of instruction which is, practically, by far the most difficult to carry out," as Dr. Arthur Farre informed the Council in 1869. (b)

Nevertheless, the greatest objection to this abuse in the eyes of a Council of Education will probably be that it so completely occupies the body and the mind of the student as to be a serious interruption to other engagements. Dr. Norman Moore finds at St. Bartholomew's that attendance on women in labour "makes most men for the time quite unfit for any other occupation."

The question naturally arises whether enforced attendance on women during their confinements, or even in labour, is, as a means of gynecological education, worth the sacrifices it entails. It would hardly appear to be so; for as a matter of fact, training for midwifery with charge of women and infants does not so readily fit a man to show himself competent for practice as training for medicine without charge of patients. At the London College of Physicians, there have been rejected from the examination for licence during twenty years, 367; on the score of medicine alone, 62; on the score of midwifery alone, 109; on the score of both together, 136; leaving a balance of 75 per cent. against the midwifery. Previous to this examination, attendance on twenty labours is required.

In Scotland, where six is the number required, there does not appear to have been observed any notable difference between the numbers of rejections on the score of midwifery and of other subjects. In fact, at Edinburgh, according to the report of Dr. Simpson, none have failed in midwifery who have not failed in other subjects also. It is noticed, however, by a late examiner at Glasgow, that candidates who have come up chiefly from English provincial schools (which are largely frequented by unqualified assistants employed in attending pregnant women and their offspring) were "shockingly ignorant of midwifery."

(a) Germans call this course of study "Poliklinik"; probably some such term as "Home-rounds" or "Home-visiting" would be more agreeable to English ears. It would of course rank as an assistantship.

(a) If an average of twenty labours is required for each candidate for diploma, the 1000 who pass the examination have had 40,000 infants and women in their charge.

(b) See Report of the Committee on Professional Education, p. 217.

That there exists an unexpressed want of confidence in the desirability of attempting to instruct pupils by employing them prematurely in work, is shown by the great diversity in the numbers of accouchements required at the several examining boards to have been conducted by the candidate. At the King's and Queen's College of Physicians, and at the College of Surgeons of Dublin, it is thirty; at the College of Physicians in London, it is twenty; at the Queen's University, Ireland, it is ten; at Edinburgh, Aberdeen, and Glasgow, it is six; at the German Students' Examination it is four; at the University of Oxford it is none.

Independently of all evidence derived from experience, it might have been expected that, during the period devoted to the acquisition of knowledge, to call upon the pupil to exercise that knowledge as if it were complete, would check its further development. It stunts the growth of the mind, just as too early toil stunts the growth of the body, and leads a young man to think his education accomplished, and that he is already furnished with all the requisites for practical life.

There is not the same want of confidence in the other means of education, such as definite courses of lectures, clinical instruction, and preliminary studies, the quantity of which called for by each licensing body varies very little indeed.

It must be always remembered that the taking charge of these patients of the obstetric department is enforced solely as a *means of education*; for it is not supervised by an examiner, which must be done where it is made a *test of efficiency*, as in the German Staats-examen. In the last-named examination the "necessary operations," in one selected instance, have to be "performed under the eye of an examiner," and a written report of the progress of the case for nine days handed in for inspection. (a)

(To be continued.)

Special.

THE NATIONAL HEALTH SOCIETY'S EXHIBITION.

POPULARISATION of reforming habits has by common consent become a legitimate part of society work, and not a few of modern associations have been founded with a view to carrying out reforms having for their object the general welfare of the people: Such unselfish labour is eminently praiseworthy, and deserves to receive every kind of encouragement that can properly be given to it; for, although a good many hobbies are ridden, at times to a desperate extent even, by more enthusiastic supporters of such societies, still the aggregate good they accomplish suffices to bury far out of sight such harmless indiscretions as are sometimes committed by too zealous reformers. Especially may this be said in connection with the National Health Society, which, although it is sometimes committed to seeming absurdity by its members, is nevertheless slowly accomplishing valuable work by popularising at least the consideration of domestic and personal hygiene. Little soever as it may be, every little done in this direction is so much absolute gain in a national sense, that the amount of interest taken in the exhibition of hygienic dress, sanitary appliances, &c., now on view at Humphrey's Hall, Knightsbridge, is an excellent indication of advancing opinion on subjects of importance to the home and the individual, both hitherto too lightly regarded.

The Exhibition is not an extensive one, but it is sufficiently representative to be well worthy a visit of inspection. Prominence is of course given to "the dress of the future," several stalls being set apart for the display of garments cut in the approved form advocated by Lady Harberton and her disciples. Here and there, too, in the building may be seen living wearers of the much-derided costume, and certainly as a mere matter of elegance and beauty, the unreformed eye finds difficulty in admitting the superiority of appearance possessed by the hygienic costume, however ready the observer may be to admit its

unquestionably greater healthfulness. Possibly, by-and-by, when the new dress is universally or very generally worn, the absence of contrast will lead to the evolution of more accurate notions of the beautiful in the masculine mind; and then in all probability we shall unanimously despise our own distempered judgments, which lead us now to look more favourably on the shapely dress than on the shapeless costume which hangs on those who exhibit it in use at the Exhibition.

A prominent position facing the entrance way is occupied by a stall filled with a large collection, of drugs, &c., exhibited by the well-known firm of Burroughs, Wellcome, & Co. Among the novelties to be found on this stand (Block B.), the most recently introduced improvements in pharmacy are "the Burroughs elixoids." These comprise an elegant and agreeable series of liquid medicines in the production of which, success has been carried to a very high degree of perfection; the process of preparation having effectually disguised the taste of a number of drugs, against the administration of which their unpalatableness is often a serious objection. Bromides of potassium and sodium, colisaya bark, iodide of potassium, and biniodide of mercury, and a number of other remedies and combinations are offered in this improved shape, which is unquestionably a very great advance on the older forms. Messrs. Burroughs & Wellcome show also a most deliciously fragrant perfume, to which the appropriate name of "edenia" has been given, and which, for purity and exquisite odour, is altogether matchless. It has a most refreshing effect moreover, and for the use of delicate invalids it is likely to become a favourite scent. Compressed tablets of potassium permanganate, each containing two grains, have been added to the familiar "Wyeth" series, and will be found of much service for general internal use, and in many affections of the mouth and teeth; this form of the drug, moreover, admits of ready and convenient employment under any circumstances. "Hazeline, Florida Water," MacKesson & Robbins' capsuled pills, and other well-known specialities for which the house of Burroughs & Wellcome is famous, are also shown, but need not be further mentioned here.

At the opposite end of the hall to that occupied by Messrs. Burroughs and Wellcome's stall will be found that of Messrs. P. and P. W. Squire (No. 53), who show several novelties that are worthy of more than passing attention. Among these a recently added improvement to the well-known medicine chests manufactured by this firm calls for especial notice. This ingenious arrangement consists in a patent spring lid, by means of which the stoppers of bottles contained in the case are, when it is closed, kept securely in place, thus obviating the necessity of fastening them by means of a cover or cap. Such a contrivance has long been a desideratum, and the provision of it will be a most useful addition to many a hard-working practitioner; for the invention can be applied to cases of any size, and for all purposes. Messrs. Squire have also introduced a new malt extract, termed by them "superdiastatic," and which, it is claimed, possesses unusual digestive powers. It is certainly a most pleasant and palatable form of extract, and will doubtless be very favourably received by the profession. Among the elegant preparations exhibited on the stall none are more interesting than those in which the antiseptic agents, eucalyptics and thymol are presented; and particular mention must be made of the toilet requisites into the composition of which these valuable agents enter. The soap tablets are very agreeable and healthful. Several forms of lozenges also are shown, among them those containing eucalyptics; and a cheap but efficient respirator made for hospital use deserves notice.

So much favourable notice has already been given to the Maltine Manufacturing Company's speciality, and the preparation is so universally recognised as an invaluable therapeutic agent, that little more than mention of the fact that it is shown in the exhibition need be said concerning it. We must, however, refer to another important

(a) Beigel and Bruce. Report on Prof. Education. 1869.

article introduced by the same firm, and which, as "Reed and Carnrick's Beef Peptonoids," have within a short time won the unanimous approval of those who have employed them. These peptonoids consist of concentrated powdered beef extract, *partially digested*, and in combination with gluten in equal amount. For economy and palatableness this preparation is unrivalled, while also it is a valuable clinical assistant. We hope soon to publish reports of the experience gained after extended trial of the peptonoids in cases of disease.

Messrs. Allen and Hanburys' stall contains samples of most of the "well-known A. & H." preparations, among them the "tasteless" castor oil, "perfected" cod-liver oil, &c., by the introduction of which they have achieved a well-deserved reputation. The "A. & H." malt extract and farinaceous foods also demand attention.

An important collection of the preparations of natural digestive ferments with which Mr. Bengel's name will always be inseparably connected is shown on Stand 7. The already widely known and appreciated "liquor pancreaticus," and "liquor pepticus," with the "peptonised beef jelly," and "self digestive food," are all exhibited; and it is highly probable that every medical man who visits the exhibition will mentally reflect on the advantages derived in his own practice from the admirable and effective assistance lent to his efforts by the results of Mr. Bengel's long-continued labours. Certain it is that few modern improvements in pharmacy have done so much as Bengel's preparations to assist the physician in his treatment of the sick; and it is in the highest degree satisfactory to learn that steady progress is being made, not only in the direction of perfecting these invaluable remedial agents, but also in the extent to which they are appreciated and employed.

In the way of creature comforts pure and simple the exhibition is fairly well supplied, among the evidences that hygienic principles extend even to material blessings being the array of wines and other liquors of the kind that cheer and even inebriate if too freely indulged in. In this respect, however, the samples exhibited by the Australian Wine Company (Stand 28) might well tempt the most careful to somewhat unusual "tasting;" for some of the brands introduced from the Antipodes compare even more than favourably with European wines of similar class. It is easy to comprehend, after once making trial of them, why public taste is rapidly approving these newly-introduced vintages, for they possess a wholesomeness and agreeableness which can be the accompaniment of purity and quality alone. Added to their excellent qualities the comparatively low price at which the wines of Australia are put on the market must inevitably tend to bring them very generally in demand among those who regard the properties rather than the source of their wines. The "Muscat" sold by the Australian Wine Company at 42s., and the Hermitage at 36s., a dozen is, altogether apart from its price, one of the choicest liquors we have ever tasted; and many of the cheaper white Australian wines are infinitely superior to much of the expensively-rated produce of Continental vineyards sent to the English market.

Mr. James L. Denman shows a selection of pure Greek wines, which also deserve the careful attention of connoisseurs. Reasonable in price, choice in flavour, and of guaranteed purity, there is every reason why these, like the Australian growths just noticed, should be admitted to replace the deteriorated vintages of France and Germany. We would especially recommend trial to be made of the "St. Elie" (white), "Como" (red), "Noussa" (red), Greek wines.

The exhibition includes a large number of other objects to which we should, if space permitted, willingly draw attention. "Mellin's Infants' Food," "Feltos's Lime Juice," "Maignen's Filtre Rapide," "Cleaver's Terebene Preparations and Soaps," improved cowl, water-closets, ventilators, &c., &c., all deserve attention, and the visitor will do well to spend some time in examining them.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 13, 1883.

LORD MORLEY'S COMMITTEE.

(Second Notice.)

A FURTHER perusal of this very voluminous report of 771 pages gives us an insight into the prevailing opinions of the military and medical chiefs of the Army on Army medical organisation. His Royal Highness the Commander-in-Chief considers that young medical officers would best learn discipline by being attached for at least three, and if possible, five years to a regiment; while all the senior medical officers concur in the necessity for the re-introduction of the examination for promotion. Professor Longmore's evidence upon this point must carry the greatest weight. He tells the Committee that in the German service—in consequence of finding the necessity for it in the Franco-German war—the following, among other regulations, were issued to ensure that medical officers kept up their knowledge. He has to go through a three-fold examination. He has first to write an essay on a subject that is sent to him from the war office; next he is subjected to an oral examination and a practical examination as follows, viz., three important surgical operations: 1. An amputation; 2. Ligature of one of the intricate arteries; 3. The resection of a joint. If he fails in the performance of one of these he may select for himself another of a corresponding kind. If he fails and is allowed

no other examination, his promotion is stopped for all time. He must be also well acquainted with the field equipment. Surgeon-General MacKinnon considers that the promotion of medical officers should depend to a great extent upon the manner in which they taught the orderlies their nursing duties. Both officers strongly insist that the supreme control of an hospital should rest with the senior medical officer in charge. Surgeon-General Hanbury's suggestions that the Brigade should be the unit for the field hospital, that sections of the bearer companies should be attached to it, and that each regiment should have an hospital tent, two panniers, a non-commissioned officer and private under the brigade surgeon, have been adopted by the Committee. Some important movements do not appear to have been communicated to the principal medical officer and some medical orders were issued without his knowledge by the military authorities in Egypt—such as appointing two medical officers to each regiment on the field—which, if they had been carried out, would have deranged the whole of his medical arrangements. With regard to the statements made in various newspaper Sir Garnet Wolseley telegraphed to the Director-General of the Army Medical Department, dated, Abdin, 30th September, 1882, "The medical department is working to my entire satisfaction." The medical officers' evidence support this statement, as does that of Sir Garnet Wolseley's Chief of the Staff. Under these circumstances further comment is unnecessary. The greater number of the combatant officers desire the presence of a surgeon with their regiments, and consider his presence would be an advantage as preventing malingering on the part of soldiers. The roster constantly creeps up as the difficulty. In reply to a question from Dr. Crawford, noticing the fact that there are only seven brigade surgeons under 48 years of age, Mr. Longmore states his opinion that with such slow promotion it is impossible to have young and efficient administrative officers in the department, or that they can be expected to take much interest in supervising the study of the younger officers. Space will not permit any further reference to a report which we commend to the perusal of all military surgeons.

THE ANNUAL MEETING OF THE IRISH COLLEGE OF SURGEONS.

THE proceedings of the annual assembly of the Fellows, of which we gave a brief report last week, are of such interest as to deserve more extended criticism. The number of Fellows who assembled was not especially large, but nevertheless the meeting was the most interesting which has taken place for some years, and, for the first time in the Collegiate record (as we believe) so much business was to be transacted that it became necessary to adjourn the College over to Monday the 4th, and carry on the debate concurrently with the ballot. The result of this arrangement was eminently unsatisfactory, and, if similar circumstances again arise, we hope some means can be devised to have the business discussed calmly and in order. On this occasion the debate was so much disturbed by the ballot that several motions of the highest importance were decided, after a perfunctory conversation, by a knot of the Fellows standing around

the President's chair. The first motion submitted was that referring to

ELECTIONS BY LOT.

Dr. Thornley Stoker moved "that in the opinion of this College the present method of electing professors and examiners is unsatisfactory, and that the Council be recommended to seek for such alterations in the charter as shall enable these elections to be made by the vote of the entire Council, or such part of it as may be present; not less than two-thirds of the whole number, including the President or Vice-President, to constitute a quorum for election purposes."

There was no disputing the proposition that an election of important functionaries by a method in which chance largely enters ought to be discontinued, and the College concurred in that view.

The other proposition which was expected to be moved *i.e.*, That Professors and Lecturers should be eligible as examiners was not touched, probably because of the anticipation that it would be resisted by private school teachers generally, under the idea that Professors in the School of the College would be preferred for examinership if the exclusion which the charter now provides for were removed. For this apprehension there does not seem to be the least ground, the lecturers in private schools being many times more numerous than the College professors, and their influence in the Council being at present quite equal. The College then proceeded to consider

THE SHAM CERTIFICATE QUESTION

Upon a motion by Dr. Jacob "That this College approves of the determination evinced by the Council to ensure *bond fide* of attendance on courses of medical study, but is of opinion that attendances purporting to be given by persons who are engaged during the usual hours of medical study in other engrossing avocations is not a *bond fide* fulfilment of the four years of study required by the General Medical Council, and therefore ought not to be recognised by this College as sufficient qualification for the Letters Testimonial of the College."

We have already summarised the debate on this subject and need not do more than point out that the motion was not—as its opponents represented it to be—a declaration against study at night, but was simply an assertion of the principle that a young man who was engaged all day in a shop or office did not devote, as required by the College and Medical Council, four years *bond fide* to the study of the profession. This assertion does not, in fact, admit of any dispute, for, although such a student may present to the College any number of certificate papers, he cannot pretend that he has conformed either to the spirit or the letter of the regulations. The motion was met by three successive amendments, none of them antagonistic to the principle of the resolution, and none of them favourable to night lecturing. Mr. Stoker, of the Ledwich School, moved, simply to remit the subject to the incoming Council. Dr. Corley moved

"That this Council recommends the *bond fide* observance of the rule of a four years course of study, or, in case of students who cannot give their whole time to their professional work, an equivalent in time and curriculum."

The objection to this resolution was obviously that it recognised the right of students who could not attend the regular medical studies in four years to make up the deficit by irregular studies for a longer period. This amendment was withdrawn, and Dr. Kidd then moved

"That the College, instead of passing any order at the present meeting regarding night lectures, request the incoming Council to forward a copy of the arrangements for securing the attendance of students at lectures and hospital to every lecturer and clinical teacher recognised by the Council with a request that they will aid in carrying out these arrangements."

On this amendment being moved, Mr. Stoker, of the Ledwich School, withdrew his frugal proposition to remit the subject to the incoming Council, and seconded it; and it was thereupon passed by a majority of 28 to 16, Dr. Jacob's motion being therefore superseded, and not put from the chair.

This narrative of what did really occur becomes necessary, in consequence of the publication in the newspapers of a totally untrue statement that Dr. Jacob's resolution against night lectures was negatived by a large majority of the Fellows. In fact, no resolution against night lectures was submitted, nor did the night lecture party venture to take the voice of the College which, they say, was in their favour, nor was the resolution against sham study (which they seem to consider applicable to night lecturing) voted upon by the Fellows.

Dr. Kidd's amendment, which was eventually adopted, could not be objected to by the opponents of sham study, except on the ground of its weakness. It was clearly the duty of the Council to circulate its certificate regulations, and it has already done so. If there is anything to be gained by a further circulation backed by an appeal to teachers to be honest in observance of the rules, by all means let the Council repeat the issue.

But we do not in the least believe in the efficacy of remonstrance against practices which are ingrained by long years of custom, and which have the additional charm of paying right well. The large majority of the Dublin teachers who would be likely to regard the appeal of the Council, have already, we believe, ceased from issuing fictitious certificates; the minority will not cease earning money in this way as long as those certificates are permitted to pass current. It is easy to comply in the letter with the suggestion of the College that a roll shall be called, and to evade the spirit of that suggestion by taking no care whether the name is answered for by the student himself or by a single student for half-a-dozen others; it is equally easy to fulfil the order by keeping an hospital attendance book, but to take no cognisance of the fact that the said book is signed at 9 a.m. by students who are hard at work in office or shop at 9.30.

The College has failed and will fail to make teachers honest by persuasion, and so long as it continues gravely to receive as genuine the proofs that a student who is in a place of business at a given period is also beside his hospital teacher at the same moment, so long will certificates that he is in both places at the same time be saleable and sold.

The next business of the Fellows was the following motion by Dr. Kidd, with reference to the Medical Bill:—

1. That the incoming Council be recommended to have the Medical Acts Amendment Bill further amended, so as to establish and maintain a closer supervision over medical education on the part of the College than the present Bill proposes to do.

That it appears to the College this could best be done

by defining in the Bill that all previous examinations should be conducted by the "medical authorities."

2. That the Board examination should be accepted by each of the medical authorities for the final examination.

3. That candidates who have passed the previous examinations of any medical authority and the final examination by the Board, should receive the qualifying diploma of such authority, and be registered in right thereof.

This motion, though heralded by a violent denunciation of the Medical Bill, was in no sense hostile to the measure, and, being a wise and sensible proposition for amendment, was at once accepted by the College and passed *nem. dis.*

(To be continued.)

EXECUTIONS AND THE PUBLIC PRESS.

WHEN, some years ago, the Home Office decided that for the future executions should be carried out in private instead of in public, as heretofore, most right-minded people experienced a sense of relief, from the thought that from that time the eye and the senses generally would be less offended by the parading of revolting details before the public. Such people were, however, disappointed. Since then a portion of the daily press has done its best to frustrate the wholesome intention of the Government. Every scrap of information, every disgusting little detail, that it has been able to collect respecting the horrors of an execution has been made public with an effusiveness and an unctuousness that savour very much of gloating, and mercenary gloating to boot. And these gentlemen are not satisfied that they are excluded from executions; they would fain be admitted, "if only to protect the interests of the public." Who wishes them "to protect the interests of the public?" Are not the public already efficiently represented by their duly authorised representatives—the sheriff, the chaplain, the gaol surgeon, the governor, and the warders? These are more trustworthy protectors of the "interests of the public" than irresponsible reporters, and less likely to offend the public by offensive details in the daily papers.

These thoughts are prompted by the remarks of our Scottish correspondent on the recent executions in Glasgow, and by a paragraph which appeared in the columns of a provincial daily. We give the paragraph (omitting names) exactly as it appeared, and leave it to our readers to judge for themselves whether they ever saw a piece of sillier (because bare-faced) special pleading:—

"The decision of the visiting justices . . . not to admit reporters to witness the execution of . . . will not improbably call greater attention than before to this somewhat delicate question. The balance of opinion appears to be that, without in any way wishing to encourage sensational writing upon such dismal affairs, the presence of reporters is desirable, if only to protect the interests of the public. Many a London journalist could, if he would, tell somewhat startling stories as to the bungles which at one time or another have marked the efforts of public executioners; and one of these functionaries was never allowed again to operate after a terrible blunder—seen by the reporters, and duly noted—which he perpetrated at Leeds some six years since. But what chance would there have been of this becoming known if the only witnesses had been those

personally interested in keeping it quiet? The present haphazard system of leaving the question of admitting reporters to the discretion of the high sheriff or the visiting justices is provocative of much friction, and might, in certain instances, prove a veritable premium upon bungling."

The question of money-making under the guise of philanthropy is always a "delicate" one. What the writer means by "balance of opinion" is, no doubt, the balance of his own opinion and of that of other reporters. That it is a fact that the balance of public opinion is in favour of private executions being made public for the benefit of reporters and their employers we indignantly deny. Even if public taste were so degraded, it would be the duty of the leaders of public opinion to elevate it, and not to pander to it by acting the part of procurers. If, however, these gentlemen honestly think themselves the protectors of the "interests of the public," and if they honestly believe that their presence at executions would really prevent this "veritable premium upon bungling," we see no objection to their fulfilment of a sacred duty, provided they are first sworn to spare the public a repetition of those degrading details to which they have been hitherto prone. One more part of the paragraph deserves notice—viz., that relating to the haphazard system of admitting reporters or not, according to the whim or discretion of the high sheriff or visiting justices. We would suggest that the haphazard system be improved away, and that the admission of reporters to executions be placed upon a satisfactory basis—i.e., that the Home Secretary take from the high sheriff and visiting justices the discretion of admission. "Much friction" would doubtless be avoided by this simple proceeding.

Notes on Current Topics.

Pleasant for Jack.

THE advocates of unrestrained infection have just enjoyed what will probably be to them a delightful proof of the wisdom which has animated them to pursue a course resulting in the virtual repeal of the Contagious Diseases Acts. In a letter to the *Daily Telegraph* on Friday last Dr. A. Conan Doyle, of Portsmouth, has given irrefutable evidence of the all too certain efficacy of the method which Mr. Stansfeld and his followers will by and bye receive the credit of having introduced, for national deterioration of physique. The following extract from Dr. Doyle's letter speaks volumes for the effect which that thrice ill-advised motion in the House of Commons is producing:—"Last week a large transport entered Portsmouth Harbour with time expired men from India. Upon the same day thirty diseased women left the hospital with the avowed intention of meeting that transport, and there was no law to prevent it." Divested of all additional details this bare statement of a fact contains a more crushing exposure of the fatuous proceeding of sentimentalists than the most eloquent exposition of the evils to which society is exposed to by their wretched meddling with questions involving scientific considerations.

Dr. Doyle's comments on the action of the Contagious Diseases Acts opponents are, however, well worthy of

reproduction. He continues:—"I say that, if an unfortunate soldier coming home to his native land after an absence of years, and exposed to such temptation should yield to them, and entail disease upon himself and his offspring, the chief fault should not lay at his door. It surely emanates logically from those enlightened legislators who set loose those thirty bearers of contagion, and their like, upon society. For fear delicacy should be offended where no touch of delicacy exists, dreadful evils are to result, men to suffer, children to die, and pure women to inherit unspeakable evils. Loose statements and vague doctrines of morality may impose upon hasty thinkers, but surely when the thing is reduced to its simplest terms, it becomes a matter of public calamity that these Acts should be suspended for a single day, far more for an indefinite period. The apostles of free-trade in infection have worked to such good purpose that within a few weeks the streets of our naval stations have become pandemonia, and immorality is rampant and self-assertive where it lately feared to show its face. Property has much depreciated near our public houses since the suspension of the Acts on account of the course of vile women, whose uproar and bad language make night hideous. I venture to say that, were the old laws enforced again to-morrow, there would still in a hundred years time be many living who could trace inherited mental or physical deformity to the fatal interregnum which the champions of the modesty of harlots had brought on." Other places than Portsmouth tell the same tale, as witness the following resolution of the Dover Town Council, a copy of which has been forwarded to the Home Secretary—"The Dover Town Council views with deep regret the suspension of the Contagious Diseases Acts, and trusts that their full operation may be reinstated at an early date."

Careless Patronage.

MUCH regret will be experienced at the announcement now being made public, that the President of the Royal College of Surgeons, Sir Spencer Wells, Bart., has permitted his name to be used in connection with an institution that is at least regarded by many members of the profession with suspicion. We refer to the St. John's Hospital for Skin Diseases, in Leicester Square, the management of which has been very unfavourably commented on in the past, and in aid of which a bazaar is about to be held under the patronage and in the presence of, among others, the eminent surgeon named above. Such a proceeding on the part of Sir Spencer Wells, is somewhat unfortunate, for it necessarily commits the distinguished College he so worthily represents to approval of a special hospital, the best that can be said about which is that it occupies a position of questionable stability; and we cannot refrain from an expression of very sincere regret at the association of a leader of English surgery with an institution which fails to command universal respect and sympathy.

THE President of the Royal College of Surgeons of London—Sir Spencer Wells—has issued cards of invitation to a *conversazione* at the College, at nine p.m., on Wednesday, June 20th.

The Dublin Sham Certificate Trade.

STIMULATED, probably, by the agitation against fictitious certificates which has been growing in strength for the last two years, the Board of the University of Dublin has issued the following notice:—

NOTICE is hereby given that, in future, Students in Arts of Trinity College, who have entered the Medical School during or since 1880, will not be required to produce certificates of attendance on lectures previous to admission to the Medical Examinations, but will be required, instead, to fill up, and lodge with the Medical Registrar, forms of Notice which will be issued before each examination. There will, therefore, be no general issue of Certificates by the Professors; but those students who may require them for presentation to other examining boards, can obtain them by application to the Medical Registrar. Students who have matriculated before 1880 will have to produce their certificates as heretofore.

N.B. Only those students who have attended three-fourths or upwards of the Courses of Lectures for which they have entered can present themselves for examination.

By order of the Medical School Committee,
HENRY W. MACINTOSH, Medical Registrar.
March 16th, 1883.

We trust that the example of Dublin University will be followed by every College or University throughout the Kingdom. Certificates have ceased to have any value, except, as the Reverend Dr. Haughton says, as receipts for money paid. They are not required by the English licensing bodies, and certainly the specific statement as to attendance which appears on the face of a schedule is far more reliable than any quantity of purchaseable certificates of "diligent" attendance.

Dalrymple Home for Inebriates.

At the meeting held on May 31st at the Mansion House, for the purpose of advocating the cause of the Dalrymple Home for Inebriates, there was a considerable attendance of influential friends of the movement, the Lord Mayor, Mr. Alderman Knight, presiding. In the course of his remarks, the chairman urged that at least £6,000 should be raised for the committee to be able to carry out the object in view; towards this one member had offered £500, provided nine similar amounts were forthcoming, either in single sums or in small amounts; and the Lord Mayor added that a friend of his own had promised to give £25, if nineteen others would come forward with a similar amount. In conclusion, he said that he felt convinced, after much experience as a magistrate, that there was such a person as an habitual drunkard, utterly unable to resist the temptation to drink, and he should be glad to see a Home founded and at work, to which such unfortunates could be taken. As a magistrate, he would like to have power, under an Act of Parliament, when habitual drunkards came before him, to send them to such a home, where they could be taken care of, and reformed from the dread habit of drunkenness, not only for the benefit of the drunkard himself, but also for society at large. During the meeting a letter was read by Dr. Norman Kerr, in which the writer, Mrs. Dalrymple, widow of the late Dr. Dalrymple, stated her willingness to increase her donation from £500 to £1,000, in the hope that the whole amount required might thereby be sooner subscribed. Dr. Farquharson, M.P., moved, and Dr. Alfred Carpenter seconded, a resolution to the effect that "The diseased state of many inebriates calls for their residence in some

institution where they can be placed under curative treatment, where the surroundings will be favourable to cure, and where there will be no temptation from the presence of intoxicating liquor." Several other resolutions were carried, and the meeting was altogether a very successful and encouraging one.

The Irish Prisons Board and its Medical Officers.

OUR readers may remember that some months since we recounted the history of an attempt by the Irish Prisons Board to dismiss one of the medical officers of the Dublin city prisons because he was indisposed to answer questions which the Board—contrary to law—was seeking to put to him. That officer, when threatened with dismissal, set the Board at defiance, and the Board, after much bluster and a remarkable display of ignorance of its own law, was obliged to cave in and leave the officer undisturbed. The experience thus acquired has not, it would appear, taught the Board to be wise, for it has recently attempted to superannuate another surgeon of the City of Dublin prisons as a punishment for his having refused to examine civil servants as to the condition of their health unless he be paid for doing so. That duty is a perfectly new one, thrust upon the prison surgeons in defiance of the 27th section of the Irish Prisons Act of 1878, and is a service entirely outside prison duties, performed for persons who are able to pay and who are not prison officers.

The second attempt of the General Prisons Board has resulted in greater misfortune than the first, for that Board has been obliged to withdraw its superannuating order, and leave the officer in possession of his office and full pay.

If permitted to offer a little advice to the Irish Prisons Board and the Local Government Board, we would recommend them to save themselves these public humiliations by employing some competent person to read their Acts of Parliament, and—when read—by striving to restrain themselves within the limits of those Acts.

A Too Successful Experiment.

IMMEDIATE explanation should be given of the facts surrounding the statement made in the House of Commons in reply to a question from Mr. Hopwood. The truth about the matter is that an official of the National Vaccine Establishment, Dr. Cory, of St. Thomas's Hospital, who entertains the view that inoculation from a true Hunterian chancre is not possible, has submitted himself to experiment with a view to testing the theory. After four times failing of success, he has at length, unfortunately, succeeded too well, a hard chancre on the arm being the result. Notwithstanding that the sore has been cut out, secondary and tertiary symptoms have followed in due course, and now we regret to say Dr. Cory is wholly incapacitated from regular work. Of course, capital will be made out of this event by anti-vaccinators, but with what small cause the history will prove.

THE Staines Urban Sanitary Authority have been fined £20, and ordered to pay 10s. costs, for causing or suffering offensive matter to flow into a watercourse communicating with the Thames.

Hospital Sunday in London.

THE annual collection at the various churches and chapels in the metropolis took place last Sunday, and in the Jewish synagogues the day previous, and, judging by the sums already sent in to the Mansion House, the prospect of a larger amount in the aggregate than heretofore is almost assured. Last year the total was between £35,000 and £36,000, which was considerably higher than that for any previous year. On the present occasion everything was in favour of the fund—the weather brilliant, without excessive heat, London full, and the State attendance of the Lord Mayor and suite both at St. Paul's Cathedral and Westminster Abbey. The only drawback is the discovery of an attempted fraud by persons at present unknown, who at the last moment sent a forged circular round to the various places of worship in the Lambeth district, intimating that collectors from the Mansion House would call for the amounts collected in order to save the trouble of remittance to head-quarters. Fortunately the police had timely warning, and it is hoped that no sums were paid over to these *so-disant* representatives of the Hospital Sunday Fund before the police had time to give the necessary warning.

The Tenure of Office of Irish Workhouse Surgeons.

THE Council of the Irish Medical Association has followed up its remonstrances against the attempt of the Irish Local Government Board to put the union officers under the foot of the guardians by a communication which it has sent to every workhouse medical officer in Ireland. This communication states the case, and gives the reiterated opinion of Mr. Purcell, Q.C., as to the illegality of the General Order promulgated by the Board, and proceeds as follows:—

“The Council of the Association has in vain solicited the Board to amend the objectionable articles of the recent General Order, or to submit the legality of their action for confirmation by the Law Officers of the Crown; but having been advised that the validity of the General Order can be tested at law only by an officer who has been dismissed or suspended by a board of guardians, the Council, therefore, is prevented taking the necessary steps to set aside the rules in question by application to the Court of Queen's Bench.

“From Mr. Purcell's opinion it follows that a dismissal or suspension by a board of guardians is wholly invalid; and that an officer is entitled (notwithstanding the General Order of the 18th of December, 1882, or any vote of the board of guardians founded thereon), to continue in his office, and to receive and recover at law, all his emoluments until he is formally removed by the Local Government under section 33 above quoted, the legal responsibility of such removal devolving solely upon that Board.

“The Council is prepared to consider the case of any officer dismissed or suspended by a board of guardians under this Order, with a view to proceedings to contest such dismissal at law where the circumstances appear to justify such action.”

We trust that an opportunity will arise before long to enable the Association to set aside this act of the Irish Local Government Board, for it would, in our opinion, be a disaster if the Board were permitted to shift its responsibility for dismissal to the guardians, or any one else.

It appears to us somewhat discreditable to the Board that we find it following the example of the Irish Prisons Board in attempting to override the Act of Parliament to the disadvantage of its own officers. If the Board is really in any doubt that its act is *ultra vires* and invalid it can readily obtain an opinion on the subject; but if it will not take that course, we think the Irish Medical Association should, as it proposes, do so on the very earliest occasion.

The Social Science Congress.

WE are informed that the subjects selected for discussion in the Health Section at the forthcoming annual meeting of the Social Science Congress, which is this year to be held at Huddersfield in October, are—

1. Is the modern system of education exerting any deleterious influence upon the health of the country?
2. Is it desirable to take any, and what further measures, to prevent the spread of zymotic diseases through the milk supply of our towns?
3. Is it desirable to amend or extend the Habitual Drunkards Act, and if so, in what direction?

Volunteer Medical Organisation.

THE executive committee of the Volunteer Medical Organisation held a meeting on June 1st, at Charing Cross Hospital, when the secretary reported on the considerable progress being made by the movement. Volunteer surgeons to the number of 51 have already placed their names on the general committee, and all the medical schools in London have now representatives in either the executive or general committee. The secretary was directed to convey to Messrs. Savory and Moore the thanks of the committee for the kind grant of 20 field haversacks complete, for the use of the Ambulance Company at Charing Cross Hospital. The National Aid Society have very courteously allowed the organisation to hold committee meetings at, and to have letters addressed to, their offices, 5 York Buildings, Adelphi. Besides Charing Cross Hospital, where a trained company already exists, St. Bartholomew's is about to take up the movement on a large scale. The London and St. George's are also moving in the matter.

The Council of the Royal College of Surgeons.

THE three members of the Council of the Royal College of Surgeons who retire this year by rotation are—Mr. John Cooper Forster, Vice-President of the College; Mr. John Birkett, President of the College in 1877; and Mr. Prescott G. Hewett, also a past President. Of these Mr. Cooper Forster only will seek re-election; and it is probable that most, if not all, of the following Fellows will be candidates for seats in the Council at the ensuing election:—Mr. George Lawson, of the Middlesex Hospital—Member, August 9, 1852; Fellow, December 17, 1857. Mr. Nottidge Charles Macnamara, of the Westminster Hospital—Member, April 17, 1854; Fellow, June 10, 1875. Mr. Oliver Pemberton, of the Birmingham General Hospital—Member, April 12, 1847; Fellow, April 18, 1875. Mr. Robert Brudenell Carter, of St. George's Hospital—Member, December 12, 1851; Fellow, 1864. Mr. Sydney Jones, of St. Thomas's Hospital—Member, April 4, 1853; Fellow, December 11, 1856. Sir William MacCormac, of

we have nothing but admiration ; although it must be added that the sections wherein the relations of the Council itself towards those guilty of fraudulent practices connected with unqualified practice, are dealt with, reflect the besetting weakness of the Council as a judicial body, and rightly enough have provoked a crushing and unanswerable retort from Dr. Ogle.

It was to be expected, as a matter of course, that objectors to the Council's proposals for preventing a continuance of unqualified practice would arise ; but we must confess to a feeling of real concern at the attitude assumed by our contemporary, the *British Medical Journal*, towards a reform that is as necessary as it is just. The whole weight of evidence is abundantly favourable to the main argument of Dr. Chambers' report, that, namely, the interests of the public and of the profession alike demand that every *responsible* medical practitioner shall be legally *qualified* to assume charge of the sick. So long as this primary truth is evaded, the whole matter in dispute is shelved ; and with it go also the principal factors that strengthen the hands of innovators pledged to remove existing abuses. It is no part of the duty of conscientious workers in the path of improvement to take into consideration what hardships will be suffered by men who are enjoying the fruits of unjustifiable practice when they are surrounded by disabilities of a penal nature, for the whole success of their lives has been obtained at the expense of risk to the public welfare. Indeed, so glaring are many of the abuses brought to light by recent inquiries—abuses inseparably associated with the employment of unqualified assistants—that excuses might be forthcoming for much more drastic proceedings than are proposed in Dr. Chambers' report ; and even in the utterances of apologists for the system which have appeared since the issue of the official document, it is not difficult to discover substantial reasons for speedy and effectual dealing with the problem in hand. The plea of expediency is naturally enough the principal one put forward in defence of giving to unqualified men the position that should never be occupied by them ; and the most frequently urged complaint against reformers is that they will, if they persist and succeed in their endeavours, be depriving the poor of a valuable and indispensable means of relief. This objection is plausible because it has a philanthropic ring ; but it is devoid of all foundation in fact. The services, cheaply purchased though they are, of the majority of unqualified assistants are in the end effective of little saving to the employer. It is true that he may, by a dereliction of duty, leave to his assistant the performance of tasks that can only be illegally fulfilled by such a representative, and he may thus conduce to his own more comfortable existence by prostituting his conscience and his honour ; but even the most diligent and successful unqualified assistant, sooner or later, plunges into error, in the consequences of which his principal is dragged no less than himself, and with results that not infrequently prove permanently injurious in a professional respect.

We are less concerned, however, to analyse the objections to reform at present, inasmuch as the voice of all those to whom the dignity and honour of their

calling are higher considerations than pecuniary advantage is unanimous in demanding such changes as will remove the reproach under which medicine suffers so long as its qualified followers lend their help in promoting the scandal of unqualified practice. Nothing could indicate more clearly the growth of opinion on this subject than the evidence of those who are quoted by Dr. Chambers as having replaced unqualified men by duly qualified assistants, with advantages they do not hesitate to acknowledge. It should be remembered, moreover, that sharp and sudden transition from the existing state of things to that under which unqualified assistants will no longer be permitted to exercise responsibility is deprecated by Dr. Chambers, and is not sought by even his most enthusiastic supporters. Sufficient time will be afforded for the accomplishment of necessary changes quietly and without undue interference with personal rights and privileges ; and under the new *régime* as much liberty as they now enjoy will still remain to medical men to be assisted, ministerially, by students who are, *bond fide, in statu pupillari*. Without entering into the merits of etymological quibbles, on which some partisans of unqualified assistants have striven to raise discussion, it may be at once admitted that the employment of assistants had its origin at a time when pupilage to a practitioner formed the sole means of medical education ; such a mode of obtaining help was both legitimate and useful, and aid so secured was confined within purely *ministerial* limits ; it did not, as it could not by any stretch of right, include performance of responsible functions, but only of duties which were discharged under the eye and direction of the *master*. It is a refinement of objection to urge that extension of this principle to that involving full responsibility on the part of *experienced* assistants is permissible and reasonable. It is *not*. For one thing, such an extension is illegal ; it ignores the privileges of qualification, and it at once places the man who has honourably pursued the curriculum and passed the examinations prescribed by law on a level of equality with the competitor who, either through incompetence or negligence, has failed to raise himself to the position of a qualified practitioner. Those, too, who employ such unqualified men are guilty of the offence which the latter themselves commit against registered practitioners ; and the mere question of moral right has, when properly appreciated, so strongly appealed to the senses of some employers of unqualified men that it has influenced them to cease pursuing an objectionable practice.

It would be premature to speculate just now on the probabilities of the suggestions made in the report being carried to fulfilment ; and it may probably be for the best if any immediate legislation is not the result of it. It is infinitely to be preferred that amendment should come from within the profession, of its own volition, and as the practical outcome of a general feeling condemnatory of the evils attendant on a most vicious system. Such improvement may possibly be of slow growth, but it is not difficult to perceive the germs of it already expanding ; and as it increases it will naturally react on larger and larger circles to the extinction of the reproach.

In the limits of an article like this we have been unable to discuss in detail the numerous points raised in Dr. Chambers' report; but this is the less necessary, since, as stated above, the report is mainly in agreement with our own utterances; and we may be content with directing attention to, and advocating, the suggestions for change and improvement contained in the report, while fully agreeing also with the most stringent recommendations formulated in the document.

THE IRISH LUNATIC POOR BILL.

LORD CARLINGFORD has, within the past week, presented to the Lords a most important Bill, to provide for the maintenance of harmless lunatics in Ireland, and also to reconstruct the Irish Lunacy Department. The first part of the measure is practically identical with the Bill which was introduced by Mr. Litton, Q.C., in 1880, and which was of necessity dropped by him when he accepted the Commissionership of the Land Court. The same measure was, in the next session, taken in hand by Lord O'Hagan, and for the second time it was abandoned when his Lordship resigned the Chancellorship. For the third time the Bill appears now as a Government measure, and we trust that this time it will pass, if, indeed, the block of business in the Lower House will permit of its being got through its stages there.

There is, strange to say, no method at present provided for the certifying of harmless pauper lunatics in Ireland. The dispensary medical officer may be served with a ticket to visit such a patient, and must attend and prescribe, but it is not a part of his duty to certify anything unless he is retained and paid as a private practitioner by the patient's relatives, and even then the process of getting such patient into an asylum is so complex that any easier method of disposal is preferred. That method is found in the Dangerous Lunatics Act, which enables a magistrate to commit to an asylum a lunatic who is apprehended by the police as dangerous, and under this Act it is customary to regard all sorts of lunatics as dangerous, and to treat them accordingly.

Lord Carlingford's Bill is simply an extension of certain parts of the English lunacy law to Ireland. Under its provisions a constable or relieving officer "who has knowledge that . . . any person is deemed to be a lunatic, and that such person is . . . not under proper care or control, or is cruelly treated or neglected . . . shall give information to a magistrate," who may, thereupon, either visit the patient or direct the nearest dispensary medical officer to do so, and to report in writing, and if he be satisfied of the truth of the information, the magistrate may cause the lunatic to be brought before two magistrates, who, on further examination and a further medical report, may, if they are satisfied that "his lunacy is chronic, and that he is harmless," remit him to the nearest workhouse, or may place him in the custody of some relative who will take care of him.

For examination and certifying of lunatics each medical officer is to receive a fee such as the justices order, not exceeding £1, or, for both the preliminary and subsequent proceedings, £1 10s., to be paid by the guardians, and any relative of the lunatic who would be chargeable for his relief in workhouse is to pay for his maintenance.

Those lunatics who are boarded out of the workhouse, or with relatives, are to be visited and reported on twice a year by the local dispensary doctor, who is to receive 5s. for each such visit.

The third part of the Bill provides for the reorganisation of the Central Lunacy Department. The office now existing in Dublin Castle is to be merged in the Local Government Board for Ireland, and the two inspectors, Drs. Nugent and Hatchell, to cease to hold office. Two new inspectors are to be appointed under the Board, "being physicians or surgeons of seven years' standing, to assist in carrying out" the new system, but either of the existing inspectors of lunacy may be drafted into charge of the department under the Local Government Board.

It will be seen that this is a measure of the highest importance, and requiring more consideration of detail than we can give to it at the present moment. On a first inspection, and after full consideration of the former Bills on which it is based, and of the fact that the system has had ample trial in England, and been found to work well, we feel able to give its proposal our unqualified approval. Its provisions for the custody of harmless lunatics are much needed, and they will enable a large part of the lunatic population to be provided for in workhouses at a cost which will be only a fraction of their expense of maintenance in district asylums. The departmental part of the Bill is also much needed, and we think it a wise proposal that the pauper lunacy administration of Ireland shall be placed under the same control as the other arrangements for the relief of the poor.

We trust that in the selection of inspectors by the Board the principle of promotion from the ranks of the department will not be forgotten, and that we shall not see outsiders with political influence placed over the heads of competent and experienced Poor-law officers.

SCOTCH INTERESTS AND THE NEW MEDICAL BILL.

At the important meeting referred to in another column, representatives of the University of Glasgow were present in the persons of Drs. Leishman and Young, and the former of these gentlemen, in a speech conspicuous for moderation and gentlemanly good taste, said the best that could be said, and in the best possible manner, for the Universities of Scotland, a fact on which, considering recent exhibitions, the University of Glasgow is to be congratulated. So great is our respect for Dr. Leishman's excellent address, and so conscious are we of the deserved weight which it will carry, that we cannot allow it to pass without indicating its salient features and the manner in which his arguments have been answered by Dr. MacVail. Dr. Leishman does not deny that at present the Universities possess a monopoly, but he contends, in opposition to the document issued by this meeting, which he describes as "fantastic in its extravagance," that no new monopoly was created by the Bill, nor could he see that there was freedom in any sense at present enjoyed by the extra-mural teachers of which it was in contemplation to deprive them. Now it will be admitted by most people as an ultimate fact that the nature of the monopoly at present enjoyed by the Universities is the extent to which

teachers are examiners. So long as teachers continue to be examiners, and to the extent that they are so, to that degree is there an unfair advantage accorded to them in competitive teaching, as students will naturally gravitate, no matter what the relative differences of merit as teachers, towards those who are to examine them for their qualifications. Certain obvious results flow from this. In the first place, medical reform, to make any pretensions to completeness, must recognise the fact that the teaching and the qualifying functions be completely severed. Medical reform will, therefore, be incomplete to the extent that they are *not* severed. Now at present in Scotland it is possible for a student to receive a complete course of medical education, and a legal qualification or qualifications from one of the Corporations, without going near a University, whereas, as it at present stands, the new Bill provides that the new Medical Board for Scotland will consist of *eight* University and *only three* Corporation members. It is thus undeniable, in opposition to the view of Dr. Leishman, that if no new monopoly is created the present one is mischievously strengthened at the expense of the Scotch Corporations. That this provision, if it become law, will be unfair to the extra-mural teachers, and prejudicially affect the extra-mural schools, does not require to be insisted upon.

Dr. Leishman further contended that the disparity of the present numbers on the Divisional Board, if carefully looked into, disappears, seeing that the University of St. Andrews, being more of an examining than a teaching body, its vote would be invariably given in favour of the Corporations, and the numbers would thus become, not eight to three, but seven to four. There is a tacit acknowledgment in this contention that all voting in the Divisional Board will be determined by interest, and on this point all that requires to be said is that any board influenced by any interest whatever in passing men into the profession is unwholesome, and can never command public or professional confidence. If the Universities must necessarily give seven votes in favour of their pecuniary interests, and the Corporations, in like manner, give four, the University preponderance would surely continue strong enough.

In answer to the charge that the Scotch Universities were consulted as to the relative numbers on the Divisional Board, Dr. Leishman frankly says: "No one connected with the Scotch Universities knew, until the Bill was issued, what the numbers of these Divisional Boards were to be, and he confessed frankly, for his own part, that when he read the numbers he was rather astonished, because he did not think that, whatever the sins of the Corporations of Scotland might have been, they were *not* sins of that deep dye which called for such reproof as was embodied in these numbers." It was not in the disparity of numbers in the Divisional Board that Dr. Leishman considered that danger lay to the extra-mural schools; it lay in the deep-seated feeling which existed in England against the Scotch schools, as England had been jealous for many years of the surprising success of the Scottish schools, and he pointed out that whatever a medical board did was subject to a Medical Council—a board sitting in London, the majority of its members being always Englishmen. Scotland and Ireland would be in a minority,

and appeal from that board was to the Privy Council, and "they all knew what the Medical Department of the Privy Council was." Dr. Leishman is thus perfectly willing to take a gift of eight University representatives from these gentlemen, of whose sense of fairness in the matter of appeal he has such serious misgiving.

As a former lecturer of the Glasgow Extra-Mural School, Dr. Leishman fell into a singular error as to the long-continued hostility of the University towards "the Andersonian." He stated that the University was advised by the Lord President of the Court of Session that so long as the Andersonian University, which was the only extra-mural school then existing, called itself a University, without having a charter, it could not be recognised. Dr. McVail cogently points out, in reply to this, that the University of Edinburgh was under the same legal enactments as that of Glasgow, and that it did not refuse recognition of the lecturers of this school, and that, in point of fact, the change on the part of the University towards its rival had no relationship whatever to the change of name or constitution, as it took place *prior* to that event by about two years. Dr. Leishman's advocacy of the University being, therefore, as we believe, about the best possible, it simply serves to show the inherent weakness of the case he defended with such success as a pleader.

Notes on Current Topics.

Chloroform Narcosis During Sleep.

A CORRESPONDENT of our New York contemporary, the *Medical Record*, having recently given expression to doubts concerning the possibility of inducing chloroform narcosis in sleeping persons, communications affirming the opposite have been contributed to the same journal by other observers. These are of considerable interest on account of their being illustrated by records of actual experiments purposely made with a view to solving the problem, Dr. Davis Haldermann adducing two successful instances in which he himself was the operator, and Dr. E. M. Nelson one. These examples added to those previously recorded sufficiently establish the truth of the statement which has been called in question; and the subject possesses also an interest which entitles it to consideration. Not very long ago it arose in this country in connection with the performances of burglars, certain of the more daring of whom were popularly charged with invoking chloroform to their assistance while carrying out their designs. On the evidence proffered by the physicians named above, however, it is shown that to be successfully applied the narcotic must be very gradually and cautiously brought within breathing distance of the subject of the experiment, the cloth or other instrument must be held at first as far as two feet away from the sleeper's face, so sparingly to dilute the atmosphere for some distance around, with the primary object of blunting the air passages, and thus avoid the liability of reflex disturbances, the abrupt excitation of which leads to failure in those trials which fail of success. The practical application of this method of narcosis is well shown by one of the cases quoted, that of a boy on whom the operation of circumcision was performed during insensibility produced while

the patient was asleep in bed. Children offer peculiarly favourable subjects in this respect, and by pursuing such a course with them much terror and apprehension caused by preparations made in their waking presence might be happily avoided.

Voters in Irish County Infirmaries.

QUESTIONS have arisen, in connection with the recent election of a surgeon to the County Roscommon Infirmary, as to the period at which the subscription of a governor ought to be paid to entitle him to vote in the election. On looking into the law of the matter, we find that by the 3rd section of 47 George III., cap. 50, passed in 1807, "Every donor of any sum not less than twenty guineas . . . shall, from the time of such donation, be one of the governors or governesses, and a member of the body corporate of such respective infirmary . . . for one year from the day of the payment of such subscription." By the 4th section of a subsequent Act—54 George III., cap. 62—it is provided, "That no annual governor or governors of any such infirmary shall be permitted to vote at the election of such infirmary upon any vacancy in such office (the surgeoncy) unless he shall have paid the subscription by virtue of which he claims a right to vote at such election two years at the least before any such vacancy shall have occurred." By the 9th section of 3rd and 4th William IV., cap. 92 (1883), this latter limitation is altered to one year. It thus appears that no one is entitled to vote in respect of any subscription paid subsequently to a year before the death or resignation of the surgeon. This is a strange limitation, and, it seems, might be read so as to exclude the votes of all annual subscribers, because, as the election must necessarily take place after the death or resignation, none of them could possibly vote until after the twelve months preceding the vacancy had lapsed; and if they voted at all, they must do so in respect of the previous year, and not the current year's subscription.

The Parkes Museum.

THE Council of the Parkes Museum of Hygiene, which is now definitely located in its new home at 74A Margaret Street, Regent Street, W., has just issued a circular letter setting forth the objects to forward which the institution has been founded, and inviting the hearty co-operation of all who are interested in the progress of sanitary science. The most effectual support that can be afforded, and such as can be rendered by all who have the will to proffer it, may be given in the assurance that good will result; and by enrolling themselves as members of the Museum, profession and public may alike contribute to the success that is so well merited. The annual subscription for members is one guinea; or a life composition of ten guineas confers the privileges of membership, including free use of the museum, library, and reading room, and admission to lectures and demonstrations. Several of the latter have already been given, in the presence of considerable and appreciative audiences, and a programme of other similar meetings is arranged for the current session. It is to be hoped that an ungrudging support will be accorded to the Museum, and all who desire to obtain further information concerning it may do so on application to the Hon. Secretary, Dr. Dawson Williams, at the institution.

Nitrous Oxide for Prolonged Anæsthesia.

THE only method of administering nitrous oxide for prolonged anæsthesia, so far successfully used, has been to use it mixed with air or oxygen at considerably more than ordinary atmospheric pressure, which required the immersing of the patient, operator, assistant, &c., in an isolated condensed air chamber. On the 30th of April last, however, M. Bert described, before the French Academy of Science, experiments upon animals, with a view of accomplishing the same end by the *alternate* exhibition of the nitrogen protoxide and oxygen gas at the ordinary pressure. It was only necessary to connect with the ordinary mask or inhaling facepiece another tube from a bag of oxygen. When insensibility is produced by the laughing-gas, oxygen is for the moment given to avert asphyxia. This reoxydises the blood sufficiently to allow the nitrous oxide to be continued, without restoring sensibility. By these means, animals—such as dogs—were kept alive and insensible for half-an-hour or more without bad after-results.

Research Rewards in France.

THE treatment of M. Pasteur by his countrymen offers a striking example of the gratitude of a nation for benefits conferred on it as a result of scientific research, and might not inappropriately find imitation in other countries than France. A committee having been appointed by the French Parliament to consider the question of the pension awarded to M. Pasteur by the Government, and which has hitherto been £450, has recommended that the amount be increased to £1,000 per annum, and that it should revert to the widow and children of the *savant* after his death. As a mere return for the services it acknowledges no money payment could, of course, be sufficient; but as an evidence of grateful appreciation the action thus taken by the committee is eminently encouraging to research.

Sanitary Insurance in Dublin.

A SPECIAL general meeting of the Dublin Sanitary Association was held on Monday week, for the purpose of amending the rules of the Association so as to enable it to place the benefits of "sanitary protection" within the reach of its members. On the motion of Dr. Grimshaw, the Registrar-General for Ireland, it was resolved, "That the following (fifth) object be added to the four for which the Association was originally founded, viz.:—To provide its members, at moderate cost, with such advice and supervision as shall insure a proper sanitary condition of their own dwellings, and enable them to procure practical advice as to the best means of remedying the defects in the houses of the poorer classes in which they are interested."

This is an admirable addition to the usefulness of the Association, and we have no doubt the sanitary insurance which is offered will be largely availed of by the Dublin public. We hope, however, that the executive of the Association will instruct its sanitary inspectors to keep their suggestions within practical bounds, for we know as a fact that house proprietors are usually deterred from calling in a sanitary adviser by apprehension that they will be called upon to undertake large, troublesome, and expensive works.

No doubt it is good policy to make the sanitation of a house quite perfect when it needs reconstruction, but such a proceeding is seldom within the means of a house-owner, and never within his inclination, while he may be perfectly willing and able to effect useful changes. When the sanitary insurance system develops in Dublin—as we hope it will—it would be a great matter if the Association could arrive at a price list, or approximate estimate of cost of works, for there is no class of tradesmen so much feared by the public as sewer-doctors, and none whose work is, generally, worse or more exorbitant in cost.

Professorships at Cambridge.

APPOINTMENTS have recently been made at Cambridge to the new Chair of Physiology founded as a result of the Royal Commission, and to that of Anatomy vacated by the resignation of Dr. Humphry, who has generously taken over the duties of Professor of Surgery without stipend. To fill the Physiology Chair, Dr. Michael Foster has been chosen, and no more fitting occupant could possibly have been selected. Dr. Foster, moreover, has so identified himself with the teaching of this branch of science in the University that any other selection would have appeared almost unnatural. His services have amply merited this recognition of them; to have lost them from any cause would have been an irreparable blow to the great school whose fortunes he has so materially advanced. The second professorship, that of Anatomy, has been offered to and accepted by Dr. Alexander Macalister, Professor of Comparative Anatomy and Zoology in Dublin University.

The Practical Result of the Anti-Contagious Act Agitation.

DR. A. CONAN DOYLE, of Portsmouth, writes to the daily papers to the following effect:—

“As an ounce of fact is proverbially superior to an indefinite quantity of theory, I think that I am justified in citing one or two instances of the effects of the present suspension of the Acts. Being in practice as a medical man in the town most affected by the measure, I am able to speak with some authority on the subject. Last week a large transport entered Portsmouth Harbour with time-expired men from India. Upon the same day several diseased women left the hospital presumably with the intention of meeting that transport, and there was no law to prevent it. I say that if an unfortunate soldier, coming home to his native land after an absence of years, and exposed to such temptations, should yield to them, and entail disease upon himself and his offspring, the chief fault should not lie at his door. It surely emanates logically from those hysterical legislators who set loose these bearers of contagion, and their like, upon society. For fear delicacy should be offended where no touch of delicacy exists, dreadful evils are to result, men to suffer, children to die, and pure women to inherit unspeakable evils.”

It is truly a subject for just indignation that the moral hallucinations of a few misguided philanthropic theorists should have induced the Government to deprive the public of the protection which these Acts afforded, and this in the face of the repeated judicial decisions of Committees of Parliament that these Acts were necessary to the public weal, and a hardship on no decent member of society. The subject is one in which our profession may reasonably be looked to to take a strong position, and the

present circumstances are such as to call for vigorous action. Agitation can only be met by counter-agitation, and as the promoters of syphilis infection have succeeded in creating a false idea in a section of the public, and in squeezing the Government, it becomes urgently necessary for the profession to educate the public as to the utter falsity of the statements made by these anti-Act fanatics. We therefore urge our brethren to throw themselves with enthusiasm into the effort to restore to the public the benefits of protection against syphilitic disease. The Society for promoting the extension of the Acts is ready for work, but it needs increased moral support, and the sinews of war, and our profession is bound to give that aid. A brisk campaign between this and next session of Parliament would, we fully believe, lead to the restoration of the grant for carrying the Acts into effect which has been withdrawn by the Government.

Physiology at Oxford.

THE advent of Dr. Burdon Sanderson to Oxford in the capacity of Waynflete Professor of Physiology has naturally led to vigorous exertions on his part for speedily providing the University with increased laboratory accommodation in keeping with the advances made by modern scientific methods and research. At a late meeting of Convocation, therefore, a proposal to apply the sum of £10,000 from the University chest, for the purpose of supplying the new professor with working room, was brought under discussion, and raised, as might be expected, much opposition among the clerical party, who chiefly objected to facilitating vivisection, this being, in their estimation, the logical outcome of physiological instruction. Fortunately for the credit of Oxford as much as for the advantage of study, the attempt to withhold the vote was a failure, and it was eventually carried by a narrow majority of 3, 88 voting for, and 85 against, the motion. There is now a fair prospect that Oxford will become a worthy rival of Cambridge in the work done by its members in behalf of experimental science.

“Infamous Conduct in a Professional Respect.”

AMONGST the light thrown upon the trade in fictitious lecture and hospital certificates, by the recent discussion in the Dublin College of Surgeons, a remarkable statement made by Mr. Macnamara, representative of the College on the General Medical Council, deserves special notice. Mr. Macnamara, speaking officially and authoritatively on behalf of the Medical Council, stated that, while that Council did not wish to place a restriction on the hour at which lectures might be delivered, it was unanimately determined to treat the issue of a fictitious certificate—if proved against any teacher—as (to use the words of the Act of Parliament) “infamous conduct in a professional respect,” and to punish it rigorously by erasure of the offender's name from the Register.

This is truly a new departure, considering that the five Irish members of the General Medical Council must for years past have been thoroughly conscious that this “infamous conduct” was of every-day notoriety, and considering that the evidences of its prevalence were to be found in the Council's own minutes.

In order to be prepared with evidence on the point, we should like to know what the Irish Branch Council would consider sufficient proof of the falsity of a certificate? Would it suffice them to have evidence of a sheaf of certificates of diligence signed by a teacher who never delivered a single lecture of those certified, and never saw the face of one of the students of whose diligence he testified?—would it convince them if proof were presented of a gentleman who within a comparatively recent period obtained the highest qualification of an Irish licensing body by virtue of a certificate which he bought for £3 3s. from a school where his name was never even entered for the course, such certificate being ante-dated 15 years by the vendors to suit the period of his studentship? or would they prefer evidence of the "diligent" attendance on a Dublin *annus medicus* by a student resident for that period in Australia?

The pretence of unconsciousness comes too late, for we can answer for it that—if the five members of the Irish Branch Council and its Registrar were in innocence of the wholesale trade in fictitious certificates in Dublin—they are the only six gentlemen in the Irish medico-educational community so ill-informed.

Mercuric Chloride as a Germicide.

A VERY interesting summary recently appeared in the *Practitioner* of a paper by Professor Koch, giving the results of some investigations into the comparative value of disinfectants, or germicides. He found that, as regards the action on bacteria, bacilli and micrococci, by far the most potent disinfectant was corrosive sublimate; a solution of 1 per 1,000 of mercuric chloride killed the strongest of these at once, whilst even solutions of 1 in 10,000 and 1 in 15,000 were sufficient to destroy many micro-organisms. He remarks that the poisonous action of such dilute solutions may be entirely disregarded. A five per cent. solution of carbolic acid, used under the same conditions, was ineffectual. Salicylic acid and thymol were about equal in value to carbolic acid. Other mercurial salts, as the sulphate and nitrate, were found to be quite as efficient as the chloride. A French chemist, M. de la Croix, who has been making experiments of a somewhat similar nature, arrives at nearly the same conclusions.

A Medical Reserve Force.

THE French Minister of War has just declared that he considers it quite indispensable for doctors and apothecaries to practise in time of peace the duties which are necessary in war, and he has requested the Minister for the Interior to inform him under what conditions these functionaries can be called together for this purpose. At present they are only obliged to appear once a year, at a fixed date, before the Controller of the Medical Department. The *Temps*, which gives this information, thinks that it would be advisable to call out at the same time both the doctors of the reserve and those of the active force, as by this means the former would be aided by the latter in the explaining of the various duties, and would also become acquainted with the details of military life. The reserve numbers about 900 doctors and 100 dispensers.

Scotch Licences.

THE Scottish correspondent of the *Lancet* says, last week:—As an evidence of how the wind blows, it may be mentioned that in the last published list of those receiving the licence of the College of Physicians, Edinburgh, only one had residence in Scotland. Of the eleven, eight were from London, one from Bristol, one from Canada, and one from Glasgow.

The Prospects of the Medical Bill.

THOSE whose "wish is father to the thought" have been gratifying themselves by circulating a rumour that the Medical Bill will not be proceeded with this session, for which statement we believe there is no better foundation than the backward state of the session. We have authority for saying that the Vice-President of the Privy Council, who has charge of the Bill, never had the least idea of dropping it, and that it will be placed on the notice paper *au sérieux* on the first opportunity which can be got.

The Briton Medical Life Assurance.

THIS Association, which has always been largely patronised by the profession, has just issued its annual report, which is of a decidedly favourable character. No less a sum than £21,573 was received from premiums during the year, and £4,708 constituted the new business. We hope the new business is chiefly from insurance of medical men, as it would thus afford practical evidence that they were becoming more alive to the necessity of life assurance in providing for the proverbial rainy day.

Stronger testimony in favour of total abstinence could scarcely be desired by its most ardent advocate than is found in the report before us, where the directors state that after mature deliberation they have decided to offer the advantages of lower rates "to total abstainers from alcoholic beverages." From a pecuniary point of view the Briton Life Association is in a decidedly favourable position, as the directors are able to recommend that a dividend of 5 per cent. on the balance of the capital be declared, free of income tax, out of which an interim dividend, for the first six months, has already been paid.

The Poor-law Superannuation Bill.

A PARAGRAPH appeared last week in the *Freeman's Journal* to the effect that at the meeting of the Irish Parliamentary party a lengthened discussion took place on the report of the sub-committee appointed to examine the Poor-law Officers' Superannuation Bill. The general feeling of the meeting was against allowing the Local Government Board the power of interfering with the superannuation allowances granted by the guardians. A conversation also took place as to the desirability of introducing an amendment giving the boards of guardians discretionary power in fixing the amount of the allowance and relieving them from the compulsion proposed to be placed upon them by the Bill of adhering to the scale contained in it.

We are glad to be able to state our belief that the views here expressed are not those either of the leaders of the Irish party or a majority. Discretionary superannuation could not be for a moment thought of by those who

are promoting the Bill, and, moreover, it will not be tolerated by the Government, inasmuch as the Bill would be entirely valueless as a settlement of the difficulty if guardians were empowered to do as they pleased with their officers' pensions. We believe that Mr. Herbert Gladstone will make any reasonable or possible concession to meet the opposition of Mr. Biggar and his party, but—if it be not found possible to do so—the Bill will be pressed to an issue this session in spite of their blocks.

Telephonic Night Service for Dublin.

THE Telephone Company has announced that on and after Monday last the exchange will be kept open night and day. Thus the chief difficulty in the way of the employment of this method of medical inter-communication is removed, and we hope to see, as a consequence, the extension of the wires to all the hospitals, and most of the practitioners of Dublin.

Factory Inspectors.

A CIRCULAR has been issued by Mr. Redgrave, the Chief of the Factory Inspection Department, asking certifying surgeons to make a return of the number of firms with whom contracts are made by them for periodical visits, and how much they are worth, and also the value of the fines received. This is a movement by the authorities which, however inconvenient to individuals, must be approved in the public interest. The truth is that the Act of Parliament intended that the certifying surgeon should be altogether independent of the factory owner, and it set down a tariff of fees payable for periodical inspection. But, after a time, it came to be tolerated by the central department (and therefore usual with certifying surgeons) to contract themselves out of the provisions of the Act and make private arrangements with the factory owners such as would be mutually comfortable. The effect of this laxity was to make the surgeon, more or less, the *employé* of the owner, and to make him unwilling to vex the owner by any excess of official enthusiasm, *et hinc illæ lacrymæ*, abuses have crept in and the central department is called upon to move in the matter.

The Pathogenesis of Uræmic Eclampsia.

DR. SNYERS, of Liege, has recently submitted the various theories as to the origin of so-called uræmic accidents to an experimental examination, carried out in Stricker's laboratory in Vienna, with the result that each was shown to be untenable. The various theories examined and rejected in turn were—(1) that of Wilson, who held that the uræmic symptoms depend on retention and accumulation of urea in the blood; (2) that of Frerichs, that they are caused by the change of urea into carbonate of ammonia. The author concluded that the quantity of carbonate of ammonia in the blood of uræmic dogs was far too small to cause death. (3) That of Schottin, to the effect that the effete material accumulates in the blood before it becomes changed into urea. This also was rejected. (4) That of Traube who held that the symptoms are produced by œdema and consecutive anæmia of the brain. The author found that if increased blood pressure was avoided, œdema of the brain failed to produce the

symptoms. (5) That of Feltz and Ritter, who believed that the potash salts of the urine were the agents of uræmic intoxication. The author concluded that the amount of potash salts in the blood was too small for the symptoms to be fairly attributed to them. He also examined the blood in two cases of puerperal eclampsia and failed to discover any increase in the amount of the potash salts. The author remarks in conclusion that none of the present theories suffice to explain the whole train of symptoms of uræmia. This is quite true of the theories passed under review by the author, but another theory recently set on foot, in which the above train of symptoms is attributed to nervous causes, the so-called uræmia playing but an accidental and secondary part, or even no part at all, would seem to be supported in a negative manner at least by our author's observations.

Ready Method of Intravenous Injection.

It appears certain that the intravenous injection of saline fluids in cases of acute general anæmia has a great future before it. One obstacle to the more extended employment of this eminently conservative operation has been the absence of suitable and inexpensive apparatus. It is true that we have had quite recently brought before our notice apparatus well adapted for the purpose, and of moderate price. It is still uncertain, however, whether any great number of practitioners will care to spend even so small a sum as a couple of guineas on the purchase of an instrument they may never have an opportunity of using. Under these circumstances it will, perhaps, be interesting to learn how intravenous injection has been performed in a case of emergency, in which no specially designed apparatus was at hand. Such a case occurred in the practice of Dr. L. Szuman, of Thorn, and is reported in the last number of the *Berliner Klinische Wochenschrift*:—The patient was a youth, 15 years of age, who had met with an accident, resulting in serious hæmorrhage, likely to prove fatal. An apparatus for intravenous injection was extemporised on the spot, and the injection made, with a happy result. A piece of fine drainage tubing, not perforated, was attached to the nozzle of an irrigator (a flat old-fashioned infant's feeding bottle would answer the purpose very well.) The solution employed was—water 1000 grm., table salt 6 grm., and bicarbonate of soda 1 grm. The left median vein was exposed, separated by passing under it two hollow sounde, a trocar 1½ mm. in diameter was then introduced until the point of the stilette was well in the vein, when the stilette was withdrawn a little. The canula was then pushed in to a depth of about 1½ ctm. A ligature was then applied round the vein over the canula, the stilette withdrawn, and the tubing drawn over the free end of the canula. The irrigator was then raised about 1 metre in height. When the solution flowed into the vein. 760 grms. were employed. After the injection was completed the vein was ligatured on the peripheral side of the puncture. The operator is to be congratulated on his ability to make use of such apparatus as was at his command, and by means of it tide his patient over a danger that would most likely have proved fatal but for his readiness in thus adapting simple means to an unusual purpose. Let us hope that the lesson thus taught may not be taught in vain.

WE are informed that H.R.H. the Duchess of Albany has fixed Tuesday, July the 4th, for the opening ceremony of the new Chelsea Hospital for Women.

DR. GRAINGER STEWART was presented at Her Majesty's levée, on Friday last, by the Lord Chamberlain, on his appointment as Physician in Ordinary to the Queen for Scotland.

THE degree of Master of Laws of the University of Cambridge has been conferred on Dr. William Collingridge, M.A., M.D., S. Sc. Cert. Camb., Medical Officer of Health of the Port of London.

THE Rolleston Memorial Fund, amounting to £1,200, has been handed over to the University of Oxford for the foundation of a prize for original research in animal and vegetable morphology and physiology, to be awarded every two years.

At the last meeting of the Paris Academy of Medicine, M. Regnaud stated that bichloride of methylene, the anæsthetic which is so much used in England, is composed simply of a mixture of 4 parts chloroform and 1 part spirit of wood. By adding this spirit of wood to the chloroform the cost of manufacture is increased to 47l. 75c., instead of 10l., which is the price in France. It ought, however, to be made cheaper, as the spirit of wood is, he contends, of little value.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Bristol 14; Portsmouth 15; Cardiff, 16; Edinburgh, Oldham, Leeds, Nottingham, Bradford, Brighton, Huddersfield 17; Birkenhead, Hull, Birmingham, Salford, London, Leicester 18; Norwich, Plymouth 19; Halifax, Bolton, Wolverhampton 20; Manchester, Preston, Sunderland 22; Derby 23; Newcastle-on-Tyne 24; Liverpool, Sheffield 25; Dublin, Blackburn 28; Glasgow 33.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 38, Bombay 28, Madras 34, Geneva 23, Brussels 26, Amsterdam 27, Rotterdam 28, The Hague 28, Copenhagen 22, Stockholm 24, Christiania 13, St. Petersburg 36, Berlin 28, Hamburg 33, Dresden 26, Breslau 28, Munich 32, Vienna 32, Prague 42, Buda-Pesth 32, Trieste 25, Rome 30, Turin 22, Venice 22, Lisbon 27, New York 24, Brooklyn 22, Philadelphia 19, Baltimore 18.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

CURIOUS CASE OF POISONING.—A case of unusual interest is at present engaging the attention of the Glasgow authorities. Last week a young man, named George Mackay, residing in Crawford Street, Partick, was suffering from a severe cold, and the practitioner who was consulted prescribed a usual remedy. On partaking of the medicine the young man became alarmingly ill, and he died suddenly, in the belief

that he had been poisoned. In order to test the matter the doctor himself partook of some of the medicine, and, being seized with decided symptoms of poisoning, he was obliged to resort to antidotes to free himself from danger. Accordingly, in making out a certificate of death, he assigned as the cause "suspected poisoning." The matter was thus brought under the notice of the authorities, and a post-mortem examination having been made, the belief that the young man had been poisoned was confirmed. The prescription on examination was found to be quite correct, and it had been accurately copied in the books of the chemist who dispensed the medicine.

EDINBURGH.—HEALTH OF THE CITY.—The mortality of Edinburgh for the week ending with Saturday, the 9th inst., was 74, and the death-rate 17 per 1,000 per annum. There were 8 deaths above 1 year and 26 above 60, of which 6 were above 80 years. Diseases of the chest accounted for 26 deaths, and zymotic causes for 6, of which 1 was due to fever, 1 to scarlatina, and 2 to measles. The intimations of these diseases for the week numbered 7, 12, and 44 respectively.

GLASGOW DEATH-RATE.—For the week ending with Saturday, the 9th inst., the mortality in Glasgow was at the rate of 34 per 1,000 per annum, against 27 in the preceding week, and 24 in the corresponding week last year.

DUNDEE ROYAL INFIRMARY.—The annual meeting of the Governors of the Royal Infirmary, Dundee, was held on the 11th inst., Ex-Provost Rough in the chair. The report for the year stated that 1,931 patients had been admitted, being 279 more than in 1882. There had been 174 fever cases, the number being higher than in any year since 1875, the increase being due to typhoid. The total medical and surgical cases together was 1,744, being 206 more than in 1882, and higher than in any year since 1866. The daily average number of patients throughout the year in the house was 140. The number of deaths had been 167, or equal to 8·7 per cent., the rate in 1882 being 7 per cent. The medical mortality was 10 per cent.; surgical, 5·5 per cent.; fever, 12 per cent.; and 1,027 patients had been attended at the waiting-room, and 7,883 out of the house. During the year £1,974 had been received in donations and legacies for investment; £2,094 in legacies, and £4,910 for the children's ward. At the convalescent home 490 patients had been admitted, being 167 more than in 1882. The income for the year was £6,819 17s. 1d., and the expenditure £5,997 17s. 4d., leaving a surplus of £821 19s. 9d. The extraordinary expenditure for renewal of the infirmary buildings was £1,736 16s. 5d., and the extraordinary revenue £156 3s. 7d. The total deficiency at the end of the year was £758 18s. 1d. The reports were unanimously approved of, and directors and other officials were appointed for the year. A vote of thanks to the chairman terminated the proceedings.

MONTROSE ASYLUM AND INFIRMARY BOARD.—The annual meeting of the directors of these institutions was held on the 12th inst., Provost Leckie in the chair. The Asylum accounts showed a profit on the year of £545 7s. 11d. The number of patients in the Asylum on 14th May was 510, as compared with 488 at the same date last year. Up to the end of the year over £1,000 had been spent on additional works, and 80 beds had been added to the accommodation of the house. From the Infirmary it was reported that during the year 161 patients had been admitted. The total revenue, exclusive of legacies, had been £837 10s. 8d., and legacies to the amount of £430 had been received. In the Asylum the recoveries had been in the ratio of 30·7 to the admissions, and the deaths 8·17 to the average number resident during the year. The

officials were all re-elected. Dr. Lawrence was unanimously appointed first medical officer for the Infirmary, and Dr. Kay assistant medical officer.

NEW DISTRICT LUNATIC ASYLUM.—At a meeting of the Lunacy Board of the county of Lanark, held in the Council Chambers, Glasgow, on the 13th inst., the Committee concluded the final arrangements with Mr. Peter Forrest, of Shotts, for the acquisition of his lands of Hartwood and Bow-housebog, of about 500 acres. At the same time, arrangements were made for purchasing two small adjoining properties, which will bring up the total area to about 600 acres, at a total cost of £26,500. The distance from Glasgow is about fifteen miles by rail. When completed, the new asylum will be on an extensive scale, and fitted up to accommodate 900 to 1,000 patients. The ultimate cost, we learn on good authority, will be not less than £150,000.

DIPHTHERIA AT FETTES COLLEGE.—In consequence of the occurrence of two cases of diphtheria at this institution, it has been thought desirable, as a measure of precaution, and to prevent any chance of the spread of the disease, to dismiss the boys for a time. It is to be hoped that a careful inspection of the sanitary arrangements of the building will be made, so as to prevent a recurrence of the disease.

THE LATE MRS. JAMES BUCHANAN.—As a munificent contributor to and founder of medical institutions and scholarships, beside many objects of a humanitarian character, this estimable lady, who has just died in Edinburgh, in her 86th year, deserves more than a passing record. Mrs. James Buchanan was well known as one of the earliest and largest contributors to the new Royal Infirmary, and one of the medical wards there bears her name. Three years ago Mrs. Buchanan presented £1,000 to the University of Edinburgh for the foundation of a scholarship in Midwifery and Gynecology, and had the satisfaction of being visited by the first two Buchanan scholars. During her long life she took a special interest in, and contributed liberally towards, the construction and support of drinking troughs in London and elsewhere. But her philanthropic and humanitarian endeavours to do good were not confined to her own country. She built, and has supported for many years, a school in Swatow, China, for the education of Chinese girls. The Buchanan Institution in Glasgow, which was founded by her husband, received many proofs of her liberality. She built a handsome dining-hall for the boys, in which has been placed a marble bust of herself, by the late William Brodie, R.S.A.

ROYAL INFIRMARY, EDINBURGH.—At a meeting of the managers of this institution, held last week, it was reported that there had been received from the Edinburgh Football Association a sum of £100, the amount allocated to the Infirmary from the money drawn at the various matches for the Charity Cup, presented to the association by Lord Rosebery.

A BELIEVER IN DRUGS.—The subjoined prescription was recently dispensed according to the direction of a medical man by a Glasgow chemist and druggist:—

R Potass. iodidi, gr. iv.;
Potass. nit., ʒss.;
Potass. chlorat., ʒss.;
Calc. hypophos., ʒj.;
Sodæ hypophos., ʒj.;
Ferri ammon. cit., ʒij.;
Ext. ergotæ liquid., ʒv.;
Vin. ipecac., ʒiss.;
Tinct. digitalis, ʒiss.;
Tinct. nucis vomicæ, ʒiss.;
Syrupi zingib., ʒj.;
Aquæ chloroformi ad ʒviiij.;

Sig. A tablespoonful shortly before each meal.

Will any one dare to doubt that there is such a science as that of medicine after this?

IMPORTANT MEETING IN GLASGOW ON THE MEDICAL ACTS AMENDMENT BILL.

A PUBLIC meeting, called in terms of a requisition to the Lord Provost, was held in the Merchants' House, Glasgow, on the 16th inst., to consider the Medical Acts Amendment Bill now in the Commons, more especially in respect to the clauses constituting the Medical Board for Scotland, so as to consist of eight University and three Corporation representatives, thus creating in favour of the Universities a monopoly which would be detrimental to the Extra-Mural Medical Schools by extinguishing freedom in medical teaching.

Lord Provost Ure, who was called upon to preside, explained the steps taken to call the meeting.

Mr. John M'Laren, moved the first resolution:—"That this meeting views with regret the constitution of the proposed Medical Board for Scotland, as from the great preponderance of the University nominees, it is likely to fall prejudicially on the extra-mural school for Scotland." After explaining the nature of the proposed Medical Board, the speaker went on to say that Scotland was not to have a fair representation at the Board as compared with England or Ireland. England was to have a board of 116 members; 8 of these were University professors, and 8 medical corporation. Ireland was to have a board of 11—6 from Universities and 5 from medical schools. Well, Scotland was to have a board of 11, of which the large proportion of 8 was from the Universities, and only 3 from the Medical Corporation. This, upon the face of it, appeared to be unfair. He therefore moved this resolution.

Dr. Leishman took exception to many of the statements that had been made, and said that he could find nowhere in the Bill anything which could create a monopoly not previously existing. There might be something in the monopoly already existing; but there was none that he saw created, nor could he see in any sense that the freedom enjoyed by the extra-mural teachers was to be deprived by this new Board. After going into details, he said he thought the real danger to the Bill in Scotland was a different one from what was stated here—the real origin being a deep-rooted feeling of hostility which existed in England towards Scotch schools, whose surprising success they had been jealous of for many years. He did not intend to move an amendment to the resolution, but would content himself with the remarks made.

The resolution was then agreed to.

Mr. William M'Ewen moved the next resolution, to the effect that as there was no arrangement under which extra-mural schools could be directly represented on the Medical Board, other than through the medical corporations, this meeting is of opinion that the latter should be equally represented with the University as a Medical Board, and at least one half of the Corporation nominees on the Board should be extra-mural teachers.

Provost Brown having seconded this resolution,

Dr. Young moved as an amendment—"That in the opinion of this meeting it is desirable that the extra-academical teachers of Scotland should have a direct representation on the Medical Board of Scotland by three of its own members."

The amendment failed to receive a seconder, and the motion was declared duly carried.

Mr. Stephen Mason moved—"That in the opinion of this meeting it would be unjust to the extra-mural medical schools, and would tell disastrously upon them, that their students should be compelled to pay to the Medical Board a larger fee than the students of the Universities."

Dr. Leishman supported the resolution, which was adopted.

Baillie Wilson moved "That the resolutions that had been put before the meeting should be drawn up in the form of a petition, signed by the chairman of the meeting, and presented to Parliament by the Members for the City."

Mr. Muirhead seconded, and it was agreed to.

Mr. Fleming said it ought also, at the same time, be represented that the meeting was not a fair representative of the medical profession in Glasgow, as it was composed mostly of extra-mural teachers. ("No, no.")

The Chairman: Well, it has been publicly enough advertised, and if the citizens of Glasgow did not turn out in their thousands it cannot be helped.

Baillie Watson moved a vote of thanks to the Lord Provost for taking the chair, which brought the proceedings to a close.

Literature.

QUAIN'S DICTIONARY OF MEDICINE. (a)

MEDICAL literature has received no addition at all comparable to Dr. Quain's "Dictionary" since the appearance of Copland's well-known work, the excellence of which has necessarily excited a considerable amount of expectation in regard to the merits likely to be shown by a new labour projected on similar lines. With the certainty of comparative criticism before him, therefore, it is by no means unlikely that an editor of even Dr. Quain's universally recognised ability may have been anxious for the result of his efforts; and in the exhaustive treatise with which his name will henceforth be always associated, we are able to discern abundant evidence of that careful, conscientious, and thorough workmanship which is impressed on all that emanates from him.

The modern science of medicine borrows largely from the genius of its individual promoters; each physician who devotes himself to the careful analysis of a particular disease or class of diseases succeeds in stamping its treatment for the time being with marks characteristic of his particular views; and in every case where a teacher with a recognised following has thus lent himself to be the enunciator of special views, they have, so long as his influence has continued to exert itself, been followed to the advantage of humanity and the alleviation of suffering. We owe perhaps more than can readily be estimated to Dr. Quain's acute perception of such influences and the bearing they have on the progress of science, and to the facility this perception offers for securing the most able assistance in producing the work already familiar to the majority of medical practitioners. In writing the "Dictionary" Dr. Quain has obtained the service of more than one hundred and fifty of the leading physicians and surgeons of our time, not all of whom, alas! have lived to see the final acceptance of their efforts at the hands of the general profession. The busy hand of death has thinned even the small band associated with Dr. Quain to an all too appreciable extent; and once more we are called on to mourn the loss, emphasised afresh by the lines, in many cases the last they ever wrote, which stand over the names of Parkes, Murchison, Callender, Peacock, Cormack, Lockhart Clarke, Tilbury Fox, Hayden, Leach, Silver, Clover, Irvine, Seaton, Sparks, and Stephen H. Ward. This list indicates, moreover, the length of time during which the work has been in preparation, and from the size and importance it presents it can be readily understood how impossible it must have been to conclude it in any shorter term.

The work is what its name indicates, a *dictionary of medicine*, in which, under the names of various diseases alphabetically arranged, is included a full description of all recognised ailments as regards etiology, symptoms, course, duration and termination, diagnosis, prognosis, and treatment. The characteristic lesions presented under each form of disease are also described as far as is consonant with existing knowledge; and unique importance attaches to the essays of which the volume is in the main composed, from the fact that each bears the signature of the author contributing it, of whose individual research and opinions it is consequently a valuable reflex.

The task of reviewer, when extended to such a monumental production as the "Dictionary," necessarily becomes a most difficult one. When the plan and scope of the book have been explained, there remains but little to be achieved in the direction of legitimate criticism, for the most careful examination of the articles suffices to exhibit no more than points which at the most are matters of personal difference, rather than important departures or omissions. But turning to subjects which have assumed especial prominence in the recent history of medical science, we are afforded opportunity both of observing the minute care with which every matter deserving of notice has been included in the work, and of commenting on the opinions expressed by the authorities responsible for their treatment. Thus, Dr. Ord very fittingly contributes the article on Myxœdema, but owing probably to the revision of his proof sheets having preceded the issue of the "Dictionary" for some time, he confines

the appearance of the disease to adult womanhood. The occurrence of myxœdema in males has now been recorded more than once, and very recently three children have been exhibited in London in whom the appearances of myxœdema were most markedly present. The disease itself is very instructive, and its history more so, as showing the fallacies that lurk under the description of any hitherto unrecognised disease as "new." Under the heading of "Shock," Sir William MacCormac has an able and sufficiently brief essay to convey a lucid and adequate notion of the condition and its consequences; the definition he gives is a very useful one, and though it may be objected that it opens the door too widely to any and every systematic change attended with depression, yet for practical purposes it would be difficult to improve upon it. Sir William MacCormac is not able to add much in the way of pathological details to what is generally accepted on the subject; but he nevertheless faithfully and completely recounts the *modus operandi* of the phenomena associated with shock, involving, as of necessity, the physiological elements of the problem. As aids to treatment, transfusion is recommended in extreme cases of hæmorrhage only, and stimulation of the phrenic nerve and epigastrium by means of electrodes externally is suggested when respiration has ceased or is failing.

Dr. H. Charlton Bastian naturally takes his stand, when contributing under the title "Bacteria," on the ground that the germ theory of disease is materially allied with the question of spontaneous generation, so that the study of the former to the neglect of the latter "can only end in the propagation of vagueness and uncertainty." He further continues: "The real question is not as to the extent or frequency of the co-existence of organisms with local or general diseases, but the much more important one as to the nature of their relation to such processes. If they act as invariable and sole causes, then their presence is a matter of the deepest interest and importance. If, on the other hand, the organisms are not causes, but rather concomitant products, their presence from a purely medical point of view is of trifling importance. The study of their growth and development would in that case be important only as adding to our knowledge of the structural changes pertaining to the diseases in question."

In writing of "Germs of Disease," Dr. Bastian does not hesitate to display his want of sympathy with the modern school of germ theorists; and his faithful agreement with "auto-genetic" principles is equally well, though by no means ostentatiously, advanced. It would, of course, be unfair to expect an authority of Dr. Bastian's undoubted position and tenets to renounce his place as an advocate of special views entirely, and in the articles from his pen scattered through the "Dictionary" we cannot help but admire the excellent good sense and moderation displayed in dealing with subjects respecting which the author of them is so well known to be a holder of extreme opinions. As a summary of opposing views they are most instructive and intelligible, and, as far as such a thing could be under the circumstances, impartial.

The late Dr. Pearson Irvine has contributed a valuable essay on the causes of disease, in which the influences of age, heredity, intermarriage, sex, temperament, climate, and society, town and country, hygienic conditions, occupations, air, previous disease, mental and moral conditions, external physical conditions, poisons, temperature, diet, and epidemics, are considered in detail; and the complementary sections on personal health and public health are provided by Dr. Reginald Southey and the late Dr. Parkes respectively. This last named contribution takes rank as one of the most important in the whole work, being in fact a most admirably compressed *résumé* of the whole science of public health. It can be read with the utmost interest and profit by every medical man, whatever and wherever his practice may be, and will afford him endless and valuable help in the prosecution of professional duties.

Under the heading of "Hospitals, their Administration and Construction," Captain Douglas Galton contributes two very serviceable essays, the terms of which might with advantage be accepted as guiding principles by certain of our greater charities at the present time, and we shall possibly be doing a service to more than one general committee by commending to their perusal the remarks which Captain Galton makes in respect to management of hospitals and the various duties that properly fall to the lot of the medical staffs, matron, &c. The ripe experience gained by

(a) "A Dictionary of Medicine by Various Writers." Edited by Richard Quain, M.D., F.R.S., &c. London: Longmans & Co.

the writer of these articles, and his undoubted eminence in all pertaining to the construction of sanitary institutions, encourage anticipations of the excellence of his papers which they themselves fully maintain.

The diseases of the ear are treated of by Mr. Dalby; while Mr. Brudenell Carter undertakes the section relating to the eye. Epilepsy is described by Dr. Brown-Séquard.

As illustrating the rapidity with which the science of medicine advances the notice written by Dr. Lewis of *filaria sanguinis hominis* may be cited, no later reference than to accounts which appeared in 1877 being made, whereas since that date the life history of the entozoon, though still incompletely known, has been to some extent unravelled. Dr. Quain has, however, added a foot-note to Dr. Lewis's description, in which the researches of Dr. Manson are mentioned, researches which do much to enlighten us concerning the life-history of *filaria*.

A most excellent treatise on "Diseases of the Pleura" is from the pen of Dr. Clifford Allbutt. This work will probably take its place henceforth as the best *résumé* of the subject accessible to the student, and to whatever extent it may be employed in this respect, it will be fully deserving of the importance it attains. The sections dealing with the clinical characters and varieties of pleurisy are especially valuable and interesting, and they bring out the forcible characteristics of Dr. Allbutt as a teacher in a way that commands honest admiration. With a knowledge of the subject of pleurisy gained from careful study of this article and application of the principles laid down in practice the physician may confidently trust himself to do the best possible for such cases as may come within his treatment; and to students the sections cannot be too strongly recommended.

In selecting a few examples from the multitude of articles in the work, we have not sought in any way to indicate that they are instances of excellence elsewhere wanting. On the contrary, it is a characteristic feature of the "Dictionary" that every article in it is both authoritative and exact; the choice of authors has been a happy one, for in every case we recognise the acknowledged connection between the signatures appended and the titles of the sections to which they are attached. We have been compelled by the limits required in a review to instance the character of the whole work by describing the manner in which isolated portions of it have been carried out. In all respects the contents are of the high order of excellence naturally ensured when the pages of a work written by associated authors are throughout enriched with the result of experience gained by the best writers of our age.

To the excellence of Dr. Quain's own labours we need not further allude; those papers signed by him bear witness for themselves; in the numerous shorter contributions for which the reader will silently thank the editor the same carefulness and conscientiousness are displayed with the same gratifying result. The "Dictionary of Medicine," indeed, is a worthy monument of untiring energy, of well-spent labour, and of invaluable research and knowledge.

The necessities of publication have demanded compression of the work by resort to double columns and comparatively small type. The inconveniences thus entailed would be remedied somewhat by division of the huge single volume in future editions into at least two "sizeable" books. Otherwise the "Dictionary" is well produced, the printing is beautifully clear, and the paper excellent.

Since this notice was written, a second edition of the "Dictionary" has been published. The suggestion contained above has apparently occurred to Dr. Quain, for the work is now obtainable either in one or two volumes.

ST THOMAS'S HOSPITAL REPORTS. (a)

[SECOND NOTICE.]

DR. JOHN HARLEY has some very uncommon ideas regarding the close connection between constipation and enteric fever. He says: "Constipation is often the forerunner of enteric fever; I believe I may go even further and state that constipation is occasionally the sole cause of enteric fever." This theory, if popularised, would be a source of considerable increase of practice, and therefore of income

to the attending physician. The author is convinced that many an attack of enteric fever has its origin in constipation; and that death from simple idiopathic constipation is a not uncommon event.

Dr. Harley quotes at some length a case of fecal accumulation in the cæcum, and after stating the points of resemblance and difference between it and a case of enteric fever, he sums up as follows:—"Thus, between two groups of symptoms—the one produced by fecal accumulation and obstruction, and the other by the cause of enteric fever—we fail to find any essential distinction." This conclusion is arrived at by comparing the resemblances and differences in the two cases.

The points of resemblance as stated by him are—1. Disgust of a bad odour; 2. Long continuance of the symptoms; 3. Development of a rose rash.

The differences are—1. Constipation; 2. Perspiration; 3. Temperature.

These differences Dr. Harley speedily disposes of. Constipation, he says, is a very common event in enteric fever. Perspiration, though not common, has occurred in enteric fever in his practice. The normal temperature, he maintains, is sometimes seen in enteric fever, and besides, if the fecal matter had been allowed to remain undisturbed in the intestine for some days longer, severe febrile symptoms would no doubt have been developed.

Dr. J. S. Bristowe relates, most candidly, some mistakes in diagnosis of tumours of the abdomen. Three of these were undoubtedly hydatid cysts, and it was assumed that the other two were of the same nature. Two of the large cysts were successfully punctured. The third large tumour was about to be tapped when it was found that it altered its character under manipulation; it became less and less distinct until—though dulness on percussion still remained—it was decided to defer the operation to a future occasion. It transpired that the patient was in the family-way, and examination with a stethoscope revealed the pulsations of the foetal heart. It is true, says Dr. Bristowe, that "no harm was done, but it is quite clear that I was on the verge of doing harm."

In the second case hydatids were mistaken for abdominal cancer. In the third, hydatids were diagnosed in a case of parovarian dropsy. There is not a truer saying, nor one more applicable to our profession, than that we obtain our knowledge by our mistakes, and the mistakes of others, when so candidly laid before us, are the best calculated to prevent their occurrence in ourselves. Honour is as much, if not more, due to those who have the courage to acknowledge and make known their errors, as to those who only relate brilliant and correct diagnoses.

Surgeon H. G. Armstrong gives the result of nerve-stretching in a case of spinal meningitis. The conditions present were very severe lightning pains, confined principally to the legs and lower parts of the body, though occasionally felt in the upper extremities, and aggravated by any change in the weather; tetanic spasms, produced by pressure on the skin, over the coccyx; inability to walk; entire loss of patella tendon reflex; and complete anaesthesia of both lower extremities up to the groins. Sexual power lost, but not desire.

The operation was performed without the administration of anæsthetic, and was painless. The left sciatic nerve was exposed and stretched.

On the 29th day the patient was free from pain, dressed, and sitting up, and with very slight assistance could walk round the room. Three months after the operation he walked a distance of seven miles before breakfast without fatigue. The result of the nerve stretching has been the recovery of cutaneous sensibility, an almost complete relief from the severe pains and tetanic spasms. The writer considers that this result from operation on one sciatic nerve shows that the stretching acts, not on the periphery, but on the nerve centre.

During the next three months, however, a return of symptoms appeared, and Mr. Armstrong says, "the patient seems to be relapsing into his old condition."

The above contribution, we observe, is not written by a member of the staff, but by the assistant surgeon to the Royal Berkshire Hospital.

The matter contained in the volume, as a whole, is a feeble production for such a large and well-officed establishment as St. Thomas's Hospital.

(a) "St. Thomas's Hospital Reports." New Series. Edited by Dr. Robert Long and Mr. Francis Mason. Vol. XI. London: J. and A. Churchill. 1889.

Correspondence.

THE IRISH COLLEGE OF SURGEONS AND NIGHT LECTURING.

The following letter appears in the Dublin newspapers last week :—

SIR,—Some persons have violated the understood and expressed wish of the College and its immemorial custom in furnishing to the press a statement of the proceedings of the Fellows on the 4th inst., which is not only untrue in fact, but evidently made public with the intention of prejudicing, by a garbled report, the cause of honesty of medical teaching, with which I have been specially associated, and at the same time lowering me in public estimation.

This report states that "Professor Jacob's motion that the College should cease to recognise night lectures was supported by (certain gentlemen named), and was ultimately negatived by a large majority." Sir, it is untrue that any motion forbidding night lectures was offered by me or anyone else to the College, and equally untrue that my motion was supported by the Fellows named, except by silent vote. My motion was as follows :—

"That this College approves of the determination evinced by the Council to ensure *bond fides* of attendance on courses of medical study, but is of opinion that attendance purporting to be given by persons who are engaged during the usual hours of medical study in other engrossing avocations is not a *bond fide* fulfilment of the four years of study required by the General Medical Council, and therefore ought not to be recognised by this College as sufficient qualification for the Letters Testimonial of this College."

You will observe that this resolution simply declared that medical studies supposed to be pursued by students engaged all day in offices and shops are not what the College or Medical Council mean by *bond fide* medical study.

To this resolution the representatives of night lecturing did not venture to offer a negative, but sought to shelve it by acknowledging its principle, and remitting the subject to the Council.

To it the following amendment was moved by a distinguished Fellow—one of the staunchest opponents of night lecturing and all other methods of evading study :—

"That the College, instead of passing any order at the present meeting regarding night lectures, request the incoming Council to forward a copy of the arrangements for securing the attendance of students at lectures and hospital to every lecturer and clinical teacher recognised by the Council with a request that they will aid in carrying out these arrangements."

The sense of this amendment is that the College should take no ulterior steps until it had fully tried the efficacy of the regulation to ensure *bond fides* of study which it promulgated last year. I could willingly have voted for this amendment if I had any faith that the "request" of the College will have effect with the teachers who are parties to the evasion. Failing that hope, I felt it necessary to divide the College on the amendment, with the result that the Fellows, by a majority of 28 to 16, decided to wait, and hope for an honest fulfilment of the Collegiate regulations.

This was a decision in no sense favourable to night lecturing or sham study. This time next year we shall know whether the trust of the Fellows has been misplaced, and, if it shall appear that it has, I shall certainly—if possible—renew the effort to put a stop to sham medical education in Ireland.

I am, Sir, yours, &c.,

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

Obituary.

MR. BENJAMIN BELL, F.R.C.S. ED., M.R.C.S. ENG., OF EDINBURGH.

THIS well-known and respected Edinburgh surgeon has just passed away, at the age of 78. His illness, which terminated fatally, originated in a severe cold, which developed into inflammation of the lungs, and suffering at the time from impaired vital energy and depression owing to the recent loss of his wife, to whom he was greatly attached, he had not strength

to combat the attack referred to, and death ensued on Friday last.

Following the footsteps of his grandfather and father, who were previously surgeons of considerable eminence, the subject of this notice very early in his career showed signs of high talent and future eminence. He rapidly acquired an extensive practice, principally in eye surgery, and soon became one of the most popular surgeons in Edinburgh. In 1835 he was elected a Fellow of the Royal College of Surgeons, and has ever since taken an active interest in the work of the corporation, frequently acting as examiner. Among other bodies with which he became connected were the Edinburgh and St. Bartholomew, the Royal Medical and Medico-Chirurgical Societies, Edinburgh; the Surgical Eye Infirmary, Edinburgh; George Watson's Hospital, and the Asylum for the Blind, Edinburgh. He was also surgeon to the Royal Public Dispensary, and in 1863 an examiner in medicine in the University of Edinburgh, and in 1864 he was elected President of the Royal College of Surgeons, Edinburgh.

Mr. Bell contributed some able papers to various medical journals, among the more important being one on "Cerebral Diseases," which appeared in the *Edinburgh Medical Journal* for 1847, and another, "On the Outbreak of Scarlet Fever in George Watson's Hospital," published in 1851. Besides being well known in his profession, Mr. Bell enjoyed a widespread popularity as a public citizen. He took a deep and lively interest in most of the public questions of the day. His well-known presence will be missed at many a public meeting. His character displayed a happy combination of simplicity and amiability, on the one hand, with a readiness, on the other, to look at new views for himself, and to hold and express his own opinions with firmness. He took a deep interest in every form of mission work, and was largely instrumental in establishing the Edinburgh Medical Mission, and in furthering the training of medical missionaries for foreign service. Mr. Bell is survived by a family of five sons and three daughters, his eldest son, Mr. Joseph Bell, F.R.C.S.E., now practising in Edinburgh, being the only member who has followed the medical profession.

PASS LISTS.

Royal College of Surgeons of England.—The following Members having passed the required examination for the Fellowship, were admitted Fellows of the College at a meeting of the Council held on Thursday, June 14th :—

- Collingwood, David, M.B. Lond., Bedford Street, Liverpool.
- Duncan, W. Archdeacon, L.R.C.P. Lond., Lambeth Palace Road.
- Elam, William Henry, Mirfield, Yorkshire.
- Gross, Charles, L.R.C.P. Lond., Watworth.
- Horseley, V. A. Haden, M.B. Lond., Gower Street.
- Wainwright, Benjamin, M.B. Edin., Belmont, Lee, was admitted to the Fellowship, though not a member.

Two other candidates passed the examination, but being under the legal age (twenty-five years) will receive their diplomas at a future meeting of the Council. Ten candidates failed to reach the required standard, and were referred for twelve months' further professional study.

College of Physicians in Ireland.—At the June examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

Medicine.

- | | |
|----------------------------|------------------------------|
| Bosanquet, Adela. | Lyons, John J. |
| Donovan, Daniel Wycherley. | M'Math, Arthur Wm. |
| Fitzgibbon, James Edward. | Murray, Patrick Harward. |
| Graham, Geo. E. Moore. | O'Hagan, John Joseph. |
| Haves, Francis Brunel. | Ramsbotham, Alfred Ernest W. |
| Lougheed, Elizabeth. | Ridley, George Puirce. |

Midwifery.

- | | |
|----------------------------|-------------------------|
| Bosanquet, Adela. | M'Math, Arthur William. |
| Donovan, Daniel Wycherley. | Murray, Patrick. |
| Fitzgibbon, James Edward. | O'Hagan, John. |
| Graham, George Moore. | Ramsbotham, Alfred. |
| Haves, Francis. | Ridley, George Puirce. |
| Kelly, Christopher Peter. | Trimble, John Maxwell. |
| Lougheed, Elizabeth. | |

Notices to Correspondents.

DR. J. KINGSTON FOWLER will give a Clinical Demonstration at the Brompton Consumption Hospital to-day at 4 p.m., "On some Points in the Diagnosis, Prognosis, and Treatment of Thoracic Aneurism." Members of the profession admitted on presentation of their cards.

parts and the part beyond was cut off. The sac was next separated from the surrounding tissues, and its neck transfixed and stitched together with catgut sutures, and the part beyond was then cut off. The skin wound was then closed with fishing-gut sutures.

Dec. 30th.—Patient vomited after the operation yesterday at 8 p.m., and again at 9 p.m., and retched and vomited all night. Had suppository of $\frac{1}{2}$ gr. morphia at 8, and another at about midnight. Bowels confined. Temperature last night 98.4°. This morning patient dull and quiet; complains of pain in the abdomen and nausea. Constantly retching. When not disturbed she lies on her back with eyes shut and mouth open, uttering low groans. There is no abdominal tenderness. M. T. 99°, P. 76, urine 1023, acid, no albumen. Ordered nutritive enemata every four hours.

31st.—No vomiting or retching since yesterday. Abdominal pain and tenderness greatly relieved. Had a natural action of the bowels early this morning (in the night) for first time since operation.

Jan. 1st.—Enemata discontinued. M. T. 98°, P. 84. Going on well.

2nd.—T. 98°, P. 84. Bowels confined. No pain or vomiting. Wound dressed, sutures removed, healed by first intention.

4th.—Pad and bandage reapplied. Wound well. T. 67°. Had a small motion of the bowels attended at the time with a little abdominal pain. No nausea or vomiting.

5th.—T. 98°, P. 80. Slept fairly well last night. No abdominal pain or tenderness. No nausea or vomiting. Has frequent rattling cough, which she has had for the last four months.

Left the hospital Jan. 19th, 1883.

CASE IV.—Strangulated femoral hernia—Sac opened and removed—Cured.

H. D., *et.* 50, married. The rupture came down on Monday (25th). Bowels not open since that day. Sickness commenced on Wednesday night and has gradually increased. The vomit is now offensive and faecal, and patient is sick after everything she takes. Patient looks emaciated. Tongue dry and furred. Tumour size of an orange, in Scarpa's triangle, R. Hernia formed 7 years ago, as result of strain in lifting heavy weight. Never worn a truss for it. Usually about size of a hen's egg, and generally disappearing at night.

Dec. 30th, 1882.—Operated upon on Saturday, 30th December, 2 a.m. The patient came in at 11.30 a.m. Gimbernat's ligature divided, taxis again failed. Sac opened, stricture at neck of sac tight. Sac contained a large piece of omentum, and a small portion of bowel, which was of a livid red colour, and was not further altered around the seat of constriction than elsewhere. Bowel returned. Omentum ligatured in two portions and removed; the sac was then stitched with a catgut suture a little below the neck, and the body of the sac removed. Wound brought together with fishing-gut sutures and dressed with terebenthine, oil, and cotton-wool.

31st.—She passed flatus. P. 100, T. 99.2°. No tenderness of the abdomen, wound looking quite healthy. Not been sick. Nutritive enemata have been given as she is so very feeble.

Jan. 1st.—T. 99.2°, P. 90.

2nd.—Wound dressed and is healed. Nutritive enemata discontinued. T. 98.4°, P. 87.

3rd.—T. 96°.

4th.—No sickness or pain since operation. Bowels not yet moved since operation. T. 98.4°, P. 90.

Left hospital Jan. 19th.

Transactions of Societies.

ACADEMY OF MEDICINE IN IRELAND. PATHOLOGICAL SECTION.

A MEETING of the Pathological Section was held on Friday evening, April 4th, in the Albert Hall, Royal College of Surgeons.

LIVING SPECIMENS.

The following specimens were exhibited:—

Dr. J. S. M'ARDLE—Deformity of the upper extremity, and arrest of development following injury of the median nerve. Twenty years ago the patient, who is now in his twenty-sixth year, sustained a fracture of the humerus and dislocation of the elbow. Paralysis followed, and after the reduction of the dislocation and repair of the fracture, contraction of the flexors gradually set in. At present the temperature of the hand is 2° below that of the sound side. The forearm is two inches shorter, and the wrist $\frac{1}{2}$ inches less in circumference. Cyanosis is always present on the affected side. A neuroma is present in the antecubital fossa,

pressure on which causes numbness in the arc of the median nerve. The nails and skin are all ill-nourished, and a cicatrix on the flexor aspect marks the point at which bullæ have appeared since the injury.

Mr. BENSON—Myctatopic conjunctivitis.

Mr. COPPINGER—A patient suffering from hydatid disease of the femur.

SPECIMENS BY CARD.

The following specimens were exhibited by card:—

Mr. ABRAHAM—Ulcerations of the intestines, associated with malignant disease of the cæcum, with microscopical mountings.

Mr. COPPINGER—Portions of bone affected by hydatids removed from the femur of the patient exhibited.

Mr. STOKER—Thrombus of the pulmonary artery.

Mr. ABRAHAM—A single kidney from the body of a man; the left kidney, its vessels and arches were congenitally absent.

Dr. L. MATUREN—(1) Congenital deformity of the forearm and hand; (2) Aneurism of the ascending aorta.

Mr. CORLEY—Impacted alimentary bolus. Patrick Sheridan, *æt.* 49, married, residing at 63 Church Street, owning a lodging-house, was brought to the Richmond Hospital on the 14th April last at 11.15 p.m. On admission he was quite dead. The following facts were elicited from his wife at the coroner's inquest on the 16th:—Deceased came home on the evening of the 14th considerably under the influence of drink, and sat down along with several others to eat his supper. After having eaten quietly for some minutes, he suddenly attracted the attention of one of the others by giving a violent smothered cough. On looking round she said she saw him all black in the face, and staring at them. She ran over and hit him on the back, and succeeded in getting a small piece of the meat (oorn beef) out of his mouth, but without any effect on him. He was then brought to hospital. The piece of meat did not enter the larynx, but was firmly impacted into the pharynx, in this way completely occluding the opening of the larynx.

CONGENITAL MALFORMATION OF THE THORAX.

Dr. E. H. BENNETT read a paper describing the characteristics of a congenital malformation of the thorax, in which the anterior extremities of a single rib failed to reach its cartilage, and there existed in consequence a depression of the thoracic wall on one side, while the cartilages attached to the corresponding parts of the opposite side were hypertrophic, and projected as tumours in front of the level of the sternum. Having referred to the description of this malformation given by Otto and Rokitsanski, in which no mention is made of excessive development on the side opposite to the defect, Dr. Bennett showed a preparation which presented the characters mentioned in a most marked degree. He pointed out the importance of a knowledge of this malformation in relation to diagnosis of lesions of the costal cartilages, illustrating the point by the facts of the case from which he had obtained the specimen, and from two other clinical observations. In all three cases injuries had occurred which suggested that the thorax had been crushed, and the diagnosis had been erroneous in one—that from which the specimen had been taken.

The SECRETARY (Dr. Bennett) read for Mr. J. Davidson a paper on

THE INFLUENCE OF FRACTURE ON THE GROWTH OF BONE, in which the author recorded the results of his observations on the fracture of the long bones of the lower animals, chiefly fowls, in which the injury occurred during the active growth of bone. Comparison of the injured bone with their fellows showed that there existed a marked increase of size in all dimensions, the bones being heavy and longer on the fractured side.

Dr. FRASER, STOKER, CORLEY, M'SWINEY, BENNETT, and ABRAHAM discussed the foregoing paper, and expressed their sense of the exactness and care displayed by the author in his investigation.

Dr. COPPINGER read a paper on

HYDATID DISEASE OF THE FEMUR,

the patient and parts removed which established the diagnosis having been exhibited to the meeting already by card. He alluded to the infrequency of the occurrence of hydatid tumours in the human subject in Ireland, notwithstanding the known prevalence of the echinococcus disease in sheep,

mentioning that hydatid tumours even in countries where the affection is comparatively common, seemed scarcely to invade the bones, and that no instance of the disease in the bones had up to the present been recorded in this country. The patient (exhibited, and from whom the cysts and portions of bone had been removed), had been under observation for three years, having been admitted to the Mater Misericordias Hospital on receipt of a spontaneous fracture of the upper third of the femur, due apparently to its invasion by the parasite. The disease was not diagnosed until Mr. Coppinger had made an attempt to excise the patient's hip-joint, and discovered a large cavity in the dilated upper part of the femur, containing hydatid cysts and loose pieces of bone studded over with small echinococci vesicles. These (some of which were shown as microscopical specimens) exhibited the characteristic features of echinococcus cyst, selicis, &c. The complicated excision was abandoned, but the great trochanter was removed with a saw, and the cavity finally laid open and syringed out with chloride of lime solution. It was then ascertained that the shaft of the femur was firmly connected with its neck by means of the thin walls of the bony tumour, and it was hoped that, the disease having been apparently removed, the space would fill by granulation bone from below. It had since become much smaller, but the patient's condition was so unsatisfactory, even now after treatment extending over nearly two years, that another operation would be performed for the purpose, if possible, of eradicating the disease. The limb was three inches shorter than its fellow. The man was obliged to have a crutch, being unable to rest his weight upon the limb, and the wound, which was still open, led through a narrow slit in the bone into a cavity in its centre, extending upwards into the femoral neck, as well as downwards into the shaft of the femur. Although this cavity was daily washed out with carbolic and boro-glyceride solution, and although all disease was apparently removed, collapsed cysts and shreds of membrane still escaped from it occasionally, proving that the peculiar disease caused by the presence of small exogenous cysts in the cancelli of the bone had not yet been eradicated.

Mr. THORNLEY STOKER read notes of a case of

THROMBOSIS OF THE PULMONARY ARTERY,

occurring in a boy subsequently to the removal of the thyroid body, and proving fatal. He exhibited the specimen.

Dr. BENNETT expressed his doubt as to the character of the thrombus, regarding it as a post-mortem production, and a discussion followed, in which Drs. THOMSON, CORLEY, KIDD, and ABRAHAM took part, and Mr. STOKER replied.

Dr. R. A. HAYES exhibited on a screen with the lantern photographs of the microscopical appearances of the normal and diseased tissues, and explained the details of the process.

The Section then adjourned.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.

THURSDAY, APRIL 12, 1883.

B. WALKER, Esq., President, in the Chair.

Dr. PORTER showed

THREE CASES OF FRACTURED PATELLA

As illustrating good results from very simple treatment. One case had stood the test of fifteen months, and a second of nine months; the former was following his occupation as a groom, and riding constantly, while the second case referred to had been able to continue her work as a file cutter, and walk without any assistance whatever three months after the accident. The first case was a transverse fracture from direct violence, there was less than half inch separation on admission into the Sheffield General Infirmary, and not very much swelling. Union in this case appeared to be either by bone or very firm fibrous tissue. The second case shown was one of transverse fracture from muscular action, in which there had been quite three-quarters of an inch separation at the time of admission, and a great deal of swelling of the joint. In this case there certainly appeared to be osseous union. The third case had only been done about five months, but though he had not been able yet to resume work there was no

reason for supposing that the result would be in any way inferior to that obtained in the other two cases. There was about three-quarters of an inch separation of the fragments at the time of the accident, and a great deal of swelling, the fracture was a transverse one and produced by muscular action. In all three the same plan of treatment had been adopted, firm compression of the knee with an ordinary bandage, and the application of an ice bag to reduce the swelling at once and ensure early apposition of the fragments. The swelling subsided in from twenty-four to forty-eight hours, and the leg was then put up on a straight wooden back splint with foot-piece, the fragments being brought forcibly together by pieces of strapping placed obliquely and covered by a figure of eight bandage over the knee. This splint was kept on for three months, and a gum and chalk knee-cap worn for two months longer. Dr. Porter attributed the good results in these cases to the compression applied to the knee at once to reduce the swelling and enable the fragments to be brought together. He mentioned that he had seen the first case in which wiring the two fragments together had been tried, but he was bound to say that he did not think the result was superior to that obtained in the two first cases he had shown.

A CASE OF STRANGULATED UMBILICAL HERNIA.

Dr. MORTON related particulars of a case of strangulated umbilical hernia on which he had operated with success. The subject of the hernia was a short corpulent widow woman, *æt.* 64, who had suffered from it and worn a truss many years. The hernia being about the size of a large orange, and reducible, but occasionally with some difficulty. On March 7th, 1883 the protrusion could not be returned by ordinary taxis. Opium was given, and subsequently an enema of castor oil. No symptoms of strangulation appeared until March 12, when violent pain and stercoraceous vomiting set in. Operation was performed on the following day. The patient having dyspnoea and feeble heart chloroform only sparingly administered. An incision with scalpel, one and a half inches, made through integument above tumour, and deepened until the upper edge of ventral opening was felt by index finger. A probe-pointed herniotomy knife was then insinuated between parietal wall and peritoneum, and the edge notched upwards, widening opening sufficiently to allow the return of intestine, which immediately receded by gentle pressure, leaving the sac quite empty and flaccid. The peritoneum was intact. A wire suture applied, lint pad and belt bandage secured all. Recovery rapid.

Dr. MORTON on a

CASE OF HYDROCELE.

R. F., *æt.* 29, a strong healthy married man, stated he first noticed swelling eight years ago. Might have been induced by saddle when riding. He had been tapped three times, and an injection used once. February 24, 1883, the left tunica vaginalis was found distended, sixteen ounces of serum withdrawn by trocar, and then two fluid drams of tr. iodi injected. The patient felt faint but able to walk home, and two days afterwards resumed work. He came under notice again March 25, the fluid having collected. Eight ounces taken away, and the treatment suggested by Mr. Walker reported in *Brit. Med. Jour.*, March 17th, was tried, namely, injection of lig. ergotæ ext., P. B. two drachms. Very little pain and but slight inflammatory action followed. There was no accumulation of serum when seen April 3rd.

Dr. DYSON on

SOME CASES OF FEVER ACCOMPANIED BY HERPES OF THE PHARYNX.

which will be found on page 532.

THE zymotic death-rate continues to be exceedingly low in all the large towns except Glasgow, where it attained last week to the almost epidemic rate of 7·3 of the entire mortality. In the other large towns the death-rates from these diseases were—Liverpool 5·5; Newcastle-on-Tyne 4·9; Sheffield 3·7; Bradford 2·8; Manchester and Brighton 2·6; London 2·4; Dublin 2·1; Edinburgh 1·8. The 35 deaths from diphtheria in the thirty-one towns included 22 in London, 5 in Glasgow, and 4 in Birmingham. Small-pox caused 3 deaths in London, 4 in Newcastle-upon-Tyne, and one in Liverpool.

THE UNQUALIFIED ASSISTANT SYSTEM
AND THE
ILLEGAL SIGNING OF DEATH CERTIFICATES.

(Concluded from page 514.)

THE RISE AND PROGRESS OF THE SYSTEM OF EMPLOYING
ASSISTANTS.—(Continued.)

It may be strongly suspected that not only good training of a systematic kind is impeded, but also that harm is done by the requirement of the larger number of labours to be attended, for the necessarily hurried visits to the homes of out-patients in adverse circumstances leads to many bad habits, and especially to an insensibility to danger fatal to an accoucheur's usefulness in after-life.

Should an unexpected death occur to mother or child during the attendance of students, they cannot, of course, sign the certificate, and have to apply to the qualified obstetric officer of the school. He gives a statement of the facts as reported to him, and this has often been accepted by the registrar of deaths (an instance has already been given) in lieu of certificate. But the Registrar-General declines to sanction the custom, and schools are placed in much difficulty. The medical officer of health for the one parish of Bermondsey, Dr. Dixon, reports that six of the uncertified deaths in one year (1881) were those of persons attended by students of a neighbouring hospital.

It is scarcely necessary to say that the attendance on mothers and infants by the unqualified assistants of the midwifery departments in responsible charge causes frequent scandals and dissatisfaction among the general public. And what is of almost equal importance, it encourages students to take unqualified assistantships, and hampers schools in their aims at discouraging the practice.

All this evil would be avoided if the women were not attended till after the students had been proved fit to practise by their final examination.

General Remarks.

Although it is a moral offence to procure an unregistered person falsely to pretend to be a duly qualified medical practitioner, which is done when he is deputed to treat the sick as the representative of a duly qualified practitioner—and a moral offence as great as the false pretence itself—and although it is an equal injustice to the sick and to the profession, yet no legal penalty is attached to it. Legislation, which would make the offender liable to summary conviction, and to fine or imprisonment, is desired by many persons very competent to form an opinion. One who has long practised in the midst of a mass of unqualified assistants in Staffordshire states, as his opinion, that "what would tend more than anything else to stop unqualified practitioners would be to make it a legal offence for any qualified man to employ one unqualified to represent him—to fix the criminality on the *real culprit*, who benefits by such transactions."

The intentions of the Registration Act are evaded very frequently, as a consequence of the employment of unqualified assistants by registered practitioners; and the check upon the procurator above characterised, which it might have been supposed the registrars could impose, is unavailing. A letter to the Council from Dr. Ogle, supplementary to the remarks printed on pp. 66-68, points clearly to the difficulty now existing, and suggests a means of remedying it, which appears worthy of the consideration of the Council. He recommends that a form of certificate of death should be settled by the Registrar-General after due consultation with the Medical Council, and that the use of this form should be made compulsory.

An injury is inflicted on Friendly Societies and similar institutions by certificates of illness being signed by procurator of unregistered person. The pecuniary loss is stated to be large; but it may be remarked that the remedy lies in the hands of the managers of those Societies, as they can decline to receive certificates except from duly qualified medical practitioners.

The action of the Council in their last session, in regard to the employment of unqualified assistants, seems to be not generally known or understood. If it could be made more public I venture to think good would result.

From the letters of several employers it seems likely that to be restrained in their employment of unqualified assist-

ants will be some inconvenience to them, unless a compensation be provided by an increased supply of properly educated men to act as qualified assistants.

Mr. Spanton, of Hanley, who employs only qualified assistants, says: "To get rid of unqualified assistants you must, I think, make qualified men what the term implies, and not merely 'passed' men. This can be done only by some term of pupillage early in the career—say a year with a hospital surgeon in general practice, or at a provincial dispensary before going up to London, or a certificate from someone properly authorised to give it, that a term of real practical instruction in the small details of practice has been properly spent." Later on he says: "The most feasible and most useful plan would be to require evidence from a properly authorised person that a certain period had been passed by the candidate as pupil, or as assistant, to a medical man (after qualifying) before allowing him to register, leaving him free to elect which he prefers; though I should like to see the pupillage compulsory."

Remarks by Dr. W. Ogle (Assistant Registrar-General) on a Passage on Page 71 of the foregoing Statement.

The statement that the registration office encourages violations of the Registration Act by its unwillingness to prosecute, is a charge which I venture to think should not be made by the Committee of the Medical Council, unless they have evidence to substantiate it. Let it at any rate be stated what were "the cases reported in the daily papers," by which the Committee are led to believe that such a charge is true. To the best of my knowledge and belief, the charge is entirely unwarranted by facts. Many prosecutions are yearly instituted by the Registrar-General's authority, and, as a matter of fact, I only know myself of one single case since my acquaintance with the office, where there was reason to believe that the Act had been violated, and yet the Registrar-General, on complaint being made, declined to prosecute. Of that case, and the reasons for such refusal, I shall have something to say presently. There have, however, been many cases where complaint has been made to the Registrar-General, and he has declined to authorise a prosecution, simply because the alleged offence was not a violation of the Act.

These are the cases which newspaper writers, without troubling themselves as to the law on the matter, report as "refusals of the Registrar-General to enforce the Act," and which the Committee also appear to accept as such without further investigation.

By the Registration Act, a registered medical practitioner who has been in attendance on a person in his last illness in case of that person's death, bound to give a certificate, stating, to the best of his knowledge, the cause of death; and the Registrar-General is bound to furnish such registered practitioner with printed forms of certificates. But there is not a single word in the Act saying that a registered or unregistered practitioner, or, indeed, anyone else, shall not give a certificate of cause of death in cases where he was not in attendance or which he never saw. So far as the Registration Act, and therefore the Registrar-General, is concerned, the ordinary proceeding of a "cover" in signing a certificate of cause of death when he never visited the patient himself is not an illegality. It may be "infamous conduct" on the part of the "cover," as the Statement argues, as I think, with justice, but it is not illegal; and it is the business and in the power of the Medical Council to deal with "infamous conduct" on the part of registered medical practitioners, and not the business nor in the power of the Registrar-General.

It sometimes, however, happens that the "cover" does break the law by stating that he has been in attendance upon the deceased, when in reality he never visited him. When such cases are reported by complaints to this office the Registrar-General invariably, so far as my knowledge goes, sanctions a prosecution. And the consequence of this action on the part of the Registration Office has been as follows: The "cover" leaves the spaces, in the form of certificate issued by this office, relating to attendance on the deceased, blank, or prints and uses a special form of certificate of his own, in which nothing is said as to attendance on the deceased. There is nothing illegal in this. Legal opinion has been asked for by this office from the proper law officers, as to whether a registered medical practitioner is bound to use for his certificate the form which the Registrar-General is bound to supply him with, and the answer has been that

URIC ACID: ITS PHYSIOLOGY AND ITS RELATION TO RENAL CALCULI AND GRAVEL. (a)

By ALFRED BARING GARROD, M.D.,

F.R.C.P., F.R.S., &c.,

Consulting Physician to King's College Hospital, London.

LECTURE II.—(Continued.)

LET us now study more closely these two forms of renal calculus, and let us begin with the more simple kind. I will select one which is very minute indeed, a mere point of matter; this, when placed in a small cell under the microscope, presented an appearance which is exhibited in the enlarged drawing on the screen.

It is seen to be irregular on its surface, as if composed of a number of little beads or grains aggregated together. Let us now watch the result of putting into the cell a few drops of a solution of carbonate of lithium. After a few minutes' the superficial beads became more or less transparent, and exhibited, in many instances, the appearance of small cells which had been denuded of their contents. The little calculus soon has a translucent ring around it, which becomes broader and broader as the action of the carbonate of lithium spreads, the opacity of the calculus remaining in the centre only. Under the continued action of the lithia-salt, this last remnant of opacity also disappears, and the whole calculus is reduced to a translucent substance, which has the appearance of being made up of a great number of little vesicles. If polarized light be employed, this is seen to contain matter having a crystalline structure; but the still further continued action of the alkaline fluid ultimately removes this too, and the calculus is then seen as a mass apparently made up of colloidal matter in a more or less membranous shape.

In these experiments, as well as in those made on the spheroidal cells of the urinary excretion of the lower animals, I have always employed a solution of carbonate of lithium, which has the advantage of not injuring the membranous structure of the substance; whereas Dr. Carter, in his examination of calculi, appears to have used the solution of potash of the *Pharmacopœia*—a preparation which tends to destroy this structure, and to mask, to a great extent, the character of the changes that occur.

Let us first imagine that we put a particle of the white excretion of serpents on a microscopic slide, in a drop of alcohol, which does not alter the spherules; and, after covering it with a thin glass disc, examine it carefully. Then are seen spherules of varying size, some smaller, and some smaller still, till at length a size, is reached which seems to be the smallest which they are capable of assuming. Next, let us place a moistened finger upon the thin upper glass, and rub it upon the powder for a few seconds, using a fair pressure; then on re-examination under the microscope, the whole of the spherules have disappeared, and in their place are seen innumerable irregularly-rounded particles of a pretty uniform size.

If, instead of using pressure, we allow the alcohol on the slide to evaporate, and introduce a drop of a solution of carbonate of lithium, and then watch what follows, we shall see that the outlying spherules in the field are usually the first to be acted upon, and exhibit the following appearances: After a few minutes, some of the spherules show a transparent line around them, which, on close examination, is seen to be composed of transparent beads; this ring grows larger and larger, so that in a short time, no opacity remains, save in the centre of the spherule. As time goes on, with renewed application of the alkaline solution, the dark central mass gets smaller and smaller and at last altogether disappears, our original spherule being changed into a round membranous mass, without definite structure, containing crystalline matter which powerfully polarises light, which matter also in turn gives way under long-continued action of the lithia solution.

If we compare this description of what I may call the "dissolving view" presented to us by the changes in the normal spherule of the bird or reptile with that before given of those which occur in the small or rudimentary calculus, we cannot help being struck by their close resemblance; in fact, whatever differences there may be

seem to be little more than differences of degree. Surely this must make us reflect on the possibility of there being a close relationship between the two, and may fairly suggest to us the question whether the rudimentary uric calculi found in man may not be merely aggregations of spherules—the product of the original cell-formation of the uric acid. In the case of the bird and reptile we are sure that the spherule cannot have been deposited from uric acid previously dissolved in the urine, seeing that there is no such fluid to dissolve it; and it may be that, in the case of man also, the individual components of these calculi are simply the original cell-formations of uric acid, which have become somewhat altered in chemical composition, and rendered less soluble. If this be true, and if we can show that these rudimentary calculi are not produced by the precipitation of uric acid from the urine, we must at once remove them from that class of deposits which are called sand or gravel, seeing that these latter, whatever their size, have an altogether different structure. It is to the spherular grains and the more complex structures that I shall confine the name of renal calculi.

Dr. Prout, in his description of an uric acid calculus, speaks of the centre of uric calculi as non-crystalline in character.

In several renal calculi which I have examined, I have found some spherular bodies—masses of irregular shape, resembling much the partially broken-up pyramids into which the spherules of the excretion from reptiles and birds frequently split when carefully rubbed and only partially disintegrated. I have also found crystals of oxalate of calcium, many of them octahedral in shape. From these examinations, I have formed the opinion that the appearances in the nucleus may arise from a slow alteration taking place in the first-formed or spherular urates, by the action of the fluid urine upon them, causing the gradual decomposition of the original ammonia salt, and an increase of its insolubility, leading, also, to the subsequent production of oxalate of calcium, which, we know, is often the result of action of a ferment on uric acid.

I may here state that I have often found that the excretion of reptiles and birds, when acted on for a long time by weak solutions of carbonate of lithium, leave a residue consisting of the organic or colloidal matter, mixed with crystals of oxalate and carbonate of calcium, and that these are often in the spherular form.

If, instead of a very small and rudimentary calculus consisting merely of an aggregation of grains, we take one of a larger size and more complex structure—one, for example, one-eighth or one-sixth of an inch in diameter—we find that, around this granular central nucleus, layers are arranged in concentric order, that is, the calculus becomes laminated, the number of layers depending greatly on the length of time during which it has been exposed to the action of the urine. These layers vary much in thickness, and also in colour, and probably are most of them originally composed of some urate rather than uric acid itself. The subsequent action of an acid urine on a deposited layer of an urate would often slowly reduce the urates into a state of free uric acid. In examining renal calculi which have this laminate arrangement, I have frequently found the central nucleus almost devoid of colour, and very different in this respect from the surrounding layers, which are generally of a pale or dark fawn colour. What is the cause of this peculiarity of the nucleus? The only explanation which at all satisfies my mind is, that the nucleus-granules have never been in a state of solution since they were formed in the kidney-cells, and, therefore, have never become re-crystallised with the colouring matter of the urine; in fact, that they are in a condition very much like that of the renal spherules of the lower animals. The colour of the layers is not at all difficult to explain; for, whenever uric acid or urates are deposited from solution, they invariably take with them the colouring matter of such solution, which becomes intimately united with the crystalloid, in an altered shape. Thus it appears to me that we have a rational explanation, both of the pale appearance or absence of colour in the nucleus and of the colour of the different layers which surround it.

Influence of Diet.—There can be little doubt that the occurrence of gravel and calculus is largely influenced by the diet; but on this subject I feel sure that the opinions frequently held are not altogether correct, and require to be reconsidered. As we shall find in our next lecture, that a gouty diathesis is so potent in the production of the diseases under review, it will be quite safe, in so far as the discussion of food is concerned, to assume that what tends to produce

(a) The Lumleian Lectures for 1883. Delivered before the Royal College of Physicians of London.

gout tends also to develop calculus, and that the diet which is of avail in the treatment of the one disease is equally so in the management of the other. It will be desirable to turn our attention to the principal groups of aliments, and ascertain what influence they have, not only upon the formation of uric acid, but also upon its condition with respect to solubility.

1. *Sugar*.—Much has been said about sugar as an article of diet in uric acid affections; and of what has been said, much is certainly devoid of foundation. Nothing is more common than for a patient to tell one that he always avoids sugar, and looks upon it as a poison to the system, and a principle to be altogether shunned.

How do the facts stand with regard to sugar?

There are three kinds, which are commonly met with in different articles of food: (a) *Cane-sugar*, which, although it is most commonly seen and most largely cultivated as a separate article of diet, is yet much less common than (b) *Glucose*, or grape sugar, which so extensively pervades the vegetable kingdom; and (c) *Lactose*, or milk-sugar, is a third kind, which gives the slight sweetness to the milk of different animals. These three forms of sugar are very closely allied to each other, both in physical properties and in chemical constitution. Cane-sugar, when warmed with a trace of mineral acid, is resolved into glucose, and undergoes the same change when taken into the stomach. Grape-sugar is also closely allied to starch; and the latter, under the influence of many chemical agents, and when taken into the alimentary canal, passes through the stage of dextrine into that of glucose. Both cane and grape-sugar are prone to undergo the alcoholic fermentation, and to be resolved chiefly into carbonic acid and alcohol. Milk-sugar, or lactose, undergoes the alcoholic fermentation only indirectly, and much less quickly than glucose; still, milk does ferment with yeast. On the other hand, lactose is apt to undergo another change, and to be directly converted into lactic acid, with the production of some butyric acid.

The most common of the non-nitrogenised principles contained in food is starch, seeing that it forms seventy per cent. of wheat flour; and almost the whole of many of the simple amylaceous articles of food, as rice, maize, arrowroot, tapioca, sago, &c.; also of the potato, turnip, carrot, and so on, when these latter are dried. It can be shown that, when taken into the alimentary canal, starch is soon changed into glucose-sugar by the action of the saliva and pancreatic juices; and, when cane-sugar is taken, the same change ensues—so that, however carefully sugar is avoided as an article of food, it is still abundantly formed in the canal when amylaceous matters are eaten; and the result is the same whether a pound of starch in any of its dietetic forms, or a pound of cane-sugar, be taken, glucose-sugar being formed in both instances.

There is a very popular idea that sugar causes what is termed acidity, and hence it is scrupulously avoided by many. Is this true? Between two and three years ago I was much struck at seeing an American surgeon of great repute, putting lump after lump of white sugar into his tea, and I asked him why he did so. He told me that, in the States, it is a common habit to take sugar thus as a preventive of heartburn, and that he took it for that purpose. His answer made a strong impression on my mind, and since then I have often questioned dyspeptic patients as to their experience on this point. At first nearly all exclaim, "of course sugar causes acidity," but as yet I have failed to find anyone who could assure me, from personal experience, that the eating of lumps of ordinary white sugar produces more so-called acidity than taking any other article of diet. Let us see what has been found experimentally with regard to the influence of sugar on the production of uric acid. Böcker says that the effect, in man, is to lessen the quantity of that principle, and Bischoff and Voit have proved that, in dogs, starch produces the same effect on the urinary excretion as sugar, so I think we may say that there is no increase in the uric acid when sugar is taken. When, however, sugar is given to an animal along with a fixed amount of nitrogenised food, it causes a marked diminution of the eliminated nitrogen and, at the same time, a great augmentation of the weight of the animal; so that there is no doubt as to the influence of sugar and amylaceous matters in fattening; they act in fact by preserving the protein compounds from undergoing such rapid metabolism as otherwise would take place.

The same negative result, as to the acidity of the urine, has been observed in the case of fresh fruits, nay more, Wöhler has found that cherries, apples, and strawberries either diminish the acidity or even cause alkalinity, through

the conversion of the vegetable salts which they contain into the carbonates of the same bases. As we proceed we shall meet with other proofs that sugar does not necessarily influence the production of the diseases under consideration.

It is necessary to investigate the influence of the most important of the constituents of the different alcoholic beverages upon the urinary secretion, and first let us take alcohol itself:

1. *Alcohol*.—According to the experiments of Böcker and Hammond, the uric acid appeared to be slightly increased in quantity by the taking of alcohol; but even this is matter of doubt and, on the whole, its influence on the production of that principle may be regarded as inconsiderable, nor is there any reason to suppose that it sensibly affects the acidity of the urine.

2. *Distilled Spirits*.—In the various distilled spirits, as brandy, rum, gin, and whisky, there are found very small quantities of different ethers and essential oils, which, doubtless, modify to some extent the action of the alcohol on the different functions, but cause no essential alteration in the constitution of the urine.

3. *Wines*.—The various kinds of wines, although they possess one character in common, viz., the presence of ceanthine ether, still differ from each other in many important particulars, so that, to ascertain their properties and their influence upon the production of calculus and gout, we must group them into at least two classes.

In the first division we have the natural light wines, in which the alcohol is small in quantity, not more than 10 per cent., and in which the fermentation has been allowed to proceed till the whole of the sugar has become destroyed. These wines are rich also in acid tartrates, and in racemates.

In the second division we may place the Peninsular wines of Spain and Portugal, the wines of Sicily and Madeira, and Champagne and the other sparkling wines. These all contain a considerable quantity of sugar, owing to the arrest of fermentation which has been induced by the addition of distilled spirit, for it must be remembered that the process of fermentation is stopped when 12 per cent. of alcohol is developed. In this class of wines there is a marked absence of the vegetable salts, which become insoluble on the addition of the spirit, forming the well-known crust deposited on wine casks, which is known in commerce under the name of argol.

It may, as I believe, be confidently asserted, with respect to gout, that, with an absence of alcohol in any shape, coupled with an absence of hereditary predisposition derived from alcohol-drinking ancestors, the disease would be practically unknown; and that Noah, in planting his vineyard and drinking the wine thereof, laid the foundations of much misery for his descendants.

It is most essential to separate the different kinds of alcoholic beverages from each other in estimating their tendency to produce disease. Thus alcohol in the form of distilled spirits, although, when taken in excess, it causes serious mischief, injuring the liver, kidneys, heart, and other organs, still has little or no power of producing the uric acid diathesis, or, at any rate, the gouty development of it. In spirit-drinking countries, or among spirit-drinking families, gout is unknown. Look at Scotland and its whisky-drinking classes—and they are said not to be too sparing in their potations—the disease is practically absent; hardly ever seen in the hospitals. Look at Poland, where they drink a kind of arrack; the same holds good. A physician from Warsaw, to whom I was once showing some cases of gout in my hospital wards, said that he was peculiarly interested in them, as it was the first time he had ever seen examples of this disease; and, in connection with this, I may mention that, not only does spirit by itself fail to cause gout, but the combination of spirit and sugar is harmless in that direction; for toddy, I am told, is usually a sweet beverage.

When, however, we investigate the influence of wines, we shall find a different result. Drinkers of the common light wines, such as the red Bordeaux and the Rhine wines, suffer but little; while among the same nations, those who indulge freely in beer, as do the inhabitants of Berlin and Munich, for example, are by no means free from evil results to their health.

Experience shows, with respect to the influence of the different kinds of wines, that the natural light wines, in which the alcohol is small in amount, while there is an almost complete absence of unfermented matter, which contain also a considerable quantity of acid vegetable salts, are little liable

either to produce gout, or to lead to the formation of calculus or gravel.

On the other hand, the Peninsular wines and those which resemble them, which are stronger in alcohol, contain much unfermented matter, and are almost devoid of the vegetable salts, have great gout-producing power, and, at the same time, lead readily to a condition of urine favourable to the production of gravel and calculus.

4. *Malt Liquors—Ale, Beer, Stout, and Porter.*—We come, lastly to the malt liquors—ale, beer, stout, and porter. In the manufacture of all of these, the fermentation is arrested at a particular period, so as to leave what is called a "body"; in that they are but partially fermented; they resemble, therefore, the Peninsular wines. Now, from my own experience, and I believe it is also the experience of all who have attended to the subject, I can confidently assert that these beverages have a great tendency to produce the uric acid diathesis. Compare the hospitals of Edinburgh and Glasgow with those of London. In the former, gout is scarcely known; in the latter, the disease is common, the difference, as I believe, being chiefly due to the different beverages drunk by the working classes of the two countries; it is, in fact, the difference between whisky and malt liquors.

It cannot be the alcohol alone. This, I believe, can be fully and satisfactorily proved, seeing that large groups of people, whose custom is to drink freely of distilled spirits are yet free: instances are to hand in Scotland, Sweden, and Norway, and Poland. It cannot be the sugar alone; for, although the partially fermented wines and malt liquors contain sugar, yet sugar, added to distilled spirit, does not appear to produce the uric acid diathesis. It cannot be the acidity alone, for the wines which are most harmless are quite as acid, or even more so, than malt liquors and the Peninsular wines, and many people, who strongly object to the least acidity in wines, will, nevertheless, often take lemon-juice to an extravagant extent.

If, then, neither the alcohol, nor the sugar, nor the acidity, by itself is the cause of certain beverages proving so injurious, is it a combination of any of these that does the harm? The only conclusion that I can arrive at, with my present knowledge—and it is the result of much thought during many years—is that it is something which is a result of imperfect fermentation, and you will find that it is those beverages in which fermentation has commenced, and has been allowed to proceed to a certain extent and has then been checked, which, of a certainty, cause gout, and, probably, lead also to the production of gravel and calculus. If I am asked to state more exactly what this principle is, I cannot do so; it may be an influence only, a condition of matter, a ferment. At present it is a mystery to me.

In connection with this subject, however, I must return for a moment to that of sugar, which I told you had, as I thought, been regarded askance without due cause.

I would say that I do not, for a moment, classify with sugar either sweetened fruits or vegetables; for I am quite sure that such articles of diet will frequently produce heartburn and other dyspeptic annoyances in individuals who are not in the least inconvenienced by sugar itself. I cannot help thinking that these contain a *something* which is not simple sugar, but a substance which is the result of the long contact of the sugar with the fruit or vegetable juices—a kind of semi-fermented matter; in fact, that same something which exists in the stronger wines and the various malt liquors. Of this I feel confident, that in many cases where sugar, whether by itself, or in tea, coffee, and light puddings, does not disagree, and where fresh fruit, although sweet, produces no discomfort, the combination of sugar with these juices, if time has been given for them to act upon each other, will often cause well-marked dyspeptic symptoms.

But it may be said: If so, a ripe orange cannot be a good thing to eat, as it contains both sugar and acid juice, and these substances have been in contact with each other for a long time. I answer: Not necessarily so; so long as the orange exists as a fruit, with its botanical structure intact, so long there may be no change taking place between the different constituents. We have a striking analogy to this in the case of the bitter almond. When whole, this seed contains the crystalline amygdaline and an albuminous ferment. Separate one of these from the other, and each, by itself, is innocuous; crush and moisten the almond, prussic acid is immediately formed, and the union of the two principles is the production of a deadly poison.

THE SUNDERLAND DISASTER.

By WM. OSBORNE LAMBERT, M.D., L.R.C.P. Lond.

THE following statement by Dr. Lambert in reference to this melancholy accident will be read with interest. It is signed by the four medical men who were engaged in the work of extrication and resuscitation, as evidence of the correctness of the facts and premises:—"My house is situated nearly opposite to the large door on the east side of the Victoria Hall, being the entrance to the area or body of the hall and the gallery. The latter is a very large building, and will seat three or four hundred more people than the Newcastle Town Hall. I have often been sent for professionally to attend upon injured persons during elections and other disturbed occasions, as when the Tichborne riot occurred in the Hall; and quite recently, when Miss O'Gorman, the 'escaped nun,' was lecturing here. The entrances, vestibules, landings, and staircases are as well known to me as my own house. I have always considered that they would be found perplexing should a panic arise, particularly the fatal door. I first heard there was something wrong at the Hall a minute or two before five o'clock. A young lady came to my house and said that a little boy was in a fit or dying at the Hall, and asked if I would go across and attend to him. I hurried across without a moment's delay, and entered the gallery and area door. There were a few people outside. I was told that the little boy was on the steps leading to and near the dress circle vestibule. I found the little fellow was quite dead, and from appearances I came to the conclusion that death had resulted from suffocation. There was no one near the body who could give me any information whatever. A sudden presentiment that a mortal struggle was going on at a certain situation leading from the gallery caused me to run up the flight of stairs, at the top of which is a landing. Turning round a corner in the gallery stairs proper, I beheld the dark horrible pit of destruction, with three hundred or more children in it, and—oh! shocking sight—a heap, most of whom appeared to be dead, so feeble were the groans and cries (for they could not get breath to cry) of the living; hence no one could believe that a few yards from the spot actually more than a hundred were already dead. It may be safely asserted that within five minutes of the block taking place at least this number would be dead. Through the eighteen-inch space that the door was open I could see the hall-keeper making almost superhuman efforts, with others, to release the fatal door, but to no avail. I also saw Mr. Potts's coachman and a gentleman whom I have since learnt was Captain Thomson, late of the s.s. *Nebo*, and others. In the pit and on the stairs to a considerable height, as I have said before, the children were piled up some seven or eight feet. I only saw one or two persons where I was, and they seemed paralysed. The moment I took in the fearful situation I was at the rescue of the living from the dead, as I knew I could save scores more children's lives than by waiting to render professional aid, and that any moment lost meant the loss of many more lives. I was nerving every muscle of my body to the rescue for some minutes, when I found Mr. Waterston, surgeon, by my side, and together we worked with an earnestness that surely never men worked with before. Then more rescuers appeared on the stairs, some of whom quailed before the sight and rushed back with terror. I many times fell down with exhaustion and faintness together with the weight of a body in my arms; I was most thankful when I saw Dr. Beattie making his way down the stairs towards us, knowing him to be a very powerful man, and capable of giving great assistance in an emergency such as this.

Then came the hall-keeper, Captain Thomson, Dr. Bolton, and a strong mason whose name I do not know, and others from the outside of the door who had found their efforts to loosen the door vain. The limited space we had to work in by this time was rapidly becoming blocked. But the work proceeded rapidly, and in about at least thirty-five minutes the last of the dead was lifted from the floor and carried away from the fatal spot. Many of the children on the outer edge of the frightful heap could be made out to be past human aid. They had fallen early in the frightful struggle, and those who came after had been precipitated over them into the far side of the heap. In order to get at the latter, hands had to be joined by the rescuers, so that one might reach over the nearer bodies, and take hold of some little one whose feeble movement gave sign that life was not extinct. These, after being carried up, were then handed over and administered to by the tender hands and feeling hearts of the doctors who had

arrived in large numbers. I am told by the medical men who were acting in their professional capacity beyond the base of the rescuing operations that it was surprising how the children brought up from the pit who had not received internal injuries quickly recovered from almost fatal suffocation, as was evidenced by their showing only a spark of life, such as convulsive movements of the eyeballs and limbs, although insensible, yet after getting into the fresh air they in a few moments would take a drink of cold water most eagerly, and in a very few minutes longer, with very little assistance, would walk away. In comparatively few cases was there any urgent and immediate medical treatment required. On inquiry I only hear of a few cases of broken bones, and these were mostly simple fractures. What seemed to wring the hearts of the rescuers with the utmost anguish were the appeals of those who were able to cry. It was, 'Give me a hand!' 'Oh, do take me out first!' or, 'Oh, where is my mother?' with sobbing, half-choked utterances. We encouraged them to be brave, and assured them we hoped we should soon save them all.

Many of the little children who were at the rear of the crush, finding they could not proceed, turned back, dragging as many as they could with them, and went off through the dress circle vestibule door, which, most fortunately, had been fastened widely open by the hall-keeper before the commencement of the entertainment. After the last body had been removed matches were struck, when the fatal door was found immovable by being bolted into the floor. The hall-keeper asserted, and his assertion is corroborated by statements on the part of boys who passed down the gallery stairs before the general rush began, that this door was open wide a short time before the entertainment closed, but that he found it bolted when he went to ascertain why the exodus had suddenly ceased. Two boys have also stated that a man stationed himself at the door to distribute the prizes to the gallery children as they went out, and that, finding the crowd was coming too fast to allow his doing the work he had been sent to do, the man slipped the bolt so as to fix the door ajar, leaving space for only one child to pass through at a time. All the circumstances of the catastrophe seem to point to this theory as the explanation of the disaster. Many of the rescued children whom I have since seen say they first became unconscious, and remembered no more till after they were extricated. Out of the number rescued very few indeed, proportionally, have since died. Were it not for the early efforts of the rescuing party, I fear that upwards of a hundred more lives would have been lost."

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JUNE 1ST.

The President, ANDREW CLARK, M.D., LL.D., in the Chair.

THE committee appointed to consider Dr. Tyson's case of leprosy presented their report, in which, as a result of microscopic examination of the skin, it was affirmed that bacilli were discovered in profusion.

MR. BARKER ON

A CASE OF LARGE SEBACEOUS OR DERMOID CYST IN THE TONGUE, REMOVED BY OPERATION, WITH CURE.

The case was one of a woman, *æt.* 28, who had first noticed pain and difficulty in swallowing seven years before. Soon after, a swelling was noticed exactly under the tongue in the middle line, and directly behind the *symphysis menti*. This had been increasing ever since. On admission into University College Hospital, it pushed the mucous membrane forwards and upwards, so as to make an interval between the jaw and the root of the tongue of quite an inch broad. It also projected beneath the chin for about an inch and a quarter. The skin over it here was perfectly normal, and in no way attached to the tumour. The whole tongue was thrust much upwards, and its dorsum rested against the hard palate. The tumour was painless, and fluctuated over its whole surface; there was no trace of inflammation anywhere about it. On puncture with a grooved needle, typical sebaceous matter was obtained. On Aug. 12, 1882, Mr. Barker removed the tumour by a

straight incision in the middle line under the chin. The tough cyst was reached above the mylo-hyoid muscle, and lay here, partially separating the genio-hyoidel. It was easily separated from its bed, which lay almost entirely between the genio-hyo-glossi muscles, and reached quite up to the dorsum of the tongue, only covered by the tough mucous membrane of the latter. Blunt instruments and scissors were used, and hardly a trace of blood was lost, no vessels requiring to be secured, except one tiny twig, which was pinched. The wound having been well cleansed with carbolic solution, the skin was brought together with four silver sutures, and the large cavity drained with a tube. The whole thing healed in a few days without any suppuration or reaction, and the patient left hospital on the sixth day after operation. The cyst (*shown*), being removed entire, was found very tough and firm-walled. It measured 3 in. by $1\frac{1}{2}$ in., and was somewhat uniform. Its contents were like porridge, with a faint, sour smell, and under the microscope were seen to be typical sebaceous material. Its wall was fibrous, lined by a thin, glistening membrane, leaving no doubt as to its nature. Mr. Barker then alludes to the rarity of these tumours of the tongue, and in illustrating this fact, states that after careful search he has only been able to collect sixteen recorded cases, exclusive of his own two. From an examination of these, it appears that these cysts may occupy three distinct situations in relation to the tongue:—1. Between the genio-hyo-glossi muscles in the middle line; 2. They may be unilateral—that is, lie between the mylo-hyoid muscle and genio-hyo-glossus of one side; and 3. They may be bilateral, lying above the mylo-hyoid and below the genio-hyo-glossi of both sides. Their contents vary also very much, as also the age of the patients among whom they are met with, although they appear to be, in a sense, congenital. The various modes of treatment are then alluded to, but of all Mr. Barker gives the preference to complete excision without opening the sac, as the easiest and safest operation. This may either be done from the mouth, or by a median incision, as in the last of the author's two cases. The scar left by the last method is very trifling, as seen in the patient exhibited, and the ease and safety of the operation is greatly increased thus where larger cysts have to be removed.

MR. R. J. GODLEE ON CASES OF

STRETCHING THE FACIAL NERVE FOR TIC CONVULSIF.

The first case was the conclusion of one reported in vol. xiv. of the "Transactions" of the Clinical Society, page 44, by Dr. W. Allen Sturge and Mr. Godlee, that of a lady, *æt.* 72, in whom the operation had been performed for right-sided tic. The result had been almost complete relief for nine months, when the spasm recommenced as the result of a sudden and severe nervous shock, and gradually regained all its former intensity. The patient remains in tolerably good health, but still suffers from some neuralgic pain in the face, principally in the right supra-orbital nerve, and at the top of the head, on the left side, at the seat of an old injury. She is unwilling to undergo any further operation. The next case was that of a man, *æt.* 36, who had suffered from bilateral tic for some years without assignable cause. There was no syphilis, and no source of reflex irritation, except some old carious stumps of teeth. It was made worse by exposure to cold and bright light and excitement. He had slight supra-orbital neuralgia on the left side. He was kept under observation for some months, and improved while perfect rest was maintained, but relapsed when allowed to go about. The left supra-orbital nerve was first divided subcutaneously without good effect, and subsequently the left, and afterwards the right, facials were stretched by the same method as in the former case. In both instances the twitching recommenced after three months, as the paralysis disappeared and returned as severely as before the operations. Arguments were adduced in favour of the mischief being situated in the region of the medulla oblongata, and references were made to as many reported cases as the author could discover. It was shown that, though all of these had been reported at first as examples of success, in all (except in one reported by Mr. Southam, of Manchester, which remained quite well after two years) more or less return of the twitching has occurred. Some, however, according to reports carried up to the present time, remain to some extent improved. The total number of cases in the table amounted to thirteen. It was then urged, that if Mr. Southam's case did not exist, we should have to consider this chapter of surgical therapeutics closed, but that while it remains well there is still a certain amount of hope that

the operation may be sometimes successful. It was lastly pointed out that the stretching of a small nerve on a hook acts differently from the stretching of a large nerve with the finger. In the latter class of cases the effect is probably either a loosening of the nerve from its sheath, or some influence on the nervous centre; in the former it causes a solution of continuity of the nerve, but with a certainty of union. The *modus operandi* is, therefore, probably not a profound effect upon the centre, as has been supposed, but merely the breaking of a bad habit, which must be taken for what it is worth.

Mr. PAGE was of opinion that the operation had been more frequently performed than was implied by Mr. Godlee's remarks, and that it was premature to speak of finality in respect to it. He referred to a case operated on by Mr. Pye, and another in which he had himself resorted to the same proceeding for relief of long-standing facial paralysis, in which all other remedies had been tried in vain. The first consequence of the operation was complete paralysis, and, subsequently, return to a condition of slight improvement on the original state. Prof. Braun had recently published observations tending to show that nerve stretching tended to the production of distant lesions.

Dr. ANDREW CLARK observed that Mr. Godlee's paper was an excellent illustration of valuable work. He agreed, however, with Mr. Page that all the cases had not been referred to, and instanced one in which, two years ago, Mr. Hutchinson successfully operated on the facial nerve.

Mr. H. H. CLUTTON on a case of

SPONDYLITIS DEFORMANS.

The patient, who had been exhibited at a previous meeting, was 30 years of age, and the subject of a very severe form of ankylosis of the spinal column. In the family history there was nothing to indicate hereditary taint. In his previous history there was strong evidence of rheumatism affecting the joints. When nine years old he was confined to bed for rheumatism, which, with several intermissions, lasted for six months. It began in the metatarso-phalangeal joint of the right big toe. It then attacked the right knee, and finally the right hip. The latter joint had, he said, remained stiff ever since. Six years ago he had a painful foot, which the doctor called rheumatic gout. He had never had any venereal disease of any kind, and beyond the attacks above described had always had good health. Three years ago he first felt pain and stiffness in his neck, but it had caused him little inconvenience till the last six months. He can give no account of his back or chest, and is not aware that they are fixed and immovable. For the last three months his left shoulder has been stiff and painful, and he still occasionally suffers from rheumatic pains in the right hip. His present condition is one of almost complete ankylosis of the spinal column. He stands with the left leg advanced in front of the right, with the knees bent, and in a stooping posture. His spine presents one large dorsal curve, with the convexity backwards. The head is craned forwards, and the chest sunken and depressed. The movements of the head are very much impaired, although not as yet completely destroyed. He cannot turn his head at all to the right, and only slightly to the left, the nose moving about one and a-half inches from the median line. The lateral movements ordinarily obtainable in the cervical region are entirely absent. In raising and depressing the head, the chin only moves three inches. There is no movement whatever in the lower cervical vertebrae. This is very apparent on trying to make the patient bring his chin towards the sternum. On bending the whole body forwards, it is seen that the spinal column is quite rigid; there is no separation between the spinous process, or increase of curva. With the knees extended, the tips of the index fingers just touch the patella, and this movement appears to be effected by the hip-joints. The respiratory movements are entirely abdominal. On the deepest inspiration there may be some slight expansion, but there is no elevation of the ribs. His height is now 5ft. 2in. in his boots, and he is quite sure that some years ago he was 5ft. 5½in. when measured in his boots against the wall. As to other osteo-arthritic changes, the patient has several creaking joints and distinct "lip-growths" in both shoulders and big-toe joints. He has also distinct limitation of movement in the left shoulder. The right great trochanter is larger than the left, and tender on pressure. All the other joints except those named seem perfectly healthy. Such an extensive and severe form of ankylosis of the spine, with or without osteo-arthritic changes elsewhere in the body, is a rare condition in

a man 30 years of age, and it was on this account Mr. Clutton brought him before the Society. A similar case was shown at this Society by Dr. Allen Sturge, and is recorded in the Clinical Society's "Transactions," vol. xii.

Dr. LEDIARD on a case of

SPONDYLITIS DEFORMANS AND OSTEITIS DEFORMANS.

The patient was a miner, *æt.* 58, from Cumberland, who had suffered from repeated attacks of pain in the spine, and rheumatic affection of the joints, and of late years stiffness of the spine and head, so that the body was bent forwards in a stooping posture. The spine was absolutely ankylosed except for slight movement in the neck, and the head was firmly fixed to the spine. Several joints presented chronic rheumatoid arthritic changes; there was no movement of the chest walls, respiration being entirely diaphragmatic. The femora were curved forwards and outwards, and the shafts, somewhat massive, suggesting the disease known as osteitis deformans in possibly an early stage. The skull and clavicle were, however, unaltered.

Dr. DYCE DUCKWORTH said it was difficult to account for the rarity of the disease if it was due to rheumatic arthritis. Mr. Hutchinson put the origin of many such cases in gonorrhoeal attacks, but he was uncertain if this experience was borne out by that of other surgeons. It was fortunate the disease was so rare, since it was so hopeless of cure.

Mr. CLUTTON said that, in spite of particular inquiry as to the occurrence of gonorrhoea in his patient, no proof of this had been obtainable.

Mr. GEORGE LAWSON related the history of

TWO CASES OF EPITHELIOMA WHICH HAD OCCURRED ON OLD CICATRICES, AND WHICH HE HAD REMOVED.

In the first case, the patient, a pale, anæmic woman, *æt.* 38, had lost, in childhood, the sight of both eyes, except the bare perception of light, from an ulcerative inflammation, probably diphtheritic, and which had caused complete adhesion of the upper and lower eyelids of each eye to the globe. The patient was admitted into the Middlesex Hospital in May, 1881, and the growth first commenced in the previous September. It sprang from the cicatricial tissue which united the left lower eyelid to the globe, and steadily increased until it obtained the dimensions shown in the drawing, the whole front of the eye being occupied by it. Mr. Lawson removed the growth and the eye. Two years has now elapsed since the operation was performed, and there has been no recurrence. In the second case, the patient, a strongly-built man, *æt.* 30, was admitted into the Middlesex Hospital in March, 1881, with an epithelioma of the left thigh, which occupied the greater part of a large cicatrix. Twenty years previously his left thigh was crushed by a heavy cart passing over it, which caused great laceration of the skin and muscles. He was seven months in the Aylesbury Hospital, and when he was discharged there was still an unhealed superficial wound of about the size of a small saucer. He then went to work as a farm labourer, but the wound never healed. Two years and a-half before his admission into the Middlesex the wound took on a new action. It began to spread rapidly, the granulations became large and fungoid, and it occasionally bled. On admission, there was found an epitheliomatous ulcer measuring seven and a-half inches by eight inches. Mr. Lawson amputated the thigh just below the trochanters, and although two years have elapsed, there has been no recurrence of the disease. Mr. Lawson remarked that the cicatrices which seemed specially prone to epithelioma were the tight cicatrices such as are caused by a great destruction of skin, and those cicatrices upon which there is a constant tension. Both the cases, he said, tended to show that if epithelioma can be completely excised before it has affected lymphatic glands, it is the form of cancer which is the most amenable to treatment; whilst experience has taught us that after the lymphatic glands are invaded, epithelioma is the most formidable and irremediable of all the cancers.

Mr. GODLEE asked whether the epithelioma arose in the centre or at the circumference of the cicatrix.

Mr. LAWSON said that in his own case it arose at the margin of the scar.

Mr. WARRINGTON HAWARD observed that the cases described pointed to the conclusion that in such forms the disease was purely local; and he cited a case in which the region of a large burn was for twelve years subsequently the site of a granulating sore. Then active fungation set in, and much pain was experienced. Skin grafting was tried without result,

and amputation of the leg—which was the part affected—was performed, an epitheliomatous structure being clearly seen in it. There was no history of cancer in the patient's family for some generations before, and now, seven or eight years later, she continued in good health, having had no recurrence of the growth. Other examples could be quoted of long unhealed sores resulting in cancer, and they taught that immediate removal of such parts should be adopted.

Mr. BARKER also regarded the cases as affording striking proof of cancer originating from local irritation.

Mr. PEARCE GOULD mentioned two cases treated in the Westminster Hospital, one, that of a woman in whom cancer spread from the edge of a scar on the thigh; and the other, of a man who had been shot in the leg eleven years previously, and in which case epithelioma spread round small sinuses communicating with shot remaining in the tibia. The resemblance of such less malignant forms of cancer to rodent ulcer was insisted on by Mr. Pearce Gould.

Dr. ANDREW CLARK inquired whether Mr. Lawson had found cancer originate in syphilitic cracks in the tongue.

Mr. LAWSON replied that syphilitic tongues were more commonly cancerous than non-syphilitic. He regarded irritation as a common cause of cancer, and thought that the epitheliomatous growths under consideration might be managed in their early stages, but were intractable later. In operating, however, the whole of the affected tissue must be removed.

Dr. RADCLIFFE CROCKER read the case of a girl, *et. 12*, with
NODS FROM CONGENITAL SYPHILIS.

The patient had been shown at a previous meeting. She had enteric fever five months before she came under notice, and during convalescence, two nodes appeared on the forehead, one on each side of the median line; there was another tumour in the right orbit, softer than the nodes and movable. There was no corroborative evidence about the girl except the two upper central incisors, both of which were notched, and one was slightly pegged. No history of infantile syphilis could be obtained, and the mother and the other children were apparently quite healthy; but eventually it was ascertained that the patient was a child by a previous husband, who died soon after their marriage, had lived a dissipated life, and was never well, but resented inquiries into the cause of his ill-health. The patient was put under iodide of potassium, and when last seen the softer tumour had quite gone, and both the nodes were softer and much smaller, and the improvement in the general health of the patient was very striking. Dr. Crocker remarked that the case corroborated Sir James Paget's observation that typhoid fever often aided as the discoverer of constitutional taint, and also Mr. Hutchinson's observations on the value of the notched and pegged incisor teeth as evidence of congenital syphilis.

Dr. FREDRICK TAYLOR on a case of
INFANTILE HEMIPLEGIA WITH UNUSUAL REFLEX PHENOMENA.

The patient was a child, *et. 5*, who was taken with convulsions at twelve months old. These lasted two hours, and were followed by weakness of all the extremities. In a few days the right arm began to move, and the right leg, but the left limbs remained paralysed. Gradually rigidity developed, and with it the curious reflex irritability to be described. The child was fat and well, commonly semi-recumbent, with both legs semi-flexed and rigid, the left arm flexed at all joints and rigid. This arm is scarcely used, but the right freely and well. Both legs can be moved, but not completely flexed or extended. The right is less rigid than the left. The child cannot sit up in bed, nor stand upright, nor walk. The left arm and leg are nearly two inches shorter than the right arm and leg respectively. On making a sudden noise near the patient the left arm is quickly thrown out at right angles to the body, the elbow, wrist, and fingers are extended, the face assumes a puzzled expression, and the legs undergo moderate extension. The condition of spasm remains for about thirty seconds, then slowly relaxes. The same reflex contractions are brought about by shocks affecting the surface of the body, a blow on his crib, a tap on the head. Vision appears to be good, but he has disseminated choroiditis in very small patches in both eyes. He is lively, fairly intelligent, and can talk. He passes feces and urine involuntarily. But for the choroiditis there is no conclusive evidence of congenital syphilis. He has been four months treated with iodide of potassium and mercury, but shows no material improvement. Dr. Taylor thought the case was allied to those of infantile hemiplegia with spastic or choreic phenomena occurring

afterwards. Though not strictly unilateral, the disease on the left side was obviously of cerebral origin, and that on the right side must be explained by a second lesion, or more likely by a single lesion crossing the middle line. The mode of origin suggested obstruction of a vessel, with syphilis as a possible antecedent. Its early occurrence and the deficient growth of the left limbs rendered it probable that asymmetry of the brain also co-existed.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

A METHOD OF RENDERING THE SKIN INSENSIBLE IN OPERATIONS WITHOUT CHLOROFORM.—M. Jules Guérin read a note at the Académie des Sciences upon a method of rendering the skin insensible in those operations which do not admit of chloroform by inhalation, and cited a case in which he had employed it to advantage. A lady, *et. 60*, consulted him three months ago for a tumour in the right breast of eight years' standing, which, on examination, proved to be a scirrhus. The general health was bad, bronchial and cardiac troubles were very manifest, and the kidneys were not in a very satisfactory condition. However, the operation was urgent. Chloroform having been considered dangerous, M. Guérin applied around the tumour a circular layer of Vienna paste, limited by a double band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumour removed without the patient feeling the slightest pain, and who did not seem to be aware of the operation. The results were all that could be desired.

ANKYLOGLOSSIS.—At the meeting of the Société de Chirurgie a member invited the opinion of his colleagues in a case of ankyloglossis which had come under his notice. The patient was an infant, two months old, and from the peculiar position of the tongue, which was totally adherent to the floor of the mouth, the child was unable to suck, and consequently was rapidly wasting away. He thought that an attempt might be made to disengage the tongue by the thermo-cautery, but waited the opinion of his colleagues. M. Champonnière said he had seen a child presenting a deformity analogous to this case. The tongue was fixed to the floor of the mouth in its whole length. With the scissors he was able to set free the point, and the child was able to perform suction satisfactorily. He did not see why a similar operation should not be tried in the case under consideration. M. Verneuil could not believe that such a simple operation would be attended with a sufficiently satisfactory result in this case, although it might suffice where the deformity was not so complete. M. Trélat had occasion to observe a case of ankyloglossis in which the tongue was attached to the floor of the mouth by two fimbriated mucous folds, one on each side. A cut with the scissors sufficed to set free the organ. He might suggest that it was possible that a similar disposition of the parts might be found in the case of his *confrère*. M. Sée observed that, if the tongue was simply separated from its adherences a relapse was sure to occur. It would be necessary in consequence to interpose between the two surfaces a piece of mucous membrane which might be taken from the cheek. M. Tillaux was of opinion that nothing should be done, as an operation on a child two months old, weak and sickly, could not be followed by any good results; it was better to let a child die quietly than to kill it. After some other remarks from different

members, the subject dropped, but not before the member, who had charge of the case, expressed his determination to hazard some kind of operation.

BRIGHT'S DISEASE.—At the Académie de Médecine M. Seminola, of Naples, explained his theory on Bright's disease. According to him, the alterations observed in the renal tissue are not the cause, but the result, of the infiltration of albumen. The albumen is altered in its quantity and composition. Its characters in the serum of the blood are not normal, and consequently it must be eliminated from the economy. M. Seminola injected by little quantities under the skin of healthy animals albumen of different kinds. After some time the kidneys became affected in a similar manner as that observed in Bright's disease. This new theory was tacitly received by the meeting, and immediately afterwards a discussion on the report of the Typhoid Fever Commission was commenced. This Commission was formed to furnish the authorities with advice on the best prophylactic means to be adopted against that affection.

A FURIOUS ANTI-VIVISECTIONIST.—M. Brown-Séguard was interrupted rather brusquely the other day in one of his courses of experimental physiology at the College de France. A monkey was brought on the table and the learned physiologist commenced his lecture by explaining the nature of the experiment about to be made on the animal. The monkey seemed evidently well-pleased by the observations, for he highly amused the whole audience by his mimics. But when the lecturer went to seize him he cried most piteously, as if he had a presentiment of what was in store for him. Having thrown him on his back and bound him, M. Séguard took the scalpel and, was in the act of plunging it into the animal, when, to his great surprise it was adroitly sent whirling across the room by a straight tip from the umbrella of an indignant lady member of the Anti-Vivisection Society. The humiliation of the lecturer can be easily imagined, however, recovering his *sang froid* he requested his assailant to leave the Hall, but was met with a stern refusal from the lady, who said that, as she had no other way to show her disgust for such practices, she had determined to prevent them by the means she had chosen. However, the influence of an *agent de paix* was brought to bear on this member of the gentle sex and she left, protesting all the way. The scalpel was picked up, and now that his defender was gone poor monkey had to submit *bon gré mal gré* to the operation in question, and the lecture was finished without further interruption.

RESECTION OF THE LUNG.—Your correspondent is always glad to be corrected when he inadvertently makes a mistake, either as to the name of authorities or the subject of facts. But at the same time he is generally surprised when one of those rare occurrences take place, as he is always very careful as to the selection of his sources of authority. In any case, although it is quite possible that the credit of such an operation is not to be attributed to Koch of Berlin, but another Koch, the fault is not to be laid at the door of your French correspondent, but at that of the *Bulletin de Thérapeutique*, a journal always well-informed and edited by several of the best lights of the metropolis. The article commences thus, "Koch de Berlin très connu dans le monde scientifique pour ses recherches sur le bacillus de la tuberculose vient de tenter une operation, &c. I would advise "the writer of the summary" to exact without delay a correction in the journal referred to, as it seems of such importance to him. There is no doubt he will get every satisfaction.

MEDICAL ACTS AMENDMENT BILL.

A STATEMENT of their case has just been issued by the Royal College of Surgeons in Ireland which embodies, as we think, most of the points which can be urged by the Irish licensing bodies, and is, therefore, worthy of special notice.

With reference to the constitution of the Irish medical Board the College proposes that the Irish Medical Board shall consist of thirteen members, *i.e.*, twelve from the licensing authorities which are recognised by the Bill, together with the direct representative for Ireland; and it submits that the Colleges of Physicians and Surgeons should not have a smaller combined representation on the board than the Universities, because (a) the medico-educational work done by them is much greater, and (b) the medical examination standard, as evidenced by the percentages of rejections, is not, in any respect, lower than in the case of the Universities.

As regards the standard of general education required for their admission to the profession, the College recognises the claims of Graduates in Arts, or of Under-graduates in Arts, of three years' standing, to a special exemption from examination fee, but it does not admit that other University students are entitled to any special consideration, or that bodies which grant qualifications to candidates of lower Arts standing than three years have any claim to predominant influence in the Medical Board.

The College submits that the representation of the Irish licensing bodies in the medical board which it urges is consistent with the principle upon which such representation has been fixed in the other divisions of the Kingdom. In England the licensing of the great majority of practitioners is effected by the Colleges of Surgeons and Physicians, and, therefore, a large predominance of representation in the Medical Board is given to these two bodies, which return as many delegates as the five universities combined, the result being an equally balanced influence between the universities and the colleges. In Scotland, on the other hand, the greatest proportion of medico-educational work is done by the universities, which are, therefore, given a predominant representation of 8 to 3.

Admission of the Direct Representative to the Medical Board.

The College is of opinion that the Bill will not be acceptable if the direct representative be excluded from a seat at the Medical Board of his own division of the Kingdom. One of the chief purposes of the reconstitution of the Medical Council was to give the profession at large an influence in education and examination; but the Bill does not fully effect this object, for it limits the direct representative to the occupation of a seat for a few days annually in the Medical Council, with a vote as one of eighteen members, in the exercise of the supervisory powers of that Council. The direct representative for Ireland, for example, would have no direct voice in the arrangements for preliminary or professional education—the appointment of examiners—the regulation of fees for study or for examinations—the recognition of examining bodies in Ireland, or any of the other functions of the Board. These important matters would, in the absence from the Medical Board of the Crown nominee and the direct representative, be ruled exclusively by the delegates from licensing bodies, an arrangement which the Bill is expressly intended to prevent.

Uniformity of Educational Standard throughout the Kingdom.

The College strongly urges that it shall be impossible for the Medical Board of any one division of the Kingdom to accept a shorter and cheaper course of medical study for its examinations than that required by another board. The chief purpose of the Bill is to ensure competency of the practitioner, by requiring a sufficient minimum of education, and to put a stop to the practice of students who are not educated up to the requirements of their own country,

resorting to institutions of a lower educational standard elsewhere. The Bill attempts to meet this downward competition between Medical Boards by providing for uniformity of examination, but it permits any amount of downward competition in curriculum of study.

This lowering of the extent of courses of study and consequent cheapening of education has, in fact, caused a migration of a very large number of Irish students from their place of education to seek qualifications from licensing bodies elsewhere which accept a lower, briefer, and cheaper curriculum; proof of this statement can be found in the evidence given before the Royal Commission.

This College does not desire to limit schools as to their method of teaching, so long as that teaching is *bona fide*, and it is entirely willing that the course of study shall be fixed as the Medical Council deems expedient; but urges that whatever studies be considered indispensable they would be imposed strictly upon the students of every division of the Kingdom without exception.

Education and Examination Schemes to be made by Medical Council.

The College is strongly of opinion that the subjects and extent of final examinations, and of the required courses of study, should be fixed by the Medical Council, and not by the local Medical Boards. As the Bill now stands, each Board would make, in all probability, its own scheme of a totally different scope and character from those of the Board, and the Medical Council would be obliged to bring these schemes into uniformity against the opinion of the Boards, and, probably, in face of frequent appeals to the Privy Council—a system which would obviously increase enormously the labour and cost of making a general scheme.

Allocation of Surplus Funds.

Under the Bill two sorts of funds are contemplated—*a*. Three local Medical Board Funds, resulting from the surplus of the fees paid to local Boards for final examination, over the expenses of same; *b*. A Medical Council Fund, resulting from the assets from the three existing Branch Councils, plus the fees of £5 each for registering practitioners.

Fund *a*. (the Local Fund) is applicable, *inter alia*, after payment of expenses, to maintenance of "medical museums and medical libraries belonging to a medical authority." Fund *b*. (the General Fund) is applicable "for the benefit of the medical profession, or in such manner as the Medical Council may, with the consent of the Privy Council, determine."

The College solicits attention to the operation of these arrangements in Ireland. Fund *a*. would probably be insignificant in amount, because University undergraduates would be exempted from contributing to it, and the entire expenses of maintenance of the local Board and payment of examiners would constitute a first charge on it, therefore the surplus available for maintenance of Irish "museums and libraries" would probably be very small.

Fund *b*. (the General Fund) would, on the contrary, be large. It would start with the aggregate capital of the three existing Branch Councils (£29,000 + £2,000 + £1,869), amounting to £32,869, and yielding an interest income of nearly £2,000 a year. It would have also an income of almost £6,000 arising from registration of practitioners; and against this total income of £8,000 it would expend for the Medical Council and its establishment about £3,500, leaving a yearly profit of about £4,500 available for any purposes within the wide area of the phrase quoted above.

The College submits that the maintenance of great Irish educational institutions ought not to be left either to the insignificant local Fund or to the unlimited discretion of the Medical Council, of whom only four members will specially represent Ireland, and it proposes that the Medical Council Fund shall be allocated to each division of the Kingdom proportionately to the medico-educational work done therein, and shall be there distributed by the local Medical Board. It appears, taking the three

years last passed, an average of 2,048 new students were registered each year throughout the Kingdom, of whom England supplied 966 annually; Scotland, 580; Ireland, 502; total, 2,048. Calculating on this basis and dividing the gross central surplus fund into hundredths, it appears that, in respect of its medical educational work, the English Divisional Board should receive 47·1 per cent. of the entire fund, Scotland 28·3, and Ireland 24·5.

Exemption of University Undergraduates from Examination Fee.

Clause 36, page 22, lines 19 *et seq.* declares that "the fees (for final examination) to be paid by University graduates or undergraduates holding University certificates of having passed the examinations at their University . . . shall not exceed the portion of the fee leviable . . . for the administrative expenses of the Board." The College is willing to accede to this concession to full Arts graduates of Universities or to undergraduates of at least three years' standing in Arts; but it altogether dissents from the proposition to extend such privilege to students who are only University undergraduates in name, and who have not acquired a claim—by *bona-fide* academic studies—to the enjoyment of such privileges. The College draws a marked distinction between Universities such as Oxford, Cambridge, and Dublin, which accept no candidate for their medical degrees but those who have fulfilled a complete curriculum in Arts as well as in Medicine, and those other Universities which grant their highest medical degrees to students who are little more than matriculants, who pass but one, or, at most, two preliminary examinations of no higher standard than the analogous examinations of the College,—who are examined, but not, in any respect, educated in these Universities,—who do not reside therein, and who are not called upon to pay the cost of complete Arts studies. Such Universities, being simply examination centres, have even less claim to special privileges than this College, which both educates and examines and maintains for purely public purposes an educational establishment of the greatest value, without calling upon the public purse for any assistance.

Affiliation of Examiners to a Licensing Body.

The Bill confers on the examinee of the local medical board a right to be registered and to practise, but it does not give him a title by which his *status* shall be indicated. The College is of opinion that an examinee who has passed his primary examinations at a College or University, and his final examination before a medical board should be affiliated by the College or University *ipso facto* without additional examination, and upon a small fee (if any). But it would be an abuse of the system if such students should go off to another licensing body and obtain its diploma without having been associated with it during studentship, or having passed any examinations therein.

Signed, as delegates for the Royal College of Surgeons in Ireland,

WILLIAM IRELAND WHEELER, President.
RAWDON MACNAMARA, Representative on
General Medical Council.
JAMES KELLOCK BARTON, Past President
and Councillor.
ARCHIBALD HAMILTON JACOB, Councillor.

June 21st, 1883.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Norwich, Halifax, 12; Leicester, 14; Bradford, 15; Edinburgh, Oldham, Bolton, Birmingham, London, 16; Bristol, 17; Portsmouth, Brighton, Salford, Hull, Derby, 18; Cardiff, 19; Sheffield, Leeds, Nottingham, Birkenhead, Huddersfield, 20; Wolverhampton 21; Dublin, Plymouth, Blackburn, Liverpool, 23; Preston, 25; Manchester, Sunderland, Newcastle-on-Tyne, 26; Glasgow, 30.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

Is published every Wednesday morning. Price 5d. Post free, 51d.

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 " IF PAID IN ADVANCE 1 1 0

Post-office Orders and Cheques to be drawn in favour of—
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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 27, 1883.

THE MEDICAL BILL.

THE position of the Bill as one of the secondary measures of the Government is becoming every day a subject of greater anxiety to reformers, for, though Ministers are evidently determined in passing it, if at all possible, yet the embarrassments of Government legislation are just now so great that an organised opposition would certainly be fatal to the measure this session.

We understand that the Government will probably devote Saturdays to this and other secondary Bills, including a London Police Bill (which is considered of first importance), the Union Officers' (Ireland) Superannuation Bill, and other class legislation which still hangs fire. On these Saturdays the rule that opposed measures shall not be taken after midnight cannot be availed of to stop progress, because the House sits at noon and goes on without limit, and ample time is thus afforded to take opposed Bills before midnight.

Nevertheless an organised opposition could interpose insuperable difficulties, and it is for this reason especially that we regret to observe that Mr. Mundella has evinced a disposition to refuse consideration even to reasonable amendments, which, being consistent with the principles of the measure, might be conceded to the licensing bodies which put them forward. In this respect we think

that the attitude of the Minister, as well as the policy adopted by certain representatives of medical reform, is extremely unwise.

These advocates of reform think that they most effectually support the Bill by declaring their readiness to swallow it entire without particular inquiry as to its ingredients. They represent the profession as being so hungry for direct representation that it will thankfully accept any Bill which contains that concession, and without waiting to inquire whether the measure is in other respects acceptable, or whether it really provides for the one point which they consider essential. By reiterated begging for this boon they have, we fear, succeeded in persuading Mr. Mundella that, so long as he grants it, he need not trouble himself with the other details of the Bill, and they have thus caused him to assume an attitude toward remonstrants which is, we think, in the last degree undiplomatic.

These representatives of reform of whom we speak seem entirely to forget that, if they abstain from seeking to improve the Bill, their doing so will not in any material degree relieve the Government from the pressure of amendments promoted by other parties, and Mr. Mundella would be wise to recollect that these amendments cannot be met with flat refusal, unless the Government is prepared to make the Bill a Cabinet measure of the first order, and force it through by the votes of the Government majority.

We feel that it is not reasonable for the Government to meet suggestions for improvement with the declaration that reformers must take the Bill as it stands, or no Bill, and we must say that, putting out of consideration the very influential class in the profession who are hostile to reform, and would be delighted that the Minister would carry out his threat to abandon the measure, there is also a large section of reformers who would almost prefer to wait and agitate for another year or two rather than accept for the next twenty years a defectively reconstructed system.

We would, therefore, earnestly advocate a change of policy before it is too late. The Bill will probably not be seriously opposed on second reading if the licensing bodies have reason to hope that they will have fair play when the Bill goes into committee; and, therefore, with a view to smooth the way for further progress, we think that the advocates of reform ought to help the Government by suggesting concessions, and that Mr. Mundella ought to consider the suggestions in a compliant spirit so long as they are neither impracticable nor inconsistent with principle.

We warmly support the Government in refusing to sacrifice principle or important detail to the individual interest of any licensing body, but we cannot approve of a determination to hear no remonstrance or make no concession; nor can we listen to a repetition of the formula that if the profession does not like everything the Bill contains it will get nothing else.

THE RECENT ANTI-VACCINATION COLLAPSE.

NOTHING that has occurred within recent times has more conclusively demonstrated the arrogant pretensions of anti-vaccinators than the debate and its result

we have nothing but admiration ; although it must be added that the sections wherein the relations of the Council itself towards those guilty of fraudulent practices connected with unqualified practice, are dealt with, reflect the besetting weakness of the Council as a judicial body, and rightly enough have provoked a crushing and unanswerable retort from Dr. Ogle.

It was to be expected, as a matter of course, that objectors to the Council's proposals for preventing a continuance of unqualified practice would arise ; but we must confess to a feeling of real concern at the attitude assumed by our contemporary, the *British Medical Journal*, towards a reform that is as necessary as it is just. The whole weight of evidence is abundantly favourable to the main argument of Dr. Chambers' report, that, namely, the interests of the public and of the profession alike demand that every responsible medical practitioner shall be legally *qualified* to assume charge of the sick. So long as this primary truth is evaded, the whole matter in dispute is shelved ; and with it go also the principal factors that strengthen the hands of innovators pledged to remove existing abuses. It is no part of the duty of conscientious workers in the path of improvement to take into consideration what hardships will be suffered by men who are enjoying the fruits of unjustifiable practice when they are surrounded by disabilities of a penal nature, for the whole success of their lives has been obtained at the expense of risk to the public welfare. Indeed, so glaring are many of the abuses brought to light by recent inquiries—abuses inseparably associated with the employment of unqualified assistants—that excuses might be forthcoming for much more drastic proceedings than are proposed in Dr. Chambers' report ; and even in the utterances of apologists for the system which have appeared since the issue of the official document, it is not difficult to discover substantial reasons for speedy and effectual dealing with the problem in hand. The plea of expediency is naturally enough the principal one put forward in defence of giving to unqualified men the position that should never be occupied by them ; and the most frequently urged complaint against reformers is that they will, if they persist and succeed in their endeavours, be depriving the poor of a valuable and indispensable means of relief. This objection is plausible because it has a philanthropic ring ; but it is devoid of all foundation in fact. The services, cheaply purchased though they are, of the majority of unqualified assistants are in the end effective of little saving to the employer. It is true that he may, by a dereliction of duty, leave to his assistant the performance of tasks that can only be illegally fulfilled by such a representative, and he may thus conduce to his own more comfortable existence by prostituting his conscience and his honour ; but even the most diligent and successful unqualified assistant, sooner or later, plunges into error, in the consequences of which his principal is dragged no less than himself, and with results that not infrequently prove permanently injurious in a professional respect.

We are less concerned, however, to analyse the objections to reform at present, inasmuch as the voice of all those to whom the dignity and honour of their

calling are higher considerations than pecuniary advantage is unanimous in demanding such changes as will remove the reproach under which medicine suffers so long as its qualified followers lend their help in promoting the scandal of unqualified practice. Nothing could indicate more clearly the growth of opinion on this subject than the evidence of those who are quoted by Dr. Chambers as having replaced unqualified men by duly qualified assistants, with advantages they do not hesitate to acknowledge. It should be remembered, moreover, that sharp and sudden transition from the existing state of things to that under which unqualified assistants will no longer be permitted to exercise responsibility is deprecated by Dr. Chambers, and is not sought by even his most enthusiastic supporters. Sufficient time will be afforded for the accomplishment of necessary changes quietly and without undue interference with personal rights and privileges ; and under the new *régime* as much liberty as they now enjoy will still remain to medical men to be assisted, ministerially, by students who are, *bond fide, in statu pupillari*. Without entering into the merits of etymological quibbles, on which some partisans of unqualified assistants have striven to raise discussion, it may be at once admitted that the employment of assistants had its origin at a time when pupilage to a practitioner formed the sole means of medical education ; such a mode of obtaining help was both legitimate and useful, and aid so secured was confined within purely *ministerial* limits ; it did not, as it could not by any stretch of right, include performance of responsible functions, but only of duties which were discharged under the eye and direction of the *master*. It is a refinement of objection to urge that extension of this principle to that involving full responsibility on the part of *experienced* assistants is permissible and reasonable. It is *not*. For one thing, such an extension is illegal ; it ignores the privileges of qualification, and it at once places the man who has honourably pursued the curriculum and passed the examinations prescribed by law on a level of equality with the competitor who, either through incompetence or negligence, has failed to raise himself to the position of a qualified practitioner. Those, too, who employ such unqualified men are guilty of the offence which the latter themselves commit against registered practitioners ; and the mere question of moral right has, when properly appreciated, so strongly appealed to the senses of some employers of unqualified men that it has influenced them to cease pursuing an objectionable practice.

It would be premature to speculate just now on the probabilities of the suggestions made in the report being carried to fulfilment ; and it may probably be for the best if any immediate legislation is not the result of it. It is infinitely to be preferred that amendment should come from within the profession, of its own volition, and as the practical outcome of a general feeling condemnatory of the evils attendant on a most vicious system. Such improvement may possibly be of slow growth, but it is not difficult to perceive the germs of it already expanding ; and as it increases it will naturally react on larger and larger circles to the extinction of the reproach.

In the limits of an article like this we have been unable to discuss in detail the numerous points raised in Dr. Chambers' report; but this is the less necessary, since, as stated above, the report is mainly in agreement with our own utterances; and we may be content with directing attention to, and advocating, the suggestions for change and improvement contained in the report, while fully agreeing also with the most stringent recommendations formulated in the document.

THE IRISH LUNATIC POOR BILL.

LORD CARLINGFORD has, within the past week, presented to the Lords a most important Bill, to provide for the maintenance of harmless lunatics in Ireland, and also to reconstruct the Irish Lunacy Department. The first part of the measure is practically identical with the Bill which was introduced by Mr. Litton, Q.C., in 1880, and which was of necessity dropped by him when he accepted the Commissionership of the Land Court. The same measure was, in the next session, taken in hand by Lord O'Hagan, and for the second time it was abandoned when his Lordship resigned the Chancellorship. For the third time the Bill appears now as a Government measure, and we trust that this time it will pass, if, indeed, the block of business in the Lower House will permit of its being got through its stages there.

There is, strange to say, no method at present provided for the certifying of harmless pauper lunatics in Ireland. The dispensary medical officer may be served with a ticket to visit such a patient, and must attend and prescribe, but it is not a part of his duty to certify anything unless he is retained and paid as a private practitioner by the patient's relatives, and even then the process of getting such patient into an asylum is so complex that any easier method of disposal is preferred. That method is found in the Dangerous Lunatics Act, which enables a magistrate to commit to an asylum a lunatic who is apprehended by the police as dangerous, and under this Act it is customary to regard all sorts of lunatics as dangerous, and to treat them accordingly.

Lord Carlingford's Bill is simply an extension of certain parts of the English lunacy law to Ireland. Under its provisions a constable or relieving officer "who has knowledge that . . . any person is deemed to be a lunatic, and that such person is . . . not under proper care or control, or is cruelly treated or neglected . . . shall give information to a magistrate," who may, thereupon, either visit the patient or direct the nearest dispensary medical officer to do so, and to report in writing, and if he be satisfied of the truth of the information, the magistrate may cause the lunatic to be brought before two magistrates, who, on further examination and a further medical report, may, if they are satisfied that "his lunacy is chronic, and that he is harmless," remit him to the nearest workhouse, or may place him in the custody of some relative who will take care of him.

For examination and certifying of lunatics each medical officer is to receive a fee such as the justices order, not exceeding £1, or, for both the preliminary and subsequent proceedings, £1 10s., to be paid by the guardians, and any relative of the lunatic who would be chargeable for his relief in workhouse is to pay for his maintenance.

Those lunatics who are boarded out of the workhouse, or with relatives, are to be visited and reported on twice a year by the local dispensary doctor, who is to receive 5s. for each such visit.

The third part of the Bill provides for the reorganisation of the Central Lunacy Department. The office now existing in Dublin Castle is to be merged in the Local Government Board for Ireland, and the two inspectors, Drs. Nugent and Hatchell, to cease to hold office. Two new inspectors are to be appointed under the Board, "being physicians or surgeons of seven years' standing, to assist in carrying out" the new system, but either of the existing inspectors of lunacy may be drafted into charge of the department under the Local Government Board.

It will be seen that this is a measure of the highest importance, and requiring more consideration of detail than we can give to it at the present moment. On a first inspection, and after full consideration of the former Bills on which it is based, and of the fact that the system has had ample trial in England, and been found to work well, we feel able to give its proposal our unqualified approval. Its provisions for the custody of harmless lunatics are much needed, and they will enable a large part of the lunatic population to be provided for in workhouses at a cost which will be only a fraction of their expense of maintenance in district asylums. The departmental part of the Bill is also much needed, and we think it a wise proposal that the pauper lunacy administration of Ireland shall be placed under the same control as the other arrangements for the relief of the poor.

We trust that in the selection of inspectors by the Board the principle of promotion from the ranks of the department will not be forgotten, and that we shall not see outsiders with political influence placed over the heads of competent and experienced Poor-law officers.

SCOTCH INTERESTS AND THE NEW MEDICAL BILL.

At the important meeting referred to in another column, representatives of the University of Glasgow were present in the persons of Drs. Leishman and Young, and the former of these gentlemen, in a speech conspicuous for moderation and gentlemanly good taste, said the best that could be said, and in the best possible manner, for the Universities of Scotland, a fact on which, considering recent exhibitions, the University of Glasgow is to be congratulated. So great is our respect for Dr. Leishman's excellent address, and so conscious are we of the deserved weight which it will carry, that we cannot allow it to pass without indicating its salient features and the manner in which his arguments have been answered by Dr. MacVail. Dr. Leishman does not deny that at present the Universities possess a monopoly, but he contends, in opposition to the document issued by this meeting, which he describes as "fantastic in its extravagance," that no new monopoly was created by the Bill, nor could he see that there was freedom in any sense at present enjoyed by the extra-mural teachers of which it was in contemplation to deprive them. Now it will be admitted by most people as an ultimate fact that the nature of the monopoly at present enjoyed by the Universities is the *extent to which*

teachers are examiners. So long as teachers continue to be examiners, and to the extent that they are so, to that degree is there an unfair advantage accorded to them in competitive teaching, as students will naturally gravitate, no matter what the relative differences of merit as teachers, towards those who are to examine them for their qualifications. Certain obvious results flow from this. In the first place, medical reform, to make any pretensions to completeness, must recognise the fact that the teaching and the qualifying functions be completely severed. Medical reform will, therefore, be incomplete to the extent that they are *not* severed. Now at present in Scotland it is possible for a student to receive a complete course of medical education, and a legal qualification or qualifications from one of the Corporations, without going near a University, whereas, as it at present stands, the new Bill provides that the new Medical Board for Scotland will consist of *eight* University and *only three* Corporation members. It is thus undeniable, in opposition to the view of Dr. Leishman, that if no new monopoly is created the present one is mischievously strengthened at the expense of the Scotch Corporations. That this provision, if it become law, will be unfair to the extra-mural teachers, and prejudicially affect the extra-mural schools, does not require to be insisted upon.

Dr. Leishman further contended that the disparity of the present numbers on the Divisional Board, if carefully looked into, disappears, seeing that the University of St. Andrews, being more of an examining than a teaching body, its vote would be invariably given in favour of the Corporations, and the numbers would thus become, not eight to three, but seven to four. There is a tacit acknowledgment in this contention that all voting in the Divisional Board will be determined by interest, and on this point all that requires to be said is that any board influenced by any interest whatever in passing men into the profession is unwholesome, and can never command public or professional confidence. If the Universities must necessarily give seven votes in favour of their pecuniary interests, and the Corporations, in like manner, give four, the University preponderance would surely continue strong enough.

In answer to the charge that the Scotch Universities were consulted as to the relative numbers on the Divisional Board, Dr. Leishman frankly says: "No one connected with the Scotch Universities knew, until the Bill was issued, what the numbers of these Divisional Boards were to be, and he confessed frankly, for his own part, that when he read the numbers he was rather astonished, because he did not think that, whatever the sins of the Corporations of Scotland might have been, they were *not* sins of that deep dye which called for such reproof as was embodied in these numbers." It was not in the disparity of numbers in the Divisional Board that Dr. Leishman considered that danger lay to the extra-mural schools; it lay in the deep-seated feeling which existed in England against the Scotch schools, as England had been jealous for many years of the surprising success of the Scottish schools, and he pointed out that whatever a medical board did was subject to a Medical Council—a board sitting in London, the majority of its members being always Englishmen. Scotland and Ireland would be in a minority,

and appeal from that board was to the Privy Council, and "they all knew what the Medical Department of the Privy Council was." Dr. Leishman is thus perfectly willing to take a gift of eight University representatives from these gentlemen, of whose sense of fairness in the matter of appeal he has such serious misgiving.

As a former lecturer of the Glasgow Extra-Mural School, Dr. Leishman fell into a singular error as to the long-continued hostility of the University towards "the Andersonian." He stated that the University was advised by the Lord President of the Court of Session that so long as the Andersonian University, which was the only extra-mural school then existing, called itself a University, without having a charter, it could not be recognised. Dr. McVail cogently points out, in reply to this, that the University of Edinburgh was under the same legal enactments as that of Glasgow, and that it did not refuse recognition of the lecturers of this school, and that, in point of fact, the change on the part of the University towards its rival had no relationship whatever to the change of name or constitution, as it took place *prior* to that event by about two years. Dr. Leishman's advocacy of the University being, therefore, as we believe, about the best possible, it simply serves to show the inherent weakness of the case he defended with such success as a pleader.

Notes on Current Topics.

Chloroform Narcosis During Sleep.

A CORRESPONDENT of our New York contemporary, the *Medical Record*, having recently given expression to doubts concerning the possibility of inducing chloroform narcosis in sleeping persons, communications affirming the opposite have been contributed to the same journal by other observers. These are of considerable interest on account of their being illustrated by records of actual experiments purposely made with a view to solving the problem, Dr. Davis Haldermann adducing two successful instances in which he himself was the operator, and Dr. E. M. Nelson one. These examples added to those previously recorded sufficiently establish the truth of the statement which has been called in question; and the subject possess also an interest which entitles it to consideration. Not very long ago it arose in this country in connection with the performances of burglars, certain of the more daring of whom were popularly charged with invoking chloroform to their assistance while carrying out their designs. On the evidence proffered by the physicians named above, however, it is shown that to be successfully applied the narcotic must be very gradually and cautiously brought within breathing distance of the subject of the experiment, the cloth or other instrument must be held at first as far as two feet away from the sleeper's face, so sparingly to dilute the atmosphere for some distance around, with the primary object of blunting the air passages, and thus avoid the liability of reflex disturbances, the abrupt excitation of which leads to failure in those trials which fail of success. The practical application of this method of narcosis is well shown by one of the cases quoted, that of a boy on whom the operation of circumcision was performed during insensibility produced while

the patient was asleep in bed. Children offer peculiarly favourable subjects in this respect, and by pursuing such a course with them much terror and apprehension caused by preparations made in their waking presence might be happily avoided.

Voters in Irish County Infirmaries.

QUESTIONS have arisen, in connection with the recent election of a surgeon to the County Roscommon Infirmary, as to the period at which the subscription of a governor ought to be paid to entitle him to vote in the election. On looking into the law of the matter, we find that by the 3rd section of 47 George III., cap. 50, passed in 1807, "Every donor of any sum not less than twenty guineas . . . shall, from the time of such donation, be one of the governors or governesses, and a member of the body corporate of such respective infirmary . . . for one year from the day of the payment of such subscription." By the 4th section of a subsequent Act—54 George III., cap. 62—it is provided, "That no annual governor or governors of any such infirmary shall be permitted to vote at the election of such infirmary upon any vacancy in such office (the surgeoncy) unless he shall have paid the subscription by virtue of which he claims a right to vote at such election two years at the least before any such vacancy shall have occurred." By the 9th section of 3rd and 4th William IV., cap. 92 (1883), this latter limitation is altered to one year. It thus appears that no one is entitled to vote in respect of any subscription paid subsequently to a year before the death or resignation of the surgeon. This is a strange limitation, and, it seems, might be read so as to exclude the votes of all annual subscribers, because, as the election must necessarily take place after the death or resignation, none of them could possibly vote until after the twelve months preceding the vacancy had lapsed; and if they voted at all, they must do so in respect of the previous year, and not the current year's subscription.

The Parkes Museum.

THE Council of the Parkes Museum of Hygiene, which is now definitely located in its new home at 74A Margaret Street, Regent Street, W., has just issued a circular letter setting forth the objects to forward which the institution has been founded, and inviting the hearty co-operation of all who are interested in the progress of sanitary science. The most effectual support that can be afforded, and such as can be rendered by all who have the will to proffer it, may be given in the assurance that good will result; and by enrolling themselves as members of the Museum, profession and public may alike contribute to the success that is so well merited. The annual subscription for members is one guinea; or a life composition of ten guineas confers the privileges of membership, including free use of the museum, library, and reading room, and admission to lectures and demonstrations. Several of the latter have already been given, in the presence of considerable and appreciative audiences, and a programme of other similar meetings is arranged for the current session. It is to be hoped that an ungrudging support will be accorded to the Museum, and all who desire to obtain further information concerning it may do so on application the Hon. Secretary, Dr. Dawson Williams, at the institution.

Nitrous Oxide for Prolonged Anæsthesia.

THE only method of administering nitrous oxide for prolonged anæsthesia, so far successfully used, has been to use it mixed with air or oxygen at considerably more than ordinary atmospheric pressure, which required the immersing of the patient, operator, assistant, &c., in an isolated condensed air chamber. On the 30th of April last, however, M. Bert described, before the French Academy of Science, experiments upon animals, with a view of accomplishing the same end by the *alternate* exhibition of the nitrogen protoxide and oxygen gas at the ordinary pressure. It was only necessary to connect with the ordinary mask or inhaling facepiece another tube from a bag of oxygen. When insensibility is produced by the laughing-gas, oxygen is for the moment given to avert asphyxia. This reoxydises the blood sufficiently to allow the nitrous oxide to be continued, without restoring sensibility. By these means, animals—such as dogs—were kept alive and insensible for half-an-hour or more without bad after-results.

Research Rewards in France.

THE treatment of M. Pasteur by his countrymen offers a striking example of the gratitude of a nation for benefits conferred on it as a result of scientific research, and might not inappropriately find imitation in other countries than France. A committee having been appointed by the French Parliament to consider the question of the pension awarded to M. Pasteur by the Government, and which has hitherto been £450, has recommended that the amount be increased to £1,000 per annum, and that it should revert to the widow and children of the *savant* after his death. As a mere return for the services it acknowledges no money payment could, of course, be sufficient; but as an evidence of grateful appreciation the action thus taken by the committee is eminently encouraging to research.

Sanitary Insurance in Dublin.

A SPECIAL general meeting of the Dublin Sanitary Association was held on Monday week, for the purpose of amending the rules of the Association so as to enable it to place the benefits of "sanitary protection" within the reach of its members. On the motion of Dr. Grimshaw, the Registrar-General for Ireland, it was resolved, "That the following (fifth) object be added to the four for which the Association was originally founded, viz.:—To provide its members, at moderate cost, with such advice and supervision as shall insure a proper sanitary condition of their own dwellings, and enable them to procure practical advice as to the best means of remedying the defects in the houses of the poorer classes in which they are interested."

This is an admirable addition to the usefulness of the Association, and we have no doubt the sanitary insurance which is offered will be largely availed of by the Dublin public. We hope, however, that the executive of the Association will instruct its sanitary inspectors to keep their suggestions within practical bounds, for we know as a fact that house proprietors are usually deterred from calling in a sanitary adviser by apprehension that they will be called upon to undertake large, troublesome, and expensive works.

No doubt it is good policy to make the sanitation of a house quite perfect when it needs reconstruction, but such a proceeding is seldom within the means of a house-owner, and never within his inclination, while he may be perfectly willing and able to effect useful changes. When the sanitary insurance system develops in Dublin—as we hope it will—it would be a great matter if the Association could arrive at a price list, or approximate estimate of cost of works, for there is no class of tradesmen so much feared by the public as sewer-doctors, and none whose work is, generally, worse or more exorbitant in cost.

Professorships at Cambridge.

APPOINTMENTS have recently been made at Cambridge to the new Chair of Physiology founded as a result of the Royal Commission, and to that of Anatomy vacated by the resignation of Dr. Humphry, who has generously taken over the duties of Professor of Surgery without stipend. To fill the Physiology Chair, Dr. Michael Foster has been chosen, and no more fitting occupant could possibly have been selected. Dr. Foster, moreover, has so identified himself with the teaching of this branch of science in the University that any other selection would have appeared almost unnatural. His services have amply merited this recognition of them; to have lost them from any cause would have been an irreparable blow to the great school whose fortunes he has so materially advanced. The second professorship, that of Anatomy, has been offered to and accepted by Dr. Alexander Macalister, Professor of Comparative Anatomy and Zoology in Dublin University.

The Practical Result of the Anti-Contagious Act Agitation.

DR. A. CONAN DOYLE, of Portsmouth, writes to the daily papers to the following effect:—

“As an ounce of fact is proverbially superior to an indefinite quantity of theory, I think that I am justified in citing one or two instances of the effects of the present suspension of the Acts. Being in practice as a medical man in the town most affected by the measure, I am able to speak with some authority on the subject. Last week a large transport entered Portsmouth Harbour with time-expired men from India. Upon the same day several diseased women left the hospital presumably with the intention of meeting that transport, and there was no law to prevent it. I say that if an unfortunate soldier, coming home to his native land after an absence of years, and exposed to such temptations, should yield to them, and entail disease upon himself and his offspring, the chief fault should not lie at his door. It surely emanates logically from those hysterical legislators who set loose these bearers of contagion, and their like, upon society. For fear delicacy should be offended where no touch of delicacy exists, dreadful evils are to result, men to suffer, children to die, and pure women to inherit unspeakable evils.”

It is truly a subject for just indignation that the moral hallucinations of a few misguided philanthropic theorists should have induced the Government to deprive the public of the protection which these Acts afforded, and this in the face of the repeated judicial decisions of Committees of Parliament that these Acts were necessary to the public weal, and a hardship on no decent member of society. The subject is one in which our profession may reasonably be looked to to take a strong position, and the

present circumstances are such as to call for vigorous action. Agitation can only be met by counter-agitation, and as the promoters of syphilis infection have succeeded in creating a false idea in a section of the public, and in squeezing the Government, it becomes urgently necessary for the profession to educate the public as to the utter falsity of the statements made by these anti-Act fanatics. We therefore urge our brethren to throw themselves with enthusiasm into the effort to restore to the public the benefits of protection against syphilitic disease. The Society for promoting the extension of the Acts is ready for work, but it needs increased moral support, and the sinews of war, and our profession is bound to give that aid. A brisk campaign between this and next session of Parliament would, we fully believe, lead to the restoration of the grant for carrying the Acts into effect which has been withdrawn by the Government.

Physiology at Oxford.

THE advent of Dr. Burdon Sanderson to Oxford in the capacity of Waynflete Professor of Physiology has naturally led to vigorous exertions on his part for speedily providing the University with increased laboratory accommodation in keeping with the advances made by modern scientific methods and research. At a late meeting of Convocation, therefore, a proposal to apply the sum of £10,000 from the University chest, for the purpose of supplying the new professor with working room, was brought under discussion, and raised, as might be expected, much opposition among the clerical party, who chiefly objected to facilitating vivisection, this being, in their estimation, the logical outcome of physiological instruction. Fortunately for the credit of Oxford as much as for the advantage of study, the attempt to withhold the vote was a failure, and it was eventually carried by a narrow majority of 3, 88 voting for, and 85 against, the motion. There is now a fair prospect that Oxford will become a worthy rival of Cambridge in the work done by its members in behalf of experimental science.

“Infamous Conduct in a Professional Respect.”

AMONGST the light thrown upon the trade in fictitious lecture and hospital certificates, by the recent discussion in the Dublin College of Surgeons, a remarkable statement made by Mr. Macnamara, representative of the College on the General Medical Council, deserves special notice. Mr. Macnamara, speaking officially and authoritatively on behalf of the Medical Council, stated that, while that Council did not wish to place a restriction on the hour at which lectures might be delivered, it was unanimously determined to treat the issue of a fictitious certificate—if proved against any teacher—as (to use the words of the Act of Parliament) “infamous conduct in a professional respect,” and to punish it rigorously by erasure of the offender's name from the Register.

This is truly a new departure, considering that the five Irish members of the General Medical Council must for years past have been thoroughly conscious that this “infamous conduct” was of every-day notoriety, and considering that the evidences of its prevalence were to be found in the Council's own minutes.

In order to be prepared with evidence on the point, we should like to know what the Irish Branch Council would consider sufficient proof of the falsity of a certificate? Would it suffice them to have evidence of a sheaf of certificates of diligence signed by a teacher who never delivered a single lecture of those certified, and never saw the face of one of the students of whose diligence he testified?—would it convince them if proof were presented of a gentleman who within a comparatively recent period obtained the highest qualification of an Irish licensing body by virtue of a certificate which he bought for £3 3s. from a school where his name was never even entered for the course, such certificate being ante-dated 15 years by the vendors to suit the period of his studentship? or would they prefer evidence of the "diligent" attendance on a Dublin *annus medicus* by a student resident for that period in Australia?

The pretence of unconsciousness comes too late, for we can answer for it that—if the five members of the Irish Branch Council and its Registrar were in innocence of the wholesale trade in fictitious certificates in Dublin—they are the only six gentlemen in the Irish medico-educational community so ill-informed.

Mercuric Chloride as a Germicide.

A VERY interesting summary recently appeared in the *Practitioner* of a paper by Professor Koch, giving the results of some investigations into the comparative value of disinfectants, or germicides. He found that, as regards the action on bacteria, bacilli and micrococci, by far the most potent disinfectant was corrosive sublimate; a solution of 1 per 1,000 of mercuric chloride killed the strongest of these at once, whilst even solutions of 1 in 10,000 and 1 in 15,000 were sufficient to destroy many micro-organisms. He remarks that the poisonous action of such dilute solutions may be entirely disregarded. A five per cent. solution of carbolic acid, used under the same conditions, was ineffectual. Salicylic acid and thymol were about equal in value to carbolic acid. Other mercurial salts, as the sulphate and nitrate, were found to be quite as efficient as the chloride. A French chemist, M. de la Croix, who has been making experiments of a somewhat similar nature, arrives at nearly the same conclusions.

A Medical Reserve Force.

THE French Minister of War has just declared that he considers it quite indispensable for doctors and apothecaries to practise in time of peace the duties which are necessary in war, and he has requested the Minister for the Interior to inform him under what conditions these functionaries can be called together for this purpose. At present they are only obliged to appear once a year, at a fixed date, before the Controller of the Medical Department. The *Temps*, which gives this information, thinks that it would be advisable to call out at the same time both the doctors of the reserve and those of the active force, as by this means the former would be aided by the latter in the explaining of the various duties, and would also become acquainted with the details of military life. The reserve numbers about 900 doctors and 100 dispensers.

Scotch Licences.

THE Scottish correspondent of the *Lancet* says, last week:—As an evidence of how the wind blows, it may be mentioned that in the last published list of those receiving the licence of the College of Physicians, Edinburgh, only one had residence in Scotland. Of the eleven, eight were from London, one from Bristol, one from Canada, and one from Glasgow.

The Prospects of the Medical Bill.

THOSE whose "wish is father to the thought" have been gratifying themselves by circulating a rumour that the Medical Bill will not be proceeded with this session, for which statement we believe there is no better foundation than the backward state of the session. We have authority for saying that the Vice-President of the Privy Council, who has charge of the Bill, never had the least idea of dropping it, and that it will be placed on the notice paper *au sérieux* on the first opportunity which can be got.

The Briton Medical Life Assurance.

THIS Association, which has always been largely patronised by the profession, has just issued its annual report, which is of a decidedly favourable character. No less a sum than £21,573 was received from premiums during the year, and £4,708 constituted the new business. We hope the new business is chiefly from insurance of medical men, as it would thus afford practical evidence that they were becoming more alive to the necessity of life assurance in providing for the proverbial rainy day.

Stronger testimony in favour of total abstinence could scarcely be desired by its most ardent advocate than is found in the report before us, where the directors state that after mature deliberation they have decided to offer the advantages of lower rates "to total abstainers from alcoholic beverages." From a pecuniary point of view the Briton Life Association is in a decidedly favourable position, as the directors are able to recommend that a dividend of 5 per cent. on the balance of the capital be declared, free of income tax, out of which an interim dividend, for the first six months, has already been paid.

The Poor-law Superannuation Bill.

A PARAGRAPH appeared last week in the *Freeman's Journal* to the effect that at the meeting of the Irish Parliamentary party a lengthened discussion took place on the report of the sub-committee appointed to examine the Poor-law Officers' Superannuation Bill. The general feeling of the meeting was against allowing the Local Government Board the power of interfering with the superannuation allowances granted by the guardians. A conversation also took place as to the desirability of introducing an amendment giving the boards of guardians discretionary power in fixing the amount of the allowance and relieving them from the compulsion proposed to be placed upon them by the Bill of adhering to the scale contained in it.

We are glad to be able to state our belief that the views here expressed are not those either of the leaders of the Irish party or a majority. Discretionary superannuation could not be for a moment thought of by those who

are promoting the Bill, and, moreover, it will not be tolerated by the Government, inasmuch as the Bill would be entirely valueless as a settlement of the difficulty if guardians were empowered to do as they pleased with their officers' pensions. We believe that Mr. Herbert Gladstone will make any reasonable or possible concession to meet the opposition of Mr. Biggar and his party, but—if it be not found possible to do so—the Bill will be pressed to an issue this session in spite of their blocks.

Telephonic Night Service for Dublin.

THE Telephone Company has announced that on and after Monday last the exchange will be kept open night and day. Thus the chief difficulty in the way of the employment of this method of medical inter-communication is removed, and we hope to see, as a consequence, the extension of the wires to all the hospitals, and most of the practitioners of Dublin.

Factory Inspectors.

A CIRCULAR has been issued by Mr. Redgrave, the Chief of the Factory Inspection Department, asking certifying surgeons to make a return of the number of firms with whom contracts are made by them for periodical visits, and how much they are worth, and also the value of the fines received. This is a movement by the authorities which, however inconvenient to individuals, must be approved in the public interest. The truth is that the Act of Parliament intended that the certifying surgeon should be altogether independent of the factory owner, and it set down a tariff of fees payable for periodical inspection. But, after a time, it came to be tolerated by the central department (and therefore usual with certifying surgeons) to contract themselves out of the provisions of the Act and make private arrangements with the factory owners such as would be mutually comfortable. The effect of this laxity was to make the surgeon, more or less, the *employé* of the owner, and to make him unwilling to vex the owner by any excess of official enthusiasm, *et hinc illæ lacrymæ*, abuses have crept in and the central department is called upon to move in the matter.

The Pathogenesis of Uræmic Eclampsia.

DR. SNYERS, of Liege, has recently submitted the various theories as to the origin of so-called uræmic accidents to an experimental examination, carried out in Stricker's laboratory in Vienna, with the result that each was shown to be untenable. The various theories examined and rejected in turn were—(1) that of Wilson, who held that the uræmic symptoms depend on retention and accumulation of urea in the blood; (2) that of Frerichs, that they are caused by the change of urea into carbonate of ammonia. The author concluded that the quantity of carbonate of ammonia in the blood of uræmic dogs was far too small to cause death. (3) That of Schottin, to the effect that the effete material accumulates in the blood before it becomes changed into urea. This also was rejected. (4) That of Traube who held that the symptoms are produced by œdema and consecutive anæmia of the brain. The author found that if increased blood pressure was avoided, œdema of the brain failed to produce the

symptoms. (5) That of Feltz and Ritter, who believed that the potash salts of the urine were the agents of uræmic intoxication. The author concluded that the amount of potash salts in the blood was too small for the symptoms to be fairly attributed to them. He also examined the blood in two cases of puerperal eclampsia and failed to discover any increase in the amount of the potash salts. The author remarks in conclusion that none of the present theories suffice to explain the whole train of symptoms of uræmia. This is quite true of the theories passed under review by the author, but another theory recently set on foot, in which the above train of symptoms is attributed to nervous causes, the so-called uræmia playing but an accidental and secondary part, or even no part at all, would seem to be supported in a negative manner at least by our author's observations.

Ready Method of Intravenous Injection.

IT appears certain that the intravenous injection of saline fluids in cases of acute general anæmia has a great future before it. One obstacle to the more extended employment of this eminently conservative operation has been the absence of suitable and inexpensive apparatus. It is true that we have had quite recently brought before our notice apparatus well adapted for the purpose, and of moderate price. It is still uncertain, however, whether any great number of practitioners will care to spend even so small a sum as a couple of guineas on the purchase of an instrument they may never have an opportunity of using. Under these circumstances it will, perhaps, be interesting to learn how intravenous injection has been performed in a case of emergency, in which no specially designed apparatus was at hand. Such a case occurred in the practice of Dr. L. Szuman, of Thorn, and is reported in the last number of the *Berliner Klinische Wochenschrift*:—The patient was a youth, 15 years of age, who had met with an accident, resulting in serious hæmorrhage, likely to prove fatal. An apparatus for intravenous injection was extemporised on the spot, and the injection made, with a happy result. A piece of fine drainage tubing, not perforated, was attached to the nozzle of an irrigator (a flat old-fashioned infant's feeding bottle would answer the purpose very well.) The solution employed was—water 1000 grm., table salt 6 grm., and bicarbonate of soda 1 grm. The left median vein was exposed, separated by passing under it two hollow sounds, a trocar 1½ mm. in diameter was then introduced until the point of the stilette was well in the vein, when the stilette was withdrawn a little. The canula was then pushed in to a depth of about 1½ ctm. A ligature was then applied round the vein over the canula, the stilette withdrawn, and the tubing drawn over the free end of the canula. The irrigator was then raised about 1 metre in height. When the solution flowed into the vein, 760 grms. were employed. After the injection was completed the vein was ligatured on the peripheral side of the puncture. The operator is to be congratulated on his ability to make use of such apparatus as was at his command, and by means of it tide his patient over a danger that would most likely have proved fatal but for his readiness in thus adapting simple means to an unusual purpose. Let us hope that the lesson thus taught may not be taught in vain.

injury is flexion of the knee before the patella is quite sound. This is proved by every-day experience. How often we find cases discharged from hospital after two, three, and four months' sojourn where patellar union seems all but perfect, and yet a very few weeks of free use of the limb, with or without knee-cap, is sufficient to make both the surgeon and patella gape. Previous treatment cannot be blamed for it, but the surgeon may be justly censured for permitting movement where its evil result is manifest. In Mr. Parson's case the result does not wholly justify the means, for we have abundant proof of the recovery of many patients from similar injuries left to the tender mercies of sea captains. Isolated cases of good results will occur whatever the treatment; the danger lies in the confusion of the "propter" with the "post hoc." Mr. Parson adds, "slight movement of knee in walking about prevents a stiff joint." This I emphatically deny, and the proof is contained in two propositions:—1st. Inflammation is a necessary precursor of ankylosis. 2nd. Inflammation is increased in a knee when moved. In a given case the worse the inflammation the greater the danger of ankylosis.

The advantages claimed for Thomas's method are freedom from confinement and efficiency of cure. With the splint on the patient is free to follow his out-door habits in a couple of days after his accident, and that without the slightest risk. The apparatus forms a convenient form of perineal crutch, which withholds all flexion at the knee. A few days back, at the Stanley Hospital, I removed a Thomas's splint off a corpulent old dame who had worn it five months. To-day movement at the knee was very fair; next week it will be nearly well. The fragments, which were two inches apart, are now in perfect apposition; but the method I adopted saved me from all apprehension from the first. Yesterday week I removed two splints which had been for two years correcting genu valgum, during the whole of which time no movement was permitted to the knee-joints. To-day movement is nearly perfect. This is only one of several instances. I have seen upwards of twenty cases of fractured patellæ treated by Thomas's method, and never yet a stiff joint resulting. To ensure permanency of cure it is often necessary to wear the splint six months, and patients rarely complain of discomfort meanwhile.

I am, &c.,

ROBERT JONES,
Senior Assistant Surgeon,
Stanley Hospital.

22 St. George Square,
Liverpool, June 21.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of June 13th and 20th you gave great prominence to the false statement of Mr. A. Conan Doyle, M.B., respecting the departure of diseased women from hospital in Plymouth. You appear not to have seen his acknowledgment that this statement was an error, or you would doubtless have given equal prominence to the contradiction.

Surely the solution of a grave social problem, involving the highest moral and physical welfare of our country, can never be attained by the spread of falsehood on either side! In judging this question, it would be well if every member of the profession would carefully read "Le Péril Venerien dans les Familles," by Dr. P. Diday (published by Asselin and Co., Paris). The perusal of this work, written by an experienced French surgeon, must arrest the attention of every unprejudiced Englishman. It shows the practical results which follow from working for several generations on a false principle.

This false principle (of which the author is a follower) is the refusal to check whoremongers, whilst endeavouring to regulate whores. The pitiful stultification of judgment which results from frantically endeavouring to establish this false principle is only equalled by the astounding cynicism which such a foolish contravention of law produces.

Both these results are strikingly shown by this and other lately published French medical treatises.

I am, Sir, yours, &c.,

A CONSTANT READER (but a believer in
the oneness of medicine and morality.)

The following is the contradiction referred to:—

The Secretary of the National Association for the Repeal of the Contagious Diseases Acts, having had the letters of Mr. Doyle to *Daily Telegraph*, June 8th, and one from S. U.

Thompson, June 9th, brought to his notice, wrote to Mr. Doyle, pointing out that, as the Acts had not been repealed, and the compulsory detention in hospital had not been suspended, his "ounce of fact" was an evident fiction. Mr. Doyle replied: "I am glad that you have called my attention to my error as regards the dismissal of women from the hospital. I had the story from two members of the Visiting Committee, but Dr. Snowdon, the indoor officer, assures me that there is no foundation for it. I have, of course, written a contradiction of it to the paper."

Mr. Conan Doyle, M.B., C.M., of Portsmouth, writing in reference to the letter from him which was published in the *Daily Telegraph* of Friday last (June 8th), says: "I find that one error has crept into my statement of the increased immorality since the suspension of the Acts. It is not correct that thirty women left the hospital with the avowed intention of meeting a transport. The error arose from the misconception of some remarks made by a gentleman intimately connected with that institution." Mr. Doyle adds that this error in no way affects his general argument—"the difference in the streets of Portsmouth is most marked, and grows worse."—From the *Daily News*.

Novelties.

AN ELECTRICAL PHOTOPHORE.

At a recent meeting of the French Académie de Médecine, M. Dujardin-Beaume presented an electrical "photophore," invented by M. Paul Hélot, chief surgeon to the hospital at Rouen, and M. Trouvé. The apparatus consists of an



incandescent lamp contained in a metallic cylinder, between a reflector and a convergent lens. This small instrument when fastened on the forehead gives a very intense light, and can be adapted to the field of vision by moving the lens. When placed between the eyes, the light, as it were, accompanies the view of the operator, as there is nothing to interfere with it. The source of the electricity is a voltaic pile of bichromate of potash supersaturated. It lasts many hours without being re-charged, and can be used either continuously or at intervals. This apparatus will be found most useful in examinations of the mouth, throat, ears, &c.

AN IMPROVED NURSERY POWDER.

The importance of a pure, non-irritating, and innocuous nursery powder is so generally recognised by the profession and the public alike that the addition of a reliable article of this kind to those already in use is of some consideration. Messrs. Woolley, Sons, and Co., of Manchester, have introduced a new "sanitary rose powder," which is not inappropriately named "the perfection of nursery powders," and which possesses the unique and highly valuable property of being soluble in water, so that the annoyance produced by caking is altogether avoided by its use. The powder is also antiseptic, and is, in very many respects, a great improvement on those in general use. Its employment, in nurseries particularly, may be strongly recommended.

officials were all re-elected. Dr. Lawrence was unanimously appointed first medical officer for the Infirmary, and Dr. Kay assistant medical officer.

NEW DISTRICT LUNATIC ASYLUM.—At a meeting of the Lunacy Board of the county of Lanark, held in the Council Chambers, Glasgow, on the 13th inst., the Committee concluded the final arrangements with Mr. Peter Forrest, of Shotts, for the acquisition of his lands of Hartwood and Bow-housebog, of about 500 acres. At the same time, arrangements were made for purchasing two small adjoining properties, which will bring up the total area to about 600 acres, at a total cost of £26,500. The distance from Glasgow is about fifteen miles by rail. When completed, the new asylum will be on an extensive scale, and fitted up to accommodate 900 to 1,000 patients. The ultimate cost, we learn on good authority, will be not less than £150,000.

DIPHTHERIA AT FETTES COLLEGE.—In consequence of the occurrence of two cases of diphtheria at this institution, it has been thought desirable, as a measure of precaution, and to prevent any chance of the spread of the disease, to dismiss the boys for a time. It is to be hoped that a careful inspection of the sanitary arrangements of the building will be made, so as to prevent a recurrence of the disease.

THE LATE MRS. JAMES BUCHANAN.—As a munificent contributor to and founder of medical institutions and scholarships, beside many objects of a humanitarian character, this estimable lady, who has just died in Edinburgh, in her 86th year, deserves more than a passing record. Mrs. James Buchanan was well known as one of the earliest and largest contributors to the new Royal Infirmary, and one of the medical wards there bears her name. Three years ago Mrs. Buchanan presented £1,000 to the University of Edinburgh for the foundation of a scholarship in Midwifery and Gynaecology, and had the satisfaction of being visited by the first two Buchanan scholars. During her long life she took a special interest in, and contributed liberally towards, the construction and support of drinking troughs in London and elsewhere. But her philanthropic and humanitarian endeavours to do good were not confined to her own country. She built, and has supported for many years, a school in Swatow, China, for the education of Chinese girls. The Buchanan Institution in Glasgow, which was founded by her husband, received many proofs of her liberality. She built a handsome dining-hall for the boys, in which has been placed a marble bust of herself, by the late William Brodie, R.S.A.

ROYAL INFIRMARY, EDINBURGH.—At a meeting of the managers of this institution, held last week, it was reported that there had been received from the Edinburgh Football Association a sum of £100, the amount allocated to the Infirmary from the money drawn at the various matches for the Charity Cup, presented to the association by Lord Rosebery.

A BELIEVER IN DRUGS.—The subjoined prescription was recently dispensed according to the direction of a medical man by a Glasgow chemist and druggist:—

R Potass. iodidi, gr. iv.;
Potass. nit. ℥ss.;
Potass. chlorat. ℥ss.;
Calc. hypophos. ℥j.;
Sodæ hypophos. ℥j.;
Ferri ammon. cit. ℥ij.;
Ext. ergotæ liquid. ℥v.;
Vin. ipecac. ℥iss.;
Tinct. digitalis, ℥iss.;
Tinct. nucis vomicæ, ℥iss.;
Syrupi zingib. ℥j.;
Aquæ chloroformi ad ℥vijj.;

Sig. A tablespoonful shortly before each meal.

Will any one dare to doubt that there is such a science as that of medicine after this?

IMPORTANT MEETING IN GLASGOW ON THE MEDICAL ACTS AMENDMENT BILL.

A PUBLIC meeting, called in terms of a requisition to the Lord Provost, was held in the Merchants' House, Glasgow, on the 15th inst., to consider the Medical Acts Amendment Bill now in the Commons, more especially in respect to the clauses constituting the Medical Board for Scotland, so as to consist of eight University and three Corporation representatives, thus creating in favour of the Universities a monopoly which would be detrimental to the Extra-Mural Medical Schools by extinguishing freedom in medical teaching.

Lord Provost Ure, who was called upon to preside, explained the steps taken to call the meeting.

Mr. John M'Laren, moved the first resolution:—"That this meeting views with regret the constitution of the proposed Medical Board for Scotland, as from the great preponderance of the University nominees, it is likely to tell prejudicially on the extra-mural school for Scotland." After explaining the nature of the proposed Medical Board, the speaker went on to say that Scotland was not to have a fair representation at the Board as compared with England or Ireland. England was to have a board of 116 members; 8 of these were University professors, and 8 medical corporation. Ireland was to have a board of 11-6 from Universities and 5 from medical schools. Well, Scotland was to have a board of 11, of which the large proportion of 8 was from the Universities, and only 3 from the Medical Corporation. This, upon the face of it, appeared to be unfair. He therefore moved this resolution.

Dr. Leishman took exception to many of the statements that had been made, and said that he could find nowhere in the Bill anything which could create a monopoly not previously existing. There might be something in the monopoly already existing; but there was none that he saw created, nor could he see in any sense that the freedom enjoyed by the extra-mural teachers was to be deprived by this new Board. After going into details, he said he thought the real danger to the Bill in Scotland was a different one from what was stated here—the real origin being a deep-rooted feeling of hostility which existed in England towards Scotch schools, whose surprising success they had been jealous of for many years. He did not intend to move an amendment to the resolution, but would content himself with the remarks made.

The resolution was then agreed to.

Mr. William M'Ewen moved the next resolution, to the effect that as there was no arrangement under which extra-mural schools could be directly represented on the Medical Board, other than through the medical corporations, this meeting is of opinion that the latter should be equally represented with the University as a Medical Board, and at least one half of the Corporation nominees on the Board should be extra-mural teachers.

Provost Brown having seconded this resolution,

Dr. Young moved as an amendment—"That in the opinion of this meeting it is desirable that the extra-academical teachers of Scotland should have a direct representation on the Medical Board of Scotland by three of its own members."

The amendment failed to receive a seconder, and the motion was declared duly carried.

Mr. Stephen Mason moved—"That in the opinion of this meeting it would be unjust to the extra-mural medical schools, and would tell disastrously upon them, that their students should be compelled to pay to the Medical Board a larger fee than the students of the Universities."

Dr. Leishman supported the resolution, which was adopted.

Baillie Wilson moved "That the resolutions that had been put before the meeting should be drawn up in the form of a petition, signed by the chairman of the meeting, and presented to Parliament by the Members for the City."

Mr. Muirhead seconded, and it was agreed to.

Mr. Fleming said it ought also, at the same time, be represented that the meeting was not a fair representation of the medical profession in Glasgow, as it was composed mostly of extra-mural teachers. ("No, no.")

The Chairman: Well, it has been publicly enough advertised, and if the citizens of Glasgow did not turn out in their thousands it cannot be helped.

Baillie Watson moved a vote of thanks to the Lord Provost for taking the chair, which brought the proceedings to a close.

Literature.

QUAIN'S DICTIONARY OF MEDICINE. (a)

MEDICAL literature has received no addition at all comparable to Dr. Quain's "Dictionary" since the appearance of Copland's well-known work, the excellence of which has necessarily excited a considerable amount of expectation in regard to the merits likely to be shown by a new labour projected on similar lines. With the certainty of comparative criticism before him, therefore, it is by no means unlikely that an editor of even Dr. Quain's universally recognised ability may have been anxious for the result of his efforts; and in the exhaustive treatise with which his name will henceforth be always associated, we are able to discern abundant evidence of that careful, conscientious, and thorough workmanship which is impressed on all that emanates from him.

The modern science of medicine borrows largely from the genius of its individual promoters; each physician who devotes himself to the careful analysis of a particular disease or class of diseases succeeds in stamping its treatment for the time being with marks characteristic of his particular views; and in every case where a teacher with a recognised following has thus lent himself to be the enunciator of special views, they have, so long as his influence has continued to exert itself, been followed to the advantage of humanity and the alleviation of suffering. We owe perhaps more than can readily be estimated to Dr. Quain's acute perception of such influences and the bearing they have on the progress of science, and to the facility this perception offers for securing the most able assistance in producing the work already familiar to the majority of medical practitioners. In writing the "Dictionary" Dr. Quain has obtained the service of more than one hundred and fifty of the leading physicians and surgeons of our time, not all of whom, alas! have lived to see the final acceptance of their efforts at the hands of the general profession. The busy hand of death has thinned even the small band associated with Dr. Quain to an all too appreciable extent; and once more we are called on to mourn the loss, emphasised afresh by the lines, in many cases the last they ever wrote, which stand over the names of Parkes, Murchison, Callender, Peacock, Cormack, Lockhart Clarke, Tilbury Fox, Hayden, Leach, Silver, Clover, Irvine, Seaton, Sparks, and Stephen H. Ward. This list indicates, moreover, the length of time during which the work has been in preparation, and from the size and importance it presents it can be readily understood how impossible it must have been to conclude it in any shorter term.

The work is what its name indicates, a *dictionary of medicine*, in which, under the names of various diseases alphabetically arranged, is included a full description of all recognised ailments as regards etiology, symptoms, course, duration and termination, diagnosis, prognosis, and treatment. The characteristic lesions presented under each form of disease are also described as far as is consonant with existing knowledge; and unique importance attaches to the essays of which the volume is in the main composed, from the fact that each bears the signature of the author contributing it, of whose individual research and opinions it is consequently a valuable reflex.

The task of reviewer, when extended to such a monumental production as the "Dictionary," necessarily becomes a most difficult one. When the plan and scope of the book have been explained, there remains but little to be achieved in the direction of legitimate criticism, for the most careful examination of the articles suffices to exhibit no more than points which at the most are matters of personal difference, rather than important departures or omissions. But turning to subjects which have assumed especial prominence in the recent history of medical science, we are afforded opportunity both of observing the minute care with which every matter deserving of notice has been included in the work, and of commenting on the opinions expressed by the authorities responsible for their treatment. Thus, Dr. Ord very fittingly contributes the article on Myxœdema, but owing probably to the revision of his proof sheets having preceded the issue of the "Dictionary" for some time, he confines

the appearance of the disease to adult womanhood. The occurrence of myxœdema in males has now been recorded more than once, and very recently three children have been exhibited in London in whom the appearances of myxœdema were most markedly present. The disease itself is very instructive, and its history more so, as showing the fallacies that lurk under the description of any hitherto unrecognised disease as "new." Under the heading of "Shock," Sir William MacCormac has an able and sufficiently brief essay to convey a lucid and adequate notion of the condition and its consequences; the definition he gives is a very useful one, and though it may be objected that it opens the door too widely to any and every systematic change attended with depression, yet for practical purposes it would be difficult to improve upon it. Sir William MacCormac is not able to add much in the way of pathological details to what is generally accepted on the subject; but he nevertheless faithfully and completely recounts the *modus operandi* of the phenomena associated with shock, invoking, as of necessity, the physiological elements of the problem. As aids to treatment, transfusion is recommended in *extreme* cases of hæmorrhage only, and stimulation of the phrenic nerve and epigastrium by means of electrodes externally is suggested when respiration has ceased or is failing.

Dr. H. Charlton Bastian naturally takes his stand, when contributing under the title "Bacteria," on the ground that the germ theory of disease is materially allied with the question of spontaneous generation, so that the study of the former to the neglect of the latter "can only end in the propagation of vagueness and uncertainty." He further continues: "The real question is not as to the extent or frequency of the co-existence of organisms with local or general diseases, but the much more important one as to the nature of their relation to such processes. If they act as invariable and sole causes, then their presence is a matter of the deepest interest and importance. If, on the other hand, the organisms are not causes, but rather concomitant products, their presence from a purely medical point of view is of trifling importance. The study of their growth and development would in that case be important only as adding to our knowledge of the structural changes pertaining to the diseases in question."

In writing of "Germs of Disease," Dr. Bastian does not hesitate to display his want of sympathy with the modern school of germ theorists; and his faithful agreement with "auto-genetic" principles is equally well, though by no means ostentatiously, advanced. It would, of course, be unfair to expect an authority of Dr. Bastian's undoubted position and tenets to renounce his place as an advocate of special views entirely, and in the articles from his pen scattered through the "Dictionary" we cannot help but admire the excellent good sense and moderation displayed in dealing with subjects respecting which the author of them is so well known to be a holder of extreme opinions. As a summary of opposing views they are most instructive and intelligible, and, as far as such a thing could be under the circumstances, impartial.

The late Dr. Pearson Irvine has contributed a valuable essay on the causes of disease, in which the influences of age, heredity, intermarriage, sex, temperament, climate, and society, town and country, hygienic conditions, occupations, air, previous disease, mental and moral conditions, external physical conditions, poisons, temperature, diet, and epidemics, are considered in detail; and the complementary sections on personal health and public health are provided by Dr. Reginald Southey and the late Dr. Parkes respectively. This last named contribution takes rank as one of the most important in the whole work, being in fact a most admirably compressed *résumé* of the whole science of public health. It can be read with the utmost interest and profit by every medical man, whatever and wherever his practice may be, and will afford him endless and valuable help in the prosecution of professional duties.

Under the heading of "Hospitals, their Administration and Construction," Captain Douglas Galton contributes two very serviceable essays, the terms of which might with advantage be accepted as guiding principles by certain of our greater charities at the present time, and we shall possibly be doing a service to more than one general committee by commending to their perusal the remarks which Captain Galton makes in respect to management of hospitals and the various duties that properly fall to the lot of the medical staffs, matron, &c. The ripe experience gained by

(a) "A Dictionary of Medicine by Various Writers." Edited by Richard Quain, M.D., F.R.S., &c. London: Longmans & Co.

the writer of these articles, and his undoubted eminence in all pertaining to the construction of sanitary institutions, encourage anticipations of the excellence of his papers which they themselves fully maintain.

The diseases of the ear are treated of by Mr. Dalby; while Mr. Brudenell Carter undertakes the section relating to the eye. Epilepsy is described by Dr. Brown-Séquard.

As illustrating the rapidity with which the science of medicine advances the notice written by Dr. Lewis of *filaria sanguinis hominis* may be cited, no later reference than to accounts which appeared in 1877 being made, whereas since that date the life history of the entozoon, though still incompletely known, has been to some extent unravelled. Dr. Quain has, however, added a foot-note to Dr. Lewis's description, in which the researches of Dr. Manson are mentioned, researches which do much to enlighten us concerning the life-history of *filaria*.

A most excellent treatise on "Diseases of the Pleura" is from the pen of Dr. Clifford Allbutt. This work will probably take its place henceforth as the best *résumé* of the subject accessible to the student, and to whatever extent it may be employed in this respect, it will be fully deserving of the importance it attains. The sections dealing with the clinical characters and varieties of pleurisy are especially valuable and interesting, and they bring out the forcible characteristics of Dr. Allbutt as a teacher in a way that commands honest admiration. With a knowledge of the subject of pleurisy gained from careful study of this article and application of the principles laid down in practice the physician may confidently trust himself to do the best possible for such cases as may come within his treatment; and to students the sections cannot be too strongly recommended.

In selecting a few examples from the multitude of articles in the work, we have not sought in any way to indicate that they are instances of excellence elsewhere wanting. On the contrary, it is a characteristic feature of the "Dictionary" that every article in it is both authoritative and exact; the choice of authors has been a happy one, for in every case we recognise the acknowledged connection between the signatures appended and the titles of the sections to which they are attached. We have been compelled by the limits required in a review to instance the character of the whole work by describing the manner in which isolated portions of it have been carried out. In all respects the contents are of the high order of excellence naturally ensured when the pages of a work written by associated authors are throughout enriched with the result of experience gained by the best writers of our age.

To the excellence of Dr. Quain's own labours we need not further allude; those papers signed by him bear witness for themselves; in the numerous shorter contributions for which the reader will silently thank the editor the same carefulness and conscientiousness are displayed with the same gratifying result. The "Dictionary of Medicine," indeed, is a worthy monument of untiring energy, of well-spent labour, and of invaluable research and knowledge.

The necessities of publication have demanded compression of the work by resort to double columns and comparatively small type. The inconveniences thus entailed would be remedied somewhat by division of the huge single volume in future editions into at least two "sizeable" books. Otherwise the "Dictionary" is well produced, the printing is beautifully clear, and the paper excellent.

Since this notice was written, a second edition of the "Dictionary" has been published. The suggestion contained above has apparently occurred to Dr. Quain, for the work is now obtainable either in one or two volumes.

ST THOMAS'S HOSPITAL REPORTS. (a)

[SECOND NOTICE.]

DR. JOHN HARLEY has some very uncommon ideas regarding the close connection between constipation and enteric fever. He says: "Constipation is often the forerunner of enteric fever; I believe I may go even further and state that constipation is occasionally the sole cause of enteric fever." This theory, if popularised, would be a source of considerable increase of practice, and therefore of income

to the attending physician. The author is convinced that many an attack of enteric fever has its origin in constipation; and that death from simple idiopathic constipation is a not uncommon event.

Dr. Harley quotes at some length a case of faecal accumulation in the cæcum, and after stating the points of resemblance and difference between it and a case of enteric fever, he sums up as follows:—"Thus, between two groups of symptoms—the one produced by faecal accumulation and obstruction, and the other by the cause of enteric fever—we fail to find any essential distinction." This conclusion is arrived at by comparing the resemblances and differences in the two cases.

The points of resemblance as stated by him are—1. Disgust of a bad odour; 2. Long continuance of the symptoms; 3. Development of a rose rash.

The differences are—1. Constipation; 2. Perspiration; 3. Temperature.

These differences Dr. Harley speedily disposes of. Constipation, he says, is a very common event in enteric fever. Perspiration, though not common, has occurred in enteric fever in his practice. The normal temperature, he maintains, is sometimes seen in enteric fever, and besides, if the faecal matter had been allowed to remain undisturbed in the intestine for some days longer, severe febrile symptoms would no doubt have been developed.

Dr. J. S. Bristowe relates, most candidly, some mistakes in diagnosis of tumours of the abdomen. Three of these were undoubtedly hydatid cysts, and it was assumed that the other two were of the same nature. Two of the large cysts were successfully punctured. The third large tumour was about to be tapped when it was found that it altered its character under manipulation; it became less and less distinct until—though dullness on percussion still remained—it was decided to defer the operation to a future occasion. It transpired that the patient was in the family-way, and examination with a stethoscope revealed the pulsations of the foetal heart. It is true, says Dr. Bristowe, that "no harm was done, but it is quite clear that I was on the verge of doing harm."

In the second case hydatids were mistaken for abdominal cancer. In the third, hydatids were diagnosed in a case of parovarian dropsy. There is not a truer saying, nor one more applicable to our profession, than that we obtain our knowledge by our mistakes, and the mistakes of others, when so candidly laid before us, are the best calculated to prevent their occurrence in ourselves. Honour is as much, if not more, due to those who have the courage to acknowledge and make known their errors, as to those who only relate brilliant and correct diagnoses.

Surgeon H. G. Armstrong gives the result of nerve-stretching in a case of spinal meningitis. The conditions present were very severe lightning pains, confined principally to the legs and lower parts of the body, though occasionally felt in the upper extremities, and aggravated by any change in the weather; tetanic spasms, produced by pressure on the skin, over the coccyx; inability to walk; entire loss of patella tendon reflex; and complete anaesthesia of both lower extremities up to the groins. Sexual power lost, but not desire.

The operation was performed without the administration of an anaesthetic, and was painless. The left sciatic nerve was exposed and stretched.

On the 29th day the patient was free from pain, dressed, and sitting up, and with very slight assistance could walk round the room. Three months after the operation he walked a distance of seven miles before breakfast without fatigue. The result of the nerve stretching has been the recovery of cutaneous sensibility, an almost complete relief from the severe pains and tetanic spasms. The writer considers that this result from operation on one sciatic nerve shows that the stretching acts, not on the periphery, but on the nerve centre.

During the next three months, however, a return of symptoms appeared, and Mr. Armstrong says, "the patient seems to be relapsing into his old condition."

The above contribution, we observe, is not written by a member of the staff, but by the assistant surgeon to the Royal Berkshire Hospital.

The matter contained in the volume, as a whole, is a feeble production for such a large and well-officed establishment as St. Thomas's Hospital.

(a) "St. Thomas's Hospital Reports." New Series. Edited by Dr. Robert Long and Mr. Francis Mason. Vol. XI. London: J. and A. Churchill. 1882.

Correspondence.

THE IRISH COLLEGE OF SURGEONS AND NIGHT LECTURING.

THE following letter appears in the Dublin newspapers last week :—

SIR,—Some persons have violated the understood and expressed wish of the College and its immemorial custom in furnishing to the press a statement of the proceedings of the Fellows on the 4th inst., which is not only untrue in fact, but evidently made public with the intention of prejudicing, by a garbled report, the cause of honesty of medical teaching, with which I have been specially associated, and at the same time lowering me in public estimation.

This report states that "Professor Jacob's motion that the College should cease to recognise night lectures was supported by (certain gentlemen named), and was ultimately negatived by a large majority." Sir, it is untrue that any motion forbidding night lectures was offered by me or anyone else to the College, and equally untrue that my motion was supported by the Fellows named, except by silent vote. My motion was as follows :—

"That this College approves of the determination evinced by the Council to ensure *bond fides* of attendance on courses of medical study, but is of opinion that attendance purporting to be given by persons who are engaged during the usual hours of medical study in other engrossing avocations is not a *bond fide* fulfilment of the four years of study required by the General Medical Council, and therefore ought not to be recognised by this College as sufficient qualification for the Letters Testimonial of this College."

You will observe that this resolution simply declared that medical studies supposed to be pursued by students engaged all day in offices and shops are not what the College or Medical Council mean by *bond fide* medical study.

To this resolution the representatives of night lecturing did not venture to offer a negative, but sought to shelve it by acknowledging its principle, and remitting the subject to the Council.

To it the following amendment was moved by a distinguished Fellow—one of the staunchest opponents of night lecturing and all other methods of evading study :—

"That the College, instead of passing any order at the present meeting regarding night lectures, request the incoming Council to forward a copy of the arrangements for securing the attendance of students at lectures and hospital to every lecturer and clinical teacher recognised by the Council with a request that they will aid in carrying out these arrangements."

The sense of this amendment is that the College should take no ulterior steps until it had fully tried the efficacy of the regulation to ensure *bond fides* of study which it promulgated last year. I could willingly have voted for this amendment if I had any faith that the "request" of the College will have effect with the teachers who are parties to the evasion. Failing that hope, I felt it necessary to divide the College on the amendment, with the result that the Fellows, by a majority of 28 to 16, decided to wait, and hope for an honest fulfilment of the Collegiate regulations.

This was a decision in no sense favourable to night lecturing or sham study. This time next year we shall know whether the trust of the Fellows has been misplaced, and, if it shall appear that it has, I shall certainly—if possible—renew the effort to put a stop to sham medical education in Ireland.

I am, Sir, yours, &c.,

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

Obituary.

MR. BENJAMIN BELL, F.R.C.S.ED., M.R.C.S.ENG., OF EDINBURGH.

THIS well-known and respected Edinburgh surgeon has just passed away, at the age of 73. His illness, which terminated fatally, originated in a severe cold, which developed into inflammation of the lungs, and suffering at the time from impaired vital energy and depression owing to the recent loss of his wife, to whom he was greatly attached, he had not strength

to combat the attack referred to, and death ensued on Friday last.

Following the footsteps of his grandfather and father, who were previously surgeons of considerable eminence, the subject of this notice very early in his career showed signs of high talent and future eminence. He rapidly acquired an extensive practice, principally in eye surgery, and soon became one of the most popular surgeons in Edinburgh. In 1835 he was elected a Fellow of the Royal College of Surgeons, and has ever since taken an active interest in the work of the corporation, frequently acting as examiner. Among other bodies with which he became connected were the Edinburgh and St. Bartholomew, the Royal Medical and Medico-Chirurgical Societies, Edinburgh; the Surgical Eye Infirmary, Edinburgh; George Watson's Hospital, and the Asylum for the Blind, Edinburgh. He was also surgeon to the Royal Public Dispensary, and in 1863 an examiner in medicine in the University of Edinburgh, and in 1864 he was elected President of the Royal College of Surgeons, Edinburgh.

Mr. Bell contributed some able papers to various medical journals, among the more important being one on "Cerebral Diseases," which appeared in the *Edinburgh Medical Journal* for 1847, and another, "On the Outbreak of Scarlet Fever in George Watson's Hospital," published in 1851. Besides being well known in his profession, Mr. Bell enjoyed a widespread popularity as a public citizen. He took a deep and lively interest in most of the public questions of the day. His well-known presence will be missed at many a public meeting. His character displayed a happy combination of simplicity and amiability, on the one hand, with a readiness, on the other, to look at new views for himself, and to hold and express his own opinions with firmness. He took a deep interest in every form of mission work, and was largely instrumental in establishing the Edinburgh Medical Mission, and in furthering the training of medical missionaries for foreign service. Mr. Bell is survived by a family of five sons and three daughters, his eldest son, Mr. Joseph Bell, F.R.C.S.E., now practising in Edinburgh, being the only member who has followed the medical profession.

PASS LISTS.

Royal College of Surgeons of England.—The following Members having passed the required examination for the Fellowship, were admitted Fellows of the College at a meeting of the Council held on Thursday, June 14th :—

- Collingwood, David, M.B. Lond., Bedford Street, Liverpool.
- Duncan, W. Archdeacon, L.R.C.P. Lond., Lambeth Palace Road.
- Elam, William Henry, Mirfield, Yorkshire.
- Gross, Charles, L.R.C.P. Lond., Watworth.
- Horseley, V. A. Haden, M.B. Lond., Gower Street.
- Wainwright, Benjamin, M.B. Edin., Belmont, Lee, was admitted to the Fellowship, though not a Member.

Two other candidates passed the examination, but being under the legal age (twenty-five years) will receive their diplomas at a future meeting of the Council. Ten candidates failed to reach the required standard, and were referred for twelve months' further professional study.

College of Physicians in Ireland.—At the June examinations the following candidates obtained the licences in Medicine and Midwifery of the College :—

Medicæ.

- | | |
|----------------------------|------------------------------|
| Bosanquet, Adela. | Lyons, John J. |
| Donovan, Daniel Wycherley. | M'Math, Arthur Wm. |
| Fitzgibbon, James Edward. | Murray, Patrick Harward. |
| Graham, Geo. R. Moore. | O'Hagan, John Joseph. |
| Havey, Francis Brunel. | Ramsbotham, Alfred Ernest W. |
| Lougheed, Elizabeth. | Ridley, George Peirce. |

Midwifery.

- | | |
|----------------------------|-------------------------|
| Bosanquet, Adela. | M'Math, Arthur William. |
| Donovan, Daniel Wycherley. | Murray, Patrick. |
| Fitzgibbon, James Edward. | O'Hagan, John. |
| Graham, George Moore. | Ramsbotham, Alfred. |
| Havey, Francis. | Ridley, George Peirce. |
| Kelly, Christopher Peter. | Trimble, John Maxwell. |
| Lougheed, Elizabeth. | |

Notices to Correspondents.

DR. J. KINGSTON FOWLER will give a Clinical Demonstration at the Brompton Consumption Hospital to-day at 4 p.m., "On some Points in the Diagnosis, Prognosis, and Treatment of Thoracic Aneurism." Members of the profession admitted on presentation of their cards.

PROFESSOR HUTCHINSON'S LECTURES AT THE LONDON COLLEGE OF SURGEONS.

IN accordance with our annual custom, we propose presenting our readers with the complete course of lectures now being delivered at the Royal College of Surgeons of England by Professor Jonathan Hutchinson. The subject selected is "Diseases of the Tongue," the first lecture of which will be commenced with the new volume of the *Medical Press* on July 4th.

DR. C. THEODORE WILLIAMS' lectures "On the Relation of the Tubercle Bacillus to Phthisis" will be commenced in our next.

WE hope to recommence the papers "On some Implications of Dissolution of the Nervous System," by Dr. Hughlings-Jackson, F.R.S., in the first number of the new volume in July.

DR. BERNARD KELLY.—The addition shall be made in due course, and proof sent you before insertion.

DR. ROGERS is thanked for his efforts on behalf of "A Retired Poor-law Medical Officer," to whom a miserable board of guardians refused superannuation, after nearly half-a-century's faithful services, on the plea of not taxing the ratepayers. We hope to enlist further sympathy in the case, and expect the matter brought before the House of Commons in the course of a few days.

SANITARY ASSURANCE.

AT a meeting of the Council of the Sanitary Assurance Association, held on Monday, June 11th, Sir Joseph Fayrer, F.R.S., in the chair, the following resolution, recently passed by a meeting at 9 Conduit Street, W., was considered, viz.—"That the Council of the Association be requested to consider whether they cannot recommend legislation compelling the builders of all new dwellings to obtain a certificate from some authority or qualified person as to their sanitary condition before it shall be lawful for such buildings to be inhabited." On the motion of Professor Hayter Lewis, F.R.S., seconded by Professor Corfield, M.D., a sub-committee was appointed to consider how best the object of the resolution may be attained, and, if desirable, to draft a Bill and report to the Council.

CORRECTION.—Owing to an unfortunate combination of printer's error with want of revision, Dr. Cory was, in our last issue, credited with holding very remarkable opinions on syphilis. It is hardly necessary to explain that the statement made was not that intended; but the note having been printed without first being read, the important omission of words to the effect that Dr. Cory did not believe in inoculation of true syphilis *via* lymph, was allowed to pass unnoticed, with the result referred to. Obvious though it is, the blunder demands this explanation.

MR. SIMMON.—The labour was most unnecessarily bestowed. There are at least a dozen books in which the whole particulars are given as fully and completely as you have been able to give them. For any purpose of information your results are no more valuable than these, and it could advantage no one if we were to publish them. The report is of a different degree of value, and is accepted with thanks.

MR. CRANSTON.—It is very unlikely that any distinction would be intentionally made by an examiner; it is much more probable that you are altogether mistaken in the matter, and that the suggestion made to you was without any justification in fact. This interpretation is, at any rate, the wisest one you can put on the occurrence.

R. T.—We hope to publish a complete account of the experiments at an early date.

A WORKING SURGEON.—Tenotomy knives will be found most useful for the purpose. If carefully performed, the operation should not be attended with serious risk. Antiseptic dressings should be employed, but the spray need not of necessity be used.

ANOTHER UNQUALIFIED ASSISTANT.—The blame is less yours than your employer's, but you alone will be held responsible in the event of proceedings being instituted. 2. We do not think so.

X. Y. Z.—See Vol. XIII. of the *Clinical Society's Transactions*.

MR. HORNBLLOWER.—It is a matter of custom, and usage varies in this respect in different places. You can easily ascertain the terms made with your predecessor, and may very well be guided in the course you elect to pursue by the information thus obtained. It is not a question of law.

M. A. F.—Several successful cases of transfusion of saline fluid have recently been recorded. You should make yourself acquainted with them first.

THE POWERS OF COMMITTEES AS TO LOCUM TENENS.

NEMO asks: Is it compulsory on a dispensary committee to accept the nominee of their officer, who is incapacitated through illness? or is it competent for them to appoint any person they choose, provided he is duly qualified, to act as *locum tenens*?

[The committee may do exactly as it pleases in the matter; the medical officer is simply to recommend some person who possesses the legal qualifications to be a *locum tenens*. Any such person will do, and it is not the business of the medical officer to negotiate with him, or ascertain his willingness to act, nor to pay him a farthing for his services. All these are the functions of the committee, and they may accept the person recommended, or appoint any other person at their discretion.—ED.]

MR. JAS. STURTIN (St. John's Hospital for Skin Diseases).—We fail to see that you are even remotely referred to in the annotation; "the management" only is mentioned, and we understand that you have no control over, or voice in this.

A CHRONIC (Bath).—We do not prescribe in these columns, but would advise our correspondent to purchase the little book just issued from the pens of Professor Titchborne and Dr. Prosser James, "On the Mineral Waters of Europe;" he will there see the composition and therapeutical value of all the known waters, and will gain some hints as to their suitability in his case.

DR. W. J. C.—We do not see that you are responsible for an indiscretion of your partner. He should frankly apologise to his neighbour and thus avoid the threatened professional scandal.

DR. T. T. P.—Thanks for the lines, which contain a good many truisms, but as our province is medical journalism, we are unable to accept them for publication, religious topics being more appropriately discussed elsewhere. The paragraph about "Pseudo-medical Degrees" has already appeared in our columns, and has often been quoted elsewhere.

MR. FORBES (Chelmsford).—The author will doubtless be glad of the correction, which, though of one word only, is of considerable moment. We will forward your letter to him.

PROFESSOR JONATHAN HUTCHINSON, F.R.C.S., will deliver a course of lectures at the Royal College of Surgeons of London to-day (Wednesday), Friday, June 22, and on Monday, Wednesday, and Friday next week at 4 p.m. Members of the profession will be admitted on presentation of their cards.

Appointments.

- BLAIR, E. M.D., C.M. Glas., Medical Superintendent to the Lunatic Asylum to the Barony Parish of Glasgow.
 BROWN, J. M., F.R.C.S. Eng., M.B., M.C. Ed., Surgeon to Out-patients to the North-West London Hospital.
 BURNET, E. W., M.D., C.M., Pathologist to the Chelsea Hospital for Women.
 DICKINSON, T. V. M.D. Lond., Assistant Physician to the Chelsea Hospital for Women.
 DONNELLAN, F., L.R.C.S.I., Medical Officer for the Wexford Union.
 HARRIS, J., M.D. Lond., Resident Medical Officer to the Chelsea Hospital for Women.
 HORROCKS, P., M.D. Lond., B.Sc., Assistant Physician to the Chelsea Hospital for Women.
 LINTON-JONES, W. H., Anesthetist to the Chelsea Hospital for Women.
 MACKENZIE, J., B.A., M.B. Cantab., Assistant Physician to the Chelsea Hospital for Women.
 RODLEY, J., L.R.C.P. Ed., M.R.C.S., House Surgeon to the Bucks General Infirmary.
 ROOPOFF, W. M., M.R.C.S., L.R.C.P. Ed., Honorary Medical Officer to the Royal Albert Edward Infirmary, Wigan.
 SAINSBURY, H., M.D. Lond., M.B.C.P., Physician to Out-patients to the North-West London Hospital.
 TRAVERS, W., M.D., Assistant Physician to the Chelsea Hospital for Women.
 VENN, J., M.D., M.R.C.P., Assistant Physician for Diseases of Women to the West London Hospital.
 VALENTINE, E. W., M.R.C.S., Medical Officer for the Second District of the Langport Union.
 VOS, G. H., B.A. Cantab., M.R.C.S., House-Surgeon to the Training Hospital, Tottenham.
 WALKER, T. S., M.R.C.S., Hon. Consulting Ophthalmic Surgeon to the Royal Albert Edward Infirmary, Wigan.
 WARREN, F. W., M.B. Dub., M.K.Q.C.F.I., F.R.C.S.I., Surgeon to the Adelaide Hospital, Dublin.
 WESTBROOK, E., L.R.C.P., L.R.C.S., Assistant House-Surgeon to the Poplar Hospital.
 WILLIAMS, E., M.R.C.S., L.R.C.P. Ed., Honorary Ophthalmic Surgeon to the Royal Albert Edward Infirmary, Wigan.
 WILLIAMS, W. T., M.R.C.S., Second Assistant Resident Medical Officer to the Birmingham Workhouse Infirmary.

Vacancies.

- Brompton Consumption Hospital.—Resident Clinical Assistant. Further particulars to be obtained of the Secretary (see Advt.).
 St. Mary's Hospital, Paddington.—Demonstrator of Physiology. Value of appointment, £100 per annum. Applications to the Dean before July 7th.
 Bath, Eastern Dispensary.—Resident Medical Officer. Salary, £100, with extras. Applications to the Hon. Sec. before July 2nd.
 Stockton-on-Tees Hospital.—House Surgeon, non-resident. Salary, £200. Applications to the Secretary before July 14th.
 Rochester District Friendly Societies' Association.—Resident Medical Officer. Salary, £200, with extra fees and house. Applications to H. T. Kybett, 50 High Street, Chatham, Kent, on or before June 2nd.
 Royal Hants County Hospital, Winchester.—House Surgeon. Salary, £100, with board. Applications to the Secretary before July 4th.

Births.

- HATCHELL.—June 13, at Maryborough, Queen's County, the wife of Dr. J. H. Hatchell, of a son.
 KINKAD.—June 12, at West House, Galway, the wife of R. J. Kinkad, M.D., of a son.
 STACK.—June 12, at 12 Idrome Terrace, Blackrock, the wife of R. Theodore Stack, M.D., of a daughter.

Deaths.

- NELSON.—June 14, at 12 The Circus, Greenwich, suddenly, Thomas Nelson, M.D., R.N., Inspector-General of Hospitals, aged 65.
 SHORTHOUSE.—June 12, at his residence, Croxteth, Joseph Henry Shorthouse, M.D., LL.D., after a protracted illness.

IRISH POOR-LAW INTELLIGENCE.

DISMISSAL OF UNION OFFICERS BY BOARDS OF GUARDIANS.

THE following additional correspondence, which closes the subject for the present, has taken place between the Council of the Irish Medical Association and the Irish Local Government Board :—

LISMORE UNION.

(Copy).

Local Government Board,
Dublin, 7th November, 1882.

SIR,—The Local Government Board for Ireland have had under consideration your letter of the 26th ult. respecting the recent resignation by Dr. O'Reilly of his appointment as medical officer of the workhouse of Lismore Union, and the Board desire for the information of the Irish Medical Association that the vacancy created by Dr. O'Reilly's resignation has been filled up by the guardians, and the Board do not consider it necessary to enter into a correspondence on the subject. With reference to the request of the Council that the Local Government Board will take steps for the reinstating of Dr. O'Reilly in the office which he held, the Board desire to point out that when a medical officer's appointment becomes vacant by resignation or otherwise, it can only be filled by an election conducted in the manner prescribed by the general regulations.

By order of the Board,

(Signed) W. D. WODSWORTH.
Assistant Secretary.

To Wm. Thomson, Esq., M.D., &c.

Irish Medical Association,
December 8, 1882.

SIR,—I am directed by the Council of the Irish Medical Association to state, in reply to your letter of 7th Nov., "No. 32,679 Lismore Union," that, in view of the circumstances that the office vacated by Dr. O'Reilly has already been filled by the appointment of another medical practitioner, the Council will not continue to urge the reinstatement of that gentleman.

The Council desire to remind the Local Government Board that Dr. O'Reilly's resignation of office was not a voluntary act, but that he was forced, notwithstanding his repeated protests and appeals for full investigation of the circumstances, to vacate his appointment in consequence of the unjust, and—as the Council believes—illegal course adopted by the Board of Guardians, not only with the concurrence, but apparently at the suggestion of the Local Government Board for Ireland. The Council hold the opinion that suspension of an officer

from the performance of his duty is a power entrusted to Boards of Guardians solely, in order that they may be enabled, in case of emergency, to dispense temporarily with the services of an officer pending the immediate investigation of some serious charge, which would, if proved, render him unfit to continue in office, and with a view to his reinstatement if the accusation were not established. To use such a power for the purpose of permanently removing an officer against whom no such charge has been made or sustained is, in the opinion of the Council, an abuse of the law, inasmuch as it is an assumption by the Board of Guardians of the power of dismissal, which is the prerogative only of the Local Government Board, and is exercised by them subject to the approval of Parliament.

The Council of the Irish Medical Association apprehend that by the course which has been pursued towards Dr. O'Reilly, a precedent may be established which it would be their duty to contest, as they believe that course to be altogether illegal and contrary to the intention of Parliament, and as the establishment of such a precedent would obviously be most prejudicial to the status of Poor-law medical officers.

In this instance, Dr. O'Reilly's resignation appears to preclude the Council from bringing the case into court and obtaining a judicial decision on the subject; nevertheless, the Council desire to state emphatically their opinion that, so long as the State compulsorily imposes upon Poor-law medical officers duties, the proper discharge of which tends to bring them into variance, if not conflict, with Poor-law guardians it is essential to the efficiency of the service that the position of those officers shall be rendered as independent as possible, and that they shall receive at the hands of the Local Government Board the utmost consideration and protection in the due performance of their duties. Were it not that Boards of Guardians are aware of the powers conferred by the Legislature on the Local Government Board to protect their officers against harsh and unjust treatment, a considerable number of those officers would doubtless find it impossible to discharge their duties efficiently and conscientiously. The Council therefore expect that the Local Government Board will afford to Poor-law officers the protection necessary for the performance of their functions, and not afford its countenance to unscrupulous attacks, nor visit with punishment any complaints until it has, by a thorough and independent investigation, fully satisfied itself that the case is one which really merits the punishment meted out. In the case in question the Council regret to think that no adequate investigation was held by the Local Government Board. The Council therefore feel, that they have no other course open to them than to reiterate emphatically their protest against the compulsory removal of Dr. O'Reilly from office at the caprice of the Board of Guardians, and, without any

to reach the lung by inhalation, to develop in the alveolar epithelium, causing it to proliferate through irritation. The alveolus becomes stuffed with cells which either caseate at once, or, if the process be a slow one, are partly converted into giant cells. Infection of neighbouring alveoli takes place either by continuity or by inhalation of bacilli from other parts. The further progress depends on the rate of bacillus multiplication, or on the fitness of the soil for their development. If they multiply quickly caseous pneumonia and rapid lung excavation ensue; if slowly, the resulting caseation may cause thickening of the alveolar walls with inflammatory tissue, and further infection be prevented by this fibrous barrier, this taking place in fibroid phthisis. When the lungs become largely involved, the walls of the pulmonary veins are attacked, and bacilli entering the circulation, give rise to acute tuberculosis. According to Weigert, they may enter the innominate veins from the bronchial glands, and Koch gives an instance where a bronchial gland gave rise to disease in an artery of the lung, and thus infected the system.

The bacillus theory explains the limited portion of the lungs attacked in early phthisis, the spread of tubercle around cavities or caseating centres, and the infection of the opposite lung by inhalation of the sputum; also the spread of disease by the lymphatics and blood-vessels; it also explains the limitation to the lungs of galloping consumption, of tuberculo-pneumonic phthisis, and of catarrhal phthisis, but it does not elucidate the thoroughly constitutional features of scrofulous phthisis or the origin of hæmorrhagic phthisis, or the comparative freedom of the larynx and trachea from caseation and ulceration in spite of the bacillus-laden sputum passing over them.

The lecturer discussed the question of fitness or unfitness of soil for the reception of the bacillus, in which the key of the position must be sought, as, considering the prevalence of consumption, there is little doubt the bacilli must enter the air passages of healthy people without harmful results. He stated that the various well-known predisposing causes of consumption, such as dampness of soil, bad ventilation, miscarriages and confinements, and other debilitating conditions, might act by preparing a fit soil, either by giving rise to low inflammatory conditions which tend to cellular products, or by weakening the resisting powers of the constitution. The recognition of one exciting cause, instead of many, may lead not only to direct remedial measures against the same, but equally and perhaps more effectually to combat the predisposing causes.

The tubercle bacillus varies in length from 1-3000th to 1-12000th of an inch, its breadth being as a rule uniform, about 1-5th of an inch (Heron), though the older ones appear somewhat broader than those which are less developed. Some are only twice as long as they are broad; others extend over 1-12th of the microscopic field; some are straight, with slightly rounded extremities; others are curved, and occasionally have a vermiform appearance. They are found singly or in groups, in the latter case, sometimes appearing like bundles of sticks, 3, 4, and 5 together. This grouping seems to indicate activity of disease. They can be seen from 4-10th inch power upwards, but are clearest under powers ranging from 1000 upwards. Each rod when well developed shows a number of beadings, from 4 to 8, or even more, and these separate from each other and are called the spores, from which fresh bacilli grow. Mr. Cheyne describes an external membrane enveloping the beaded rod which stains with the same dye. The bacilli have been found by the lecturer to increase in sputum after long keeping in a warm atmosphere: he suggests that this may be one of the causes of their accumulation in the cavities of advanced cases of consumption, where expectoration is difficult.

The practical value of the bacillus in aid to diagnosis was then considered, and it was shown by illustrative cases to assist in separating chronic pneumonia and bronchiectasis from phthisis, and in throwing light on

incipient laryngeal phthisis and catarrhal phthisis, in the former there being often difficulties of diagnosis from the swelling of the mucous membrane of the larynx rendering the act of respiration painful, and thus interfering with satisfactory auscultation. In the latter the sonorous rhonchus and sibilant râles often mark tubercular consolidations, the nature of which examination of the sputum now reveals.

Still, Dr. Williams urged that, however valuable this test is in the above classes of cases, it must never be allowed to interfere with most careful physical examination of the chest, as, after all, the presence of bacilli cannot define the locality, or even the extent of the diseased area, but can only indicate the existence of the tubercular process.

NOTE UPON A READY METHOD OF TESTING THE PURITY OF MILK.

By F. J. B. QUINLAN, M.D., M.R.I.A.

A QUICK, simple, and reasonably accurate mode of accomplishing the above object has long been a desideratum to public institutions, and even to private families, but the want can hardly be said to have been supplied. The favourite domestic method of testing milk is the upright cylindrical glass tube, the upper fifth of which is graduated in hundredths; so that, when the milk sets, the percentage of cream can be read off. But this is not an immediate plan. The other resort, the float, is wholly unreliable, inasmuch as the addition of gummy or saccharine compounds will run up the specific gravity of very poor milk.

I would wish to briefly describe the Milchprüfer (milk tester) of Heeren, which is at once quick, simple, and accurate. It consists of a circular disc of black vulcanite, 2½ inches in diameter, in the centre of which is a cup 8-10ths of an inch in diameter and 1-50th of an inch in depth, the bottom, of course, being black. If this cup be filled with a few drops of milk, and a perfectly flat cover glass laid on it, a stratum of milk of a constant thickness will be secured, and will have a colour varying according to its dilution, from the white of cream to the bluish shade of milk which has been conscientiously skimmed and then liberally watered. The second part of the instrument is a circular piece of very thin plate glass of the same size as the disc, and which is lined with coloured vulcanite (like the silvering of a mirror), except in the central part corresponding to the cup. This annular vulcanite lining is divided into six equal radial segments, presenting an harmonious series of colours from cream to bluish, and labelled respectively "cream," "very fat," "normal," "less fat," "poor," "very poor."

In using it the observer stirs the milk with a spoon to make it homogeneous; and then, letting a few drops into the cup, lays on the cover-glass disc, taking care that there shall be no air bubbles. The eye will at once determine that the stratum of the milk being tested corresponds in colour to some one of the radial segments, or is between two of them. I have tried with it a specimen of milk enriched with cream, so as to correspond with No. 1; and by successive additions of water brought the specimen to correspond with each number of the scale; and, thus tried, the instrument showed great accuracy. It is manufactured on a large scale by the Hanover Vulcanite Company, and is inexpensive.

PROFESSOR GRAINGER STEWART, OF EDINBURGH. — It affords us much pleasure to congratulate Prof. Grainger Stewart on his return, after an enforced absence abroad in search of health. This, we are glad to hear, he has attained after his severe illness in the winter; and when, for the first time, he presented himself to his class at the University on Saturday last, he received a hearty ovation.

duty as a medical man. It was, counsel added, comforting to Dr. Sparrow, when such an unfounded charge was made against him, to find himself surrounded and supported by his honourable colleagues, as he was that day. One of the risks of the noble profession of medicine was to have false charges made against physicians by hysterical and designing female patients. Such a charge, only the other day in England, cost an innocent man his life. Dr. Sparrow then left the court, accompanied by his friends.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

(Continued).

Dr. JACOB'S examination continued.

898. You stated also your reading of the law, and I have no doubt your reading of the law is correct, because I am sure, from your experience, and from the evident care you have given to the matter before this Committee, you would not advance anything of which you were not certain; but you say, as to the practice of a medical man resigning before he can claim superannuation, that that is not usually so; that the dispensary doctor is at liberty to inform the board of guardians or the dispensary committee, of his desire to resign, and he need not so resign until he makes his ground sure?—Under the Act of Parliament I believe that that is so. I know of one case in which the medical did not resign, but simply notified his intention to resign, and the board of guardians nevertheless did consider his pension, and did grant him a pension on the day that he retired, and therefore there can be nothing illegal in the practice of a medical officer withholding his resignation up to the day when his case is considered.

899. Do not understand me as assuming that there is any illegality, but I am glad to get your information upon the subject, and the information is new to me, and I accept it as accurate; as regards the other reasons that you give for this Bill, one was that concurrently with the position held by the dispensary doctor he has private practice more or less?—Yes.

900. Experience has shown that in towns or aggregations of communities as a man's private practice grows and becomes of larger importance, he surrenders the dispensary?—Yes.

901. And you give it as one of the advantages of this Bill that, if a man had a limited private practice, and under the established state of things he had given in his resignation, and his resignation had been accepted without a pension, that then there was the danger of a rival practitioner coming in?—Yes.

902. Does it always occur that a rival practitioner comes in?—Not with the advantage of an official position behind his back; if A., being a practitioner in a district, deserts his offices and leaves it open to B., B. would set up against him as a rival practitioner under exceptionally favourable circumstances; therefore, my contention, is that there is no danger of abuse of the Act, inasmuch as A. will not leave his official position until the very last moment that he is obliged to do so.

903. I do not like to ask you any question that may injure the *esprit de corps* of your profession, or hurt your feelings in any way, but is it true, as a matter of fact, that a great many dispensary physicians in Ireland hold on to their situations pledged to the performance of certain duties, conscious that they are incompetent and unable to perform them, simply on account of the question of superannuation?—Yes, certainly, it is the fact.

904. You stated that one of the reasons why the dis-

pensary doctor, or resident medical doctor of the union, was not likely to have his claim for superannuation fairly considered was, that there might exist between him and the majority of the board political and religious differences?—Yes.

905. And you also stated that it might arise from his brusqueness of manner?—Yes.

906. Will you give me leave to ask you, is not a doctor always, in the first instance, elected either by the members of the board for the position of resident medical officer, or by the members of the dispensary committee for the dispensaries themselves?—Yes, always.

907. Therefore, as elected originally, there were no political or religious difficulties; if he was a favourite of the electors, presumably he would have neither political nor religious difficulties with the members of the board?—At the time he was elected thirty years ago he was presumably of the same colour as his elective board.

908. Then it follows that to establish your ground for there being political and religious difficulties, either the board must have changed its constitution, or the doctor must have changed his political and religious opinions?—Not strictly speaking, because you must recollect that the question of superannuation of a medical officer comes before the board of guardians, whereas his election comes before the dispensary committee, which may be of an entirely different political and religious line. A man of their religion and politics may be elected by the dispensary committee; but when he comes for his pension he has to go before a different tribunal.

909. In that answer you assume that the dispensary committee is not a reflex of the board?—There may be such instances.

911. The average salary of a doctor, that is to say, his salary alone, I understand you to say, amounts to £102 per annum?—Yes, roughly speaking.

912. You were asked by the honourable Member for Wexford whether the emoluments received from a number of offices under the Public Health Act, the registration of births, deaths, and marriages, add an average increment of £30 a year?—Yes.

913. Then, in effect, the average income of those gentlemen who come to have their cases considered by the Committee is £130 per annum?—Yes.

914. And that £130 per annum is quite independent of means which may accrue to them from their private practice?—Yes; but the average in these sort of matters is entirely deceptive, and the persons who would be getting that pension would be likely to be men whose incomes had been excessively small from private practice, and therefore the average ought not to be made to apply to them; but if you ask me what the average is it is what I stated.

915. Is there any instance within your own knowledge of dispensary doctors receiving superannuation, they themselves being in receipt of an income from means acquired in the practice of their profession?—Yes.

916. Then as regards the refusal by the board of guardians to fairly consider the claims of the doctors, that is modified by the fact that they have given superannuation allowances to men whom they knew were in the receipt of incomes independent of the superannuation allowance?—Certainly.

917. Does that prevail to a fairly large extent?—Yes, it does; a good number of the persons who have been superannuated are persons who have more or less private practice.

918. There is this important distinction between the doctors and some other persons employed by the Poor-law Board, that the doctors have not given their whole time, except the resident officers in unions, and a great many other servants of the Poor-law Board have devoted their

whole time?—Doctors are obliged to place the whole of their time at the disposal of the guardians; no portion of their time of the whole 24 hours is free to themselves; every minute they are liable to be called upon, and they must, to the exclusion of every other sort of business, attend to their union duties; but, on the other hand, they are not whole time officers in the sense that they may engage in private practice.

919. And, in point of fact, very many of them enjoy large means from private practice concurrently with their holding the office of dispensary doctors?—Yes, they could not live upon the salary they get.

926. Capt. Aylmer: Do you think that, as a general rule, medical officers who have a qualifying service for superannuation will retire when they arrive at 68 years of age?—I certainly do not think so.

927. You think that they would continue on, having a practice in the place?—A great number will continue on as long as they can possibly get along sooner than introduce another practitioner into the district.

928. If this Bill passes, is it not possible that boards of guardians may, if pressure is put upon them by aspirants to the post, make them take their superannuation as soon as they arrive at 60 years of age?—Generally speaking, a medical officer is sufficiently well lodged in the place to prevent aspirants ousting him in that way; I would not apprehend that.

Mr. ROBERT STEWART, *called in, and examined.*

985. Chairman: I believe you are a guardian of the Belfast Union?—Yes.

986. How long have you been a guardian?—For two or three years.

988. Are you in favour of that Bill?—In many of its issues I am opposed to it.

990. Do you think that any change is necessary in the existing system of pensioning Poor-law officers in Ireland?—I do not.

991. What has been your practice in reference to pensions in your union?—In the Belfast Union there have been no pensions granted for about seven years so far as I know.

995. Therefore a union officer in the Belfast Union could have had no reasonable expectation that he would be sure of receiving a pension when he retired?—He could not by any means be sure.

996. That may have accounted, in your opinion, for the fact that they did not stay long in that union?—Yes.

997. Can you account for it in any other way?—The resident officials, the chief officials, were not sufficiently well conducted throughout to entitle them to pensions.

999. Was not it possible for the board of guardians to make sure when they engaged their officers that they were efficient men?—That is sometimes largely the result of chance or accident.

1000. I understand you to say that at present you do not take the granting of any pension into consideration?—I do not, especially in the case of dispensary and medical officers: I am entirely opposed to it.

1001. During the last three years, do you find that your officers have held on for longer periods in the employment of your union?—I do, but I do not think it arises out of any particular hope with regard to pensions.

1002. On the other hand, should you say that the knowledge that they will not receive pensions induces them to retire at an earlier age than they would retire if they thought they were going to receive pensions?—I have never known of any resignations connected with the question of pensions; in fact, the chief cause of their leaving our employment at all was generally dismissal, or compulsory resignation.

1003. Are there any old officers in your union?—The oldest officer has been eight years in our employment at present.

1004. What is his age?—I suppose about 53.

1011. Chairman: Have any officers in your union resigned from infirmity?—There has not been one that I am aware of.

1012. In regard to the Bill before the Committee, do you think it is advisable that in some unions boards of guardians should go on the principle of granting no pensions, and that in other unions they should go upon the principle of granting pensions to all, and that in many unions they should go upon no definite principle in giving pensions?—I think the law as it stands is sufficiently good to meet the whole case; that is to say, that if persons really merit pensions, then let the guardians fix the sum that should be granted.

1013. By your own showing you say that some change in the existing system is necessary for this reason, that your union declined to grant any pensions at all?—No, I did not say that.

1014. They have not granted any?—They have granted pensions on two occasions.

1015. In the last seven years they have not granted a pension, as I understand you?—They granted a pension seven years ago, or recommended it, but it was unconfirmed by the Local Government Board.

1016. I understand you to say that you have made it a practice not to grant pensions from that time?—They never were asked; so far as I am aware, no application has come before the Board for seven years.

1017. Did they let the officers know when they took service in your union that pensions were not granted?—They never held out any such inducement or hope; I think the officers were sufficiently well acquainted with the fact.

1018. Your opinion then, as I follow you, is not against giving pensions *in toto*?—I think that the law as it stands is fair enough; that is if the guardians consider the relative merits of the applicant as the case comes before them, it might be a fair enough thing. I believe the guardians should have free control in the matter of granting pensions.

1019. I understand you to say, that the guardians generally in Poor-law unions have done their duty in reference to giving pensions?—I think they have.

1028. Mr. Gibson: Are you of opinion that as a matter of public policy, if a man or woman has served the union faithfully for a great number of years and is worn out in the service, and their service has been blameless and upright, it is right to give them a pension or compel them to go into the workhouse as an inmate?—If their conduct had been blameless, it would be a fair case for consideration, but I am sorry to say that I have not found them blameless.

1029. You must take my question as I put it, and not as you put it. Take my proposition. Supposing a union officer, man or woman, has spent his or her whole life in the service of the ratepayers, say 40 or 50 years, and has arrived at the age of 75 or 80, and that their conduct has been uniformly good and blameless, and that they were worn out in the service, and are no longer able efficiently to discharge their duties, is it desirable in the public interest that a public servant should be pensioned, or compelled to go as an inmate into the workhouse?—It would be a very proper question for the guardians to consider whether they should give him or her a pension.

1030. That is not my question. Do you think it is desirable for the public service, that that person should be given a pension, or compelled to go as an inmate into the workhouse?—Under the circumstances the guardians would be disposed to consider it.

1031. That is not my question. Do you think that it would be just and proper that that person should be given a pension or be compelled to go into the workhouse as an inmate?—The pension in the case of a woman would be so limited, according to the present Bill, that I do not think would be worth the guardians' while to grant it.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

THE MEDICAL REFORM CONTROVERSY IN DUBLIN.

At the meeting last week of the Dublin Branch of the British Medical Association an organised effort was made to induce the members of the Branch to throw over the Medical Reform policy which, for many years past, has been advocated both by the British and the Irish Medical Associations, which policy is substantially the same as that adopted by the Royal Commission which sat last year to investigate the subject. A majority of the Council of the Branch has been induced by a no-surrender sub-committee to advise the profession in Ireland to take up the same humiliating position of hostility to improvement which has hitherto been special to Scotland alone. We cannot now enter upon the question further than to express our entire confidence that when the question is fully discussed at the adjourned meeting of the Branch on Tuesday, the 6th, the members of the Association will resolutely refuse to join in opposition to the endeavour to put medico-educational affairs throughout the kingdom on a satisfactory footing. Every member of the Branch is well aware of the loss in public estimation which the profession has sustained from the disreputable traffic in diplomas which the no-surrender committee now seeks to preserve. Every one knows of the trade which has been driven in low-class diplomas by the Scotch corporations, and of the serious injury done to Irish and English licensing bodies thereby. Every one knows that the General Medical Council, after its quarter of a century of probation, has proved itself unwilling and incompetent to check these abuses. We shall therefore be greatly mistaken in our estimate of the spirit of the Dublin practitioners if we find them led to desert the policy adopted years ago by earnest reformers.

GALWAY GUARDIANS.

AN unusually large meeting was held last week for the appointment of two medical officers, one for the Dispensary and the other to the post of Junior Medical Officer to the Union Workhouse. Both positions had been held by the late lamented Dr. Clayton. The candidates for the post of dispensary medical officer were—Dr. Rice, Dr. Kirwan, and Dr. Lyden. The voting was as follows:—For Dr. Rice, 20; for Dr. Lyden, 13; for Dr. Kirwan, 5. The candidates for workhouse medical officership were—Dr. Pye and Dr. Grealy. The voting was—Dr. Grealy, 33; Dr. Pye, 20.

DUNMORE (GALWAY) DISPENSARY.

A MEETING was held last week for the purpose of electing a medical officer for the Dunmore dispensary district, Mr. W. D. Griffith, J.P., in the chair. There were two candidates, who received ten votes each, viz., Dr. O'Reilly, of Lismore, and Dr. Donnellan, of Castlereagh. The election, having resulted in a tie, must be held again, unless one of two votes on Dr. Donnellan's side be disqualified by the Local Government Board, both being objected to.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

Mr. ROBERT STEWART, called in, and examined.

(Continued).

1032. That is not my question. I must ask it again, and it is a plain one. If a union officer, man or woman, has spent his or her whole life in the service of the union, and has become worn out in the service, say 40 or 50 years, and has performed his or her duties honestly and soberly and in a blameless way, is it just and expedient that that public servant should be given a pension, or be compelled to go into the union workhouse as an inmate?—I think if all the circumstances regulating the conduct of that official were as you put them, she would not be entitled to a pension, because she would have saved a sufficient competence to prevent her going into the workhouse.

1033. Then you are against a pension in any case?—I might not be.

1034. I must put the question again. Will you state the case to the Committee where you consider that such a person would be entitled to a pension?—There was a case in which I would have voted for a pension; it was the case of a workhouse master; he was 30 years in the service, and I thought he was harshly treated by the guardians for some very small fault; he was compulsorily forced to resign, and I thought it was a case in which he should have got a pension.

1038. Can you state to the Committee any circumstances where, independently of harsh treatment upon the part of the guardians, you consider any union officers would under any conceivable circumstances be entitled to any pension whatever?—I do not know of any case.

1039. Then you are against the principle of pensions, root and branch. You are of opinion that men and women employed in the union should save out of their earnings to provide for old age?—Practically, that is the fact.

1045. You have been listening to the other evidence that has been given to the Committee to-day?—Yes.

1046. You heard Dr. Jacob give evidence to-day with reference to a doctor of the age of 82, who is now serving in the county Waterford, and who is in infirm health, who

has served a vast number of years; do you not think that it would be expedient for the public service that that officer should resign?—Yes, if he is infirm and unfit for the duty.

1047. You must take my proposition again as I put it. A man of 82 and infirm, with a great deal of travelling to do, and a great deal of medical attendance; do you not think that it would be expedient for the public service that the man should resign?—If I were a guardian of that union I should call upon him to resign.

1048. Would not it be very harsh upon him to call upon him to resign and not give him a farthing of pension?—I do not think so.

1049. Now take another case stated by Dr. Jacob. A man 79 years of age who has served 50 years, that is half a century, and was blameless and never censured in the discharge of his duty, and is now utterly broken in health; is it not for the interest of the public service that he should resign?—I do think so.

1050. Do you consider that it would be grossly harsh and unfair to that man who has given his whole lifetime in the public service, that he should not have a fair pension?—If the circumstances are as you say it might.

1051. The circumstances are as I say; a man 79 years of age, who has served 50 years, and blamelessly conducted himself, is it expedient for the public service that that man should resign; would it not be grossly unfair to the public to compel him to resign and not give him a pension. Do you think so or not?—I consider if the circumstances are as you put them, and the man is unfit for duty, it would be for the interest of the public that he should be called upon to resign.

1052. So do I, but I do not ask that; I ask you, do you consider that his being called upon to resign, in fairness he is entitled to a pension?—In the case of all dispensary and medical officers I consider that they should not get any pension at all; I have a most decided opinion upon that point.

1073. Can you state to the Committee any case in your own personal knowledge where the Belfast Union has refused to give a pension?—I do not know of one, for the very simple reason that I do not know of any who have applied.

1081. Mr. Meldon: May I ask whether you happen to know whether your board of guardians are in favour of superannuation, or are against it?—I think they have no opinion upon the subject, the applications have been so few.

1082. Are you aware that only on two occasions have your board ever refused superannuations?—There were only two cases within ten or twelve years—one granted and the other refused, and that case was refused by the Local Government Board, and not by the guardians.

1084. Would you be surprised to hear that since 1876 there have been no less than 10 cases of applications for superannuation to your board of guardians?—In what year?

1085. Since the year 1875 or 1876?—I was not a member of the board of guardians then.

1086. Are you aware that since the passing of the Act there have been no less than 10 applications to your board of guardians for superannuation, and that of those 10 but two were refused?—I am not aware of it.

1103. Mr. Biggar: With regard to the dispensary doctors outside, in Belfast, could you form any idea as to the greatest length of time that any one of the present dispensary doctors has been in the service?—Their appointments are nearly all recent; that is to say, the oldest may be 10 years in the service, or nearly so, and the most recent appointments are not more than four or five years.

1104. Then from your experience have you ever known a case in which a dispensary doctor has retired from ill-health or from old age?—I never knew a case of a dispensary doctor resigning from ill-health or old age.

1109. Is it the fact that with regard to the dispensary doctors with whom you have come in contact in the capacity of secretary of the dispensary committee, you have found a very substantial variation in their character for good conduct and attention?—My experience of the dispensary medical officers from acting over three years as honorary secretary, was, that they had a very strong inclination to attend to their private practice first, and the public afterwards.

1110. You have found them exceedingly attentive?—Yes, I would say attentive.

1112. Would you think it a proper thing, that the same rate of salary should be given to the gentlemen who were very attentive, and that they should be pensioned at the same rate as others who were less attentive?—In my opinion none should be pensioned, but I would vary the amount of pension, if there is to be a pension, in accordance with the respective merits of each officer.

1113. Would you think that although no very special cause of complaint could be made against a dispensary doctor, he would necessarily be entitled to have a pension, although no very special charge was brought against him where he had been more or less negligent in the general conduct of his duties?—I would consider that although no special case might be made out if the question was submitted to the guardians, the opinion that I would express would be that he was not entitled to so much as a medical officer who was attentive and discharged his duties properly.

1116. A question was asked you with regard to the visiting lines; is it a common or an uncommon thing in your experience for the dispensary doctors to make the claims for visiting fees?—I have known some instances in which they have reported to the dispensary committee that they have been given lines by the relieving officer to attend cases which were not deserving cases.

1117. That is not common, is it?—It has been of frequent occurrence.

1118. What has the result been?—The result is that on the medical officer making such a report, the dispensary committee have almost invariably cancelled the line issued by the relieving officer.

1119. Then the doctor ceased to attend the patient?—The doctor ceased to attend immediately upon the cancellation of the line.

1120. How often do the committee meet?—Once a month only.

1121. With regard to the Local Government Board, to what extent do you find that they perform their duties with regard to the applications made by the guardians to them in reference to officials?—In many cases the Local Government Board are very inattentive, and I would even go so far as to say negligent in the discharge of their duties.

1123. Sir Patrick O'Brien: You have mentioned the conduct of the medical officers. Did you consider it part of your duty as a member of the Poor-law board of Belfast, having observed the conduct of medical officers as stated in your answer, to report any of them?—I did.

1124. To whom did you report?—It was my duty as secretary to find fault.

1125. You reported?—I found fault.

1126. You did not report?—Upon two occasions I brought the conduct of the dispensary officer before the dispensary committee.

1127. Was there a vote taken upon it?—Yes.

1128. What was the result?—The result was that they were instructed to be more particular in future.

1129. The vote was to that effect?—Yes.

1130. Did you hear Dr. Jacob's evidence here to-day?—I did.

1131. Did you concur with him when he said that it would be most desirable that old men unfit for their work should retire, not in the interests of the men themselves, but in the interests of the poor of the district?—I

the operation may be sometimes successful. It was lastly pointed out that the stretching of a small nerve on a hook acts differently from the stretching of a large nerve with the finger. In the latter class of cases the effect is probably either a loosening of the nerve from its sheath, or some influence on the nervous centre; in the former it causes a solution of continuity of the nerve, but with a certainty of union. The *modus operandi* is, therefore, probably not a profound effect upon the centre, as has been supposed, but merely the breaking of a bad habit, which must be taken for what it is worth.

Mr. PAGE was of opinion that the operation had been more frequently performed than was implied by Mr. Godlee's remarks, and that it was premature to speak of finality in respect to it. He referred to a case operated on by Mr. Pye, and another in which he had himself resorted to the same proceeding for relief of long-standing facial paralysis, in which all other remedies had been tried in vain. The first consequence of the operation was complete paralysis, and, subsequently, return to a condition of slight improvement on the original state. Prof. Braun had recently published observations tending to show that nerve stretching tended to the production of distant lesions.

Dr. ANDREW CLARK observed that Mr. Godlee's paper was an excellent illustration of valuable work. He agreed, however, with Mr. Page that all the cases had not been referred to, and instanced one in which, two years ago, Mr. Hutchinson successfully operated on the facial nerve.

Mr. H. H. CLUTTON on a case of

SPONDYLITIS DEFORMANS.

The patient, who had been exhibited at a previous meeting, was 30 years of age, and the subject of a very severe form of anchylosis of the spinal column. In the family history there was nothing to indicate hereditary taint. In his previous history there was strong evidence of rheumatism affecting the joints. When nine years old he was confined to bed for rheumatism, which, with several intermissions, lasted for six months. It began in the metatarso-phalangeal joint of the right big toe. It then attacked the right knee, and finally the right hip. The latter joint had, he said, remained stiff ever since. Six years ago he had a painful foot, which the doctor called rheumatic gout. He had never had any venereal disease of any kind, and beyond the attacks above described had always had good health. Three years ago he first felt pain and stiffness in his neck, but it had caused him little inconvenience till the last six months. He can give no account of his back or chest, and is not aware that they are fixed and immovable. For the last three months his left shoulder has been stiff and painful, and he still occasionally suffers from rheumatic pains in the right hip. His present condition is one of almost complete anchylosis of the spinal column. He stands with the left leg advanced in front of the right, with the knees bent, and in a stooping posture. His spine presents one large dorsal curve, with the convexity backwards. The head is craned forwards, and the chest sunken and depressed. The movements of the head are very much impaired, although not as yet completely destroyed. He cannot turn his head at all to the right, and only slightly to the left, the nose moving about one and a-half inches from the median line. The lateral movements ordinarily obtainable in the cervical region are entirely absent. In raising and depressing the head, the chin only moves three inches. There is no movement whatever in the lower cervical vertebra. This is very apparent on trying to make the patient bring his chin towards the sternum. On bending the whole body forwards, it is seen that the spinal column is quite rigid; there is no separation between the spinous process, or increase of curve. With the knees extended, the tips of the index fingers just touch the patella, and this movement appears to be effected by the hip-joints. The respiratory movements are entirely abdominal. On the deepest inspiration there may be some slight expansion, but there is no elevation of the ribs. His height is now 5ft. 2in. in his boots, and he is quite sure that some years ago he was 5ft. 5½in. when measured in his boots against the wall. As to other osteo-arthritis changes, the patient has several creaking joints and distinct "lip-growths" in both shoulders and big-toe joints. He has also distinct limitation of movement in the left shoulder. The right great trochanter is larger than the left, and tender on pressure. All the other joints except those named seem perfectly healthy. Such an extensive and severe form of anchylosis of the spine, with or without osteo-arthritis changes elsewhere in the body, is a rare condition in

a man 30 years of age, and it was on this account Mr. Clutton brought him before the Society. A similar case was shown at this Society by Dr. Allen Sturge, and is recorded in the Clinical Society's "Transactions," vol. xii.

Dr. LEDIARD on a case of

SPONDYLITIS DEFORMANS AND OSTEITIS DEFORMANS.

The patient was a miner, *æt.* 58, from Cumberland, who had suffered from repeated attacks of pain in the spine, and rheumatic affection of the joints, and of late years stiffness of the spine and head, so that the body was bent forwards in a stooping posture. The spine was absolutely anchylosed except for slight movement in the neck, and the head was firmly fixed to the spine. Several joints presented chronic rheumatoid arthritic changes; there was no movement of the chest walls, respiration being entirely diaphragmatic. The femora were curved forwards and outwards, and the shafts, somewhat massive, suggesting the disease known as osteitis deformans in possibly an early stage. The skull and clavicle were, however, unaltered.

Dr. DYCE DUCKWORTH said it was difficult to account for the rarity of the disease if it was due to rheumatic arthritis. Mr. Hutchinson put the origin of many such cases in gonorrhoeal attacks, but he was uncertain if this experience was borne out by that of other surgeons. It was fortunate the disease was so rare, since it was so hopeless of cure.

Mr. CLUTTON said that, in spite of particular inquiry as to the occurrence of gonorrhoea in his patient, no proof of this had been obtainable.

Mr. GEORGE LAWSON related the history of

TWO CASES OF EPITHELIOMA WHICH HAD OCCURRED ON OLD CICATRICES, AND WHICH HE HAD REMOVED.

In the first case, the patient, a pale, anemic woman, *æt.* 38, had lost, in childhood, the sight of both eyes, except the bare perception of light, from an ulcerative inflammation, probably diphtheritic, and which had caused complete adhesion of the upper and lower eyelids of each eye to the globe. The patient was admitted into the Middlesex Hospital in May, 1881, and the growth first commenced in the previous September. It sprang from the cicatricial tissue which united the left lower eyelid to the globe, and steadily increased until it obtained the dimensions shown in the drawing, the whole front of the eye being occupied by it. Mr. Lawson removed the growth and the eye. Two years has now elapsed since the operation was performed, and there has been no recurrence. In the second case, the patient, a strongly-built man, *æt.* 30, was admitted into the Middlesex Hospital in March, 1881, with an epithelioma of the left thigh, which occupied the greater part of a large cicatrix. Twenty years previously his left thigh was crushed by a heavy cart passing over it, which caused great laceration of the skin and muscles. He was seven months in the Aylesbury Hospital, and when he was discharged there was still an unhealed superficial wound of about the size of a small saucer. He then went to work as a farm labourer, but the wound never healed. Two years and a-half before his admission into the Middlesex the wound took on a new action. It began to spread rapidly, the granulations became large and fungoid, and it occasionally bled. On admission, there was found an epitheliomatous ulcer measuring seven and a-half inches by eight inches. Mr. Lawson amputated the thigh just below the trochanters, and although two years have elapsed, there has been no recurrence of the disease. Mr. Lawson remarked that the cicatrices which seemed specially prone to epithelioma were the tight cicatrices such as are caused by a great destruction of skin, and those cicatrices upon which there is a constant tension. Both the cases, he said, tended to show that if epithelioma can be completely excised before it has affected lymphatic glands, it is the form of cancer which is the most amenable to treatment; whilst experience has taught us that after the lymphatic glands are invaded, epithelioma is the most formidable and irremediable of all the cancers.

Mr. GODLEE asked whether the epithelioma arose in the centre or at the circumference of the cicatrix.

Mr. LAWSON said that in his own case it arose at the margin of the scar.

Mr. WARRINGTON HAWARD observed that the cases described pointed to the conclusion that in such forms the disease was purely local; and he cited a case in which the region of a large burn was for twelve years subsequently the site of a granulating sore. Then active fungation set in, and much pain was experienced. Skin grafting was tried without result,

and amputation of the leg—which was the part affected—was performed, an epitheliomatous structure being clearly seen in it. There was no history of cancer in the patient's family for some generations before, and now, seven or eight years later, she continued in good health, having had no recurrence of the growth. Other examples could be quoted of long unhealed sores resulting in cancer, and they taught that immediate removal of such parts should be adopted.

Mr. BAEKER also regarded the cases as affording striking proof of cancer originating from local irritation.

Mr. PEARCE GOULD mentioned two cases treated in the Westminster Hospital, one, that of a woman in whom cancer spread from the edge of a scar on the thigh; and the other, of a man who had been shot in the leg eleven years previously, and in which case epithelioma spread round small sinuses communicating with shot remaining in the tibia. The resemblance of such less malignant forms of cancer to rodent ulcer was insisted on by Mr. Pearce Gould.

Dr. ANDREW CLARK inquired whether Mr. Lawson had found cancer originate in syphilitic cracks in the tongue.

Mr. LAWSON replied that syphilitic tongues were more commonly cancerous than non-syphilitic. He regarded irritation as a common cause of cancer, and thought that the epitheliomatous growths under consideration might be managed in their early stages, but were intractable later. In operating, however, the whole of the affected tissue must be removed.

Dr. RADCLIFFE CROCKER read the case of a girl, *æt.* 12, with
NODES FROM CONGENITAL SYPHILIS.

The patient had been shown at a previous meeting. She had enteric fever five months before she came under notice, and during convalescence, two nodes appeared on the forehead, one on each side of the median line; there was another tumour in the right orbit, softer than the nodes and movable. There was no corroborative evidence about the girl except the two upper central incisors, both of which were notched, and one was slightly pegged. No history of infantile syphilis could be obtained, and the mother and the other children were apparently quite healthy; but eventually it was ascertained that the patient was a child by a previous husband, who died soon after their marriage, had lived a dissipated life, and was never well, but resented inquiries into the cause of his ill-health. The patient was put under iodide of potassium, and when last seen the softer tumour had quite gone, and both the nodes were softer and much smaller, and the improvement in the general health of the patient was very striking. Dr. Crocker remarked that the case corroborated Sir James Paget's observation that typhoid fever often aided as the discoverer of constitutional taint, and also Mr. Hutchinson's observations on the value of the notched and pegged incisor teeth as evidence of congenital syphilis.

Dr. FREDERICK TAYLOR on a case of
INFANTILE HEMIPLEGIA WITH UNUSUAL REFLEX PHENOMENA.

The patient was a child, *æt.* 5, who was taken with convulsions at twelve months old. These lasted two hours, and were followed by weakness of all the extremities. In a few days the right arm began to move, and the right leg, but the left limbs remained paralysed. Gradually rigidity developed, and with it the curious reflex irritability to be described. The child was fat and well, commonly semi-recumbent, with both legs semi-flexed and rigid, the left arm flexed at all joints and rigid. This arm is scarcely used, but the right freely and well. Both legs can be moved, but not completely flexed or extended. The right is less rigid than the left. The child cannot sit up in bed, nor stand upright, nor walk. The left arm and leg are nearly two inches shorter than the right arm and leg respectively. On making a sudden noise near the patient the left arm is quickly thrown out at right angles to the body, the elbow, wrist, and fingers are extended, the face assumes a puzzled expression, and the legs undergo moderate extension. The condition of spasm remains for about thirty seconds, then slowly relaxes. The same reflex contractions are brought about by shocks affecting the surface of the body, a blow on his crib, a tap on the head. Vision appears to be good, but he has disseminated choroiditis in very small patches in both eyes. He is lively, fairly intelligent, and can talk. He passes feces and urine involuntarily. But for the choroiditis there is no conclusive evidence of congenital syphilis. He has been four months treated with iodide of potassium and mercury, but shows no material improvement. Dr. Taylor thought the case was allied to those of infantile hemiplegia with spastic or choreic phenomena occurring

afterwards. Though not strictly unilateral, the disease on the left side was obviously of cerebral origin, and that on the right side must be explained by a second lesion, or more likely by a single lesion crossing the middle line. The mode of origin suggested obstruction of a vessel, with syphilis as a possible antecedent. Its early occurrence and the deficient growth of the left limbs rendered it probable that asymmetry of the brain also co-existed.

France.

[FROM OUR SPECIAL CORRESPONDENT.]

A METHOD OF RENDERING THE SKIN INSENSIBLE IN OPERATIONS WITHOUT CHLOROFORM.—M. Jules Guérin read a note at the Académie des Sciences upon a method of rendering the skin insensible in those operations which do not admit of chloroform by inhalation, and cited a case in which he had employed it to advantage. A lady, *æt.* 60, consulted him three months ago for a tumour in the right breast of eight years' standing, which, on examination, proved to be a scirrhous. The general health was bad, bronchial and cardiac troubles were very manifest, and the kidneys were not in a very satisfactory condition. However, the operation was urgent. Chloroform having been considered dangerous, M. Guérin applied around the tumour a circular layer of Vienna paste, limited by a double band of diachylon. At the end of twenty minutes the caustic was removed, leaving in its trace a black ribbon-like line. The knife was then applied, and the tumour removed without the patient feeling the slightest pain, and who did not seem to be aware of the operation. The results were all that could be desired.

ANKYLOGLOSSIS.—At the meeting of the Société de Chirurgie a member invited the opinion of his colleagues in a case of ankyloglossis which had come under his notice. The patient was an infant, two months old, and from the peculiar position of the tongue, which was totally adherent to the floor of the mouth, the child was unable to suck, and consequently was rapidly wasting away. He thought that an attempt might be made to disengage the tongue by the thermo-cautery, but waited the opinion of his colleagues. M. Champonnière said he had seen a child presenting a deformity analogous to this case. The tongue was fixed to the floor of the mouth in its whole length. With the scissors he was able to set free the point, and the child was able to perform suction satisfactorily. He did not see why a similar operation should not be tried in the case under consideration. M. Verneuil could not believe that such a simple operation would be attended with a sufficiently satisfactory result in this case, although it might suffice where the deformity was not so complete. M. Trélat had occasion to observe a case of ankyloglossis in which the tongue was attached to the floor of the mouth by two fimbriated mucous folds, one on each side. A cut with the scissors sufficed to set free the organ. He might suggest that it was possible that a similar disposition of the parts might be found in the case of his *confrère*. M. Sée observed that, if the tongue was simply separated from its adherences a relapse was sure to occur. It would be necessary in consequence to interpose between the two surfaces a piece of mucous membrane which might be taken from the cheek. M. Tillaux was of opinion that nothing should be done, as an operation on a child two months old, weak and sickly, could not be followed by any good results; it was better to let a child die quietly than to kill it. After some other remarks from different

members, the subject dropped, but not before the member, who had charge of the case, expressed his determination to hazard some kind of operation.

BRIGHT'S DISEASE.—At the Académie de Médecine M. Seminola, of Naples, explained his theory on Bright's disease. According to him, the alterations observed in the renal tissue are not the cause, but the result, of the infiltration of albumen. The disease attacks the liquids before the solids. The albumen is altered in its quantity and composition. Its characters in the serum of the blood are not normal, and consequently it must be eliminated from the economy. M. Seminola injected by little quantities under the skin of healthy animals albumen of different kinds. After some time the kidneys became affected in a similar manner as that observed in Bright's disease. This new theory was tacitly received by the meeting, and immediately afterwards a discussion on the report of the Typhoid Fever Commission was commenced. This Commission was formed to furnish the authorities with advice on the best prophylactic means to be adopted against that affection.

A FURIOUS ANTI-VIVISECTIONIST.—M. Brown-Séguard was interrupted rather brusquely the other day in one of his courses of experimental physiology at the College de France. A monkey was brought on the table and the learned physiologist commenced his lecture by explaining the nature of the experiment about to be made on the animal. The monkey seemed evidently well-pleased by the observations, for he highly amused the whole audience by his mimicries. But when the lecturer went to seize him he cried most piteously, as if he had a presentiment of what was in store for him. Having thrown him on his back and bound him, M. Séguard took the scalpel and, was in the act of plunging it into the animal, when, to his great surprise it was adroitly sent whirling across the room by a straight tip from the umbrella of an indignant lady member of the Anti-Vivisection Society. The humiliation of the lecturer can be easily imagined, however, recovering his *sang froid* he requested his assailant to leave the Hall, but was met with a stern refusal from the lady, who said that, as she had no other way to show her disgust for such practices, she had determined to prevent them by the means she had chosen. However, the influence of an *agent de paix* was brought to bear on this member of the gentle sex and she left, protesting all the way. The scalpel was picked up, and now that his defender was gone poor monkey had to submit *bon gré mal gré* to the operation in question, and the lecture was finished without further interruption.

RESECTION OF THE LUNG.—Your correspondent is always glad to be corrected when he inadvertently makes a mistake, either as to the name of authorities or the subject of facts. But at the same time he is generally surprised when one of those rare occurrences take place, as he is always very careful as to the selection of his sources of authority. In any case, although it is quite possible that the credit of such an operation is not to be attributed to Koch of Berlin, but another Koch, the fault is not to be laid at the door of your French correspondent, but at that of the *Bulletin de Thérapeutique*, a journal always well-informed and edited by several of the best lights of the metropolis. The article commences thus, "Koch de Berlin très connu dans le monde scientifique pour ses recherches sur le bacillus de la tuberculose vient de tenter une operation, &c. I would advise "the writer of the summary" to exact without delay a correction in the journal referred to, as it seems of such importance to him. There is no doubt he will get every satisfaction.

MEDICAL ACTS AMENDMENT BILL.

A STATEMENT of their case has just been issued by the Royal College of Surgeons in Ireland which embodies, as we think, most of the points which can be urged by the Irish licensing bodies, and is, therefore, worthy of special notice.

With reference to the constitution of the Irish medical Board the College proposes that the Irish Medical Board shall consist of thirteen members, *i.e.*, twelve from the licensing authorities which are recognised by the Bill, together with the direct representative for Ireland; and it submits that the Colleges of Physicians and Surgeons should not have a smaller combined representation on the board than the Universities, because (a) the medico-educational work done by them is much greater, and (b) the medical examination standard, as evidenced by the percentages of rejections, is not, in any respect, lower than in the case of the Universities.

As regards the standard of general education required for their admission to the profession, the College recognises the claims of Graduates in Arts, or of Undergraduates in Arts, of three years' standing, to a special exemption from examination fee, but it does not admit that other University students are entitled to any special consideration, or that bodies which grant qualifications to candidates of lower Arts standing than three years have any claim to predominant influence in the Medical Board.

The College submits that the representation of the Irish licensing bodies in the medical board which it urges is consistent with the principle upon which such representation has been fixed in the other divisions of the Kingdom. In England the licensing of the great majority of practitioners is effected by the Colleges of Surgeons and Physicians, and, therefore, a large predominance of representation in the Medical Board is given to these two bodies, which return as many delegates as the five universities combined, the result being an equally balanced influence between the universities and the colleges. In Scotland, on the other hand, the greatest proportion of medico-educational work is done by the universities, which are, therefore, given a predominant representation of 8 to 3.

Admission of the Direct Representative to the Medical Board.

The College is of opinion that the Bill will not be acceptable if the direct representative be excluded from a seat at the Medical Board of his own division of the Kingdom. One of the chief purposes of the reconstitution of the Medical Council was to give the profession at large an influence in education and examination; but the Bill does not fully effect this object, for it limits the direct representative to the occupation of a seat for a few days annually in the Medical Council, with a vote as one of eighteen members, in the exercise of the supervisory powers of that Council. The direct representative for Ireland, for example, would have no direct voice in the arrangements for preliminary or professional education—the appointment of examiners—the regulation of fees for study or for examinations—the recognition of examining bodies in Ireland, or any of the other functions of the Board. These important matters would, in the absence from the Medical Board of the Crown nominee and the direct representative, be ruled exclusively by the delegates from licensing bodies, an arrangement which the Bill is expressly intended to prevent.

Uniformity of Educational Standard throughout the Kingdom.

The College strongly urges that it shall be impossible for the Medical Board of any one division of the Kingdom to accept a shorter and cheaper course of medical study for its examinations than that required by another board. The chief purpose of the Bill is to ensure competency of the practitioner, by requiring a sufficient minimum of education, and to put a stop to the practice of students who are not educated up to the requirements of their own country,

resorting to institutions of a lower educational standard elsewhere. The Bill attempts to meet this downward competition between Medical Boards by providing for uniformity of examination, but it permits any amount of downward competition in curriculum of study.

This lowering of the extent of courses of study and consequent cheapening of education has, in fact, caused a migration of a very large number of Irish students from their place of education to seek qualifications from licensing bodies elsewhere which accept a lower, briefer, and cheaper curriculum; proof of this statement can be found in the evidence given before the Royal Commission.

This College does not desire to limit schools as to their method of teaching, so long as that teaching is *bona fide*, and it is entirely willing that the course of study shall be fixed as the Medical Council deems expedient; but urges that whatever studies be considered indispensable they would be imposed strictly upon the students of every division of the Kingdom without exception.

Education and Examination Schemes to be made by Medical Council.

The College is strongly of opinion that the subjects and extent of final examinations, and of the required courses of study, should be fixed by the Medical Council, and not by the local Medical Boards. As the Bill now stands, each Board would make, in all probability, its own scheme of a totally different scope and character from those of the Board, and the Medical Council would be obliged to bring these schemes into uniformity against the opinion of the Boards, and, probably, in face of frequent appeals to the Privy Council—a system which would obviously increase enormously the labour and cost of making a general scheme.

Allocation of Surplus Funds.

Under the Bill two sorts of funds are contemplated—*a.* Three local Medical Board Funds, resulting from the surplus of the fees paid to local Boards for final examination, over the expenses of same; *b.* A Medical Council Fund, resulting from the assets from the three existing Branch Councils, plus the fees of £5 each for registering practitioners.

Fund *a.* (the Local Fund) is applicable, *inter alia*, after payment of expenses, to maintenance of "medical museums and medical libraries belonging to a medical authority." Fund *b.* (the General Fund) is applicable "for the benefit of the medical profession, or in such manner as the Medical Council may, with the consent of the Privy Council, determine."

The College solicits attention to the operation of these arrangements in Ireland. Fund *a.* would probably be insignificant in amount, because University undergraduates would be exempted from contributing to it, and the entire expenses of maintenance of the local Board and payment of examiners would constitute a first charge on it, therefore the surplus available for maintenance of Irish "museums and libraries" would probably be very small.

Fund *b.* (the General Fund) would, on the contrary, be large. It would start with the aggregate capital of the three existing Branch Councils (£29,000 + £2,000 + £1,869), amounting to £32,869, and yielding an interest income of nearly £2,000 a year. It would have also an income of almost £6,000 arising from registration of practitioners; and against this total income of £8,000 it would expend for the Medical Council and its establishment about £3,500, leaving a yearly profit of about £4,500 available for any purposes within the wide area of the phrase quoted above.

The College submits that the maintenance of great Irish educational institutions ought not to be left either to the insignificant local Fund or to the unlimited discretion of the Medical Council, of whom only four members will specially represent Ireland, and it proposes that the Medical Council Fund shall be allocated to each division of the Kingdom proportionately to the medico-educational work done therein, and shall be there distributed by the local Medical Board. It appears, taking the three

years last passed, an average of 2,048 new students were registered each year throughout the Kingdom, of whom England supplied 966 annually; Scotland, 580; Ireland, 502; total, 2,048. Calculating on this basis and dividing the gross central surplus fund into hundredths, it appears that, in respect of its medical educational work, the English Divisional Board should receive 47·1 per cent. of the entire fund, Scotland 28·3, and Ireland 24·5.

Exemption of University Undergraduates from Examination Fee.

Clause 36, page 22, lines 19 *et seq.* declares that "the fees (for final examination) to be paid by University graduates or undergraduates holding University certificates of having passed the examinations at their University . . . shall not exceed the portion of the fee leviable . . . for the administrative expenses of the Board." The College is willing to accede to this concession to full Arts graduates of Universities or to undergraduates of at least three years' standing in Arts; but it altogether disents from the proposition to extend such privilege to students who are only University undergraduates in name, and who have not acquired a claim—by *bona-fide* academic studies—to the enjoyment of such privileges. The College draws a marked distinction between Universities such as Oxford, Cambridge, and Dublin, which accept no candidate for their medical degrees but those who have fulfilled a complete curriculum in Arts as well as in Medicine, and those other Universities which grant their highest medical degrees to students who are little more than matriculants, who pass but one, or, at most, two preliminary examinations of no higher standard than the analogous examinations of the College,—who are examined, but not, in any respect, educated in these Universities,—who do not reside therein, and who are not called upon to pay the cost of complete Arts studies. Such Universities, being simply examination centres, have even less claim to special privileges than this College, which both educates and examines and maintains for purely public purposes an educational establishment of the greatest value, without calling upon the public purse for any assistance.

Affiliation of Examinees to a Licensing Body.

The Bill confers on the examinee of the local medical board a right to be registered and to practise, but it does not give him a title by which his *status* shall be indicated. The College is of opinion that an examinee who has passed his primary examinations at a College or University, and his final examination before a medical board should be affiliated by the College or University *ipso facto* without additional examination, and upon a small fee (if any). But it would be an abuse of the system if such students should go off to another licensing body and obtain its diploma without having been associated with it during studentship, or having passed any examinations therein.

Signed, as delegates for the Royal College of Surgeons in Ireland,

WILLIAM IRELAND WHEELER, President.
 RAWDON MACNAMARA, Representative on
 General Medical Council.
 JAMES KELLOCK BARTON, Past President
 and Councillor.
 ARCHIBALD HAMILTON JACOB, Councillor.

June 21st, 1883.

THE annual rates of mortality last week in the principal large towns of the United Kingdom, per 1,000 of their population, were—Norwich, Halifax, 12; Leicester, 14; Bradford, 15; Edinburgh, Oldham, Bolton, Birmingham, London, 16; Bristol, 17; Portsmouth, Brighton, Salford, Hull, Derby, 18; Cardiff, 19; Sheffield, Leeds, Nottingham, Birkenhead, Huddersfield, 20; Wolverhampton 21; Dublin, Plymouth, Blackburn, Liverpool, 23; Preston, 25; Manchester, Sunderland, Newcastle-on-Tyne, 26; Glasgow, 30.

REGISTERED FOR TRANSMISSION ABROAD.

The Medical Press and Circular

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

POST FREE TO ANNUAL SUBSCRIBERS £1 2 6
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Post-office Orders and Cheques to be drawn in favour of—
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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, JUNE 27, 1883.

THE MEDICAL BILL.

THE position of the Bill as one of the secondary measures of the Government is becoming every day a subject of greater anxiety to reformers, for, though Ministers are evidently determined in passing it, if at all possible, yet the embarrassments of Government legislation are just now so great that an organised opposition would certainly be fatal to the measure this session.

We understand that the Government will probably devote Saturdays to this and other secondary Bills, including a London Police Bill (which is considered of first importance), the Union Officers' (Ireland) Superannuation Bill, and other class legislation which still hangs fire. On these Saturdays the rule that opposed measures shall not be taken after midnight cannot be availed of to stop progress, because the House sits at noon and goes on without limit, and ample time is thus afforded to take opposed Bills before midnight.

Nevertheless an organised opposition could interpose insuperable difficulties, and it is for this reason especially that we regret to observe that Mr. Mundella has evinced a disposition to refuse consideration even to reasonable amendments, which, being consistent with the principles of the measure, might be conceded to the licensing bodies which put them forward. In this respect we think

that the attitude of the Minister, as well as the policy adopted by certain representatives of medical reform, is extremely unwise.

These advocates of reform think that they most effectually support the Bill by declaring their readiness to swallow it entire without particular inquiry as to its ingredients. They represent the profession as being so hungry for direct representation that it will thankfully accept any Bill which contains that concession, and without waiting to inquire whether the measure is in other respects acceptable, or whether it really provides for the one point which they consider essential. By reiterated begging for this boon they have, we fear, succeeded in persuading Mr. Mundella that, so long as he grants it, he need not trouble himself with the other details of the Bill, and they have thus caused him to assume an attitude toward remonstrants which is, we think, in the last degree undiplomatic.

These representatives of reform of whom we speak seem entirely to forget that, if they abstain from seeking to improve the Bill, their doing so will not in any material degree relieve the Government from the pressure of amendments promoted by other parties, and Mr. Mundella would be wise to recollect that these amendments cannot be met with flat refusal, unless the Government is prepared to make the Bill a Cabinet measure of the first order, and force it through by the votes of the Government majority.

We feel that it is not reasonable for the Government to meet suggestions for improvement with the declaration that reformers must take the Bill as it stands, or no Bill, and we must say that, putting out of consideration the very influential class in the profession who are hostile to reform, and would be delighted that the Minister would carry out his threat to abandon the measure, there is also a large section of reformers who would almost prefer to wait and agitate for another year or two rather than accept for the next twenty years a defectively reconstructed system.

We would, therefore, earnestly advocate a change of policy before it is too late. The Bill will probably not be seriously opposed on second reading if the licensing bodies have reason to hope that they will have fair play when the Bill goes into committee; and, therefore, with a view to smooth the way for further progress, we think that the advocates of reform ought to help the Government by suggesting concessions, and that Mr. Mundella ought to consider the suggestions in a compliant spirit so long as they are neither impracticable nor inconsistent with principle.

We warmly support the Government in refusing to sacrifice principle or important detail to the individual interest of any licensing body, but we cannot approve of a determination to hear no remonstrance or make no concession; nor can we listen to a repetition of the formula that if the profession does not like everything the Bill contains it will get nothing else.

THE RECENT ANTI-VACCINATION COLLAPSE.

NOTHING that has occurred within recent times has more conclusively demonstrated the arrogant pretensions of anti-vaccinators than the debate and its result

on Mr. Peter Taylor's motion in the House of Commons last week. Taking the figures descriptive of the feeling entertained by members of Parliament as a basis of calculation, we find that 16 out of 286 persons favoured the views expressed by Mr. Taylor and his party—that is, about one in every 18, or, as nearly as need be, 5.5 per cent. These numbers may without much hesitation be accepted as indicating also the proportions of those who do and those who do not believe in the protective influence of vaccination, among the general population of the country; and on this calculation it would appear that the adoption of Mr. Taylor's opinions must entail an absolute exercise of tyranny by what is at best an insignificant minority, against an overwhelming majority of the people.

But this is not the worst outcome that would ensue were common sense less prominently enlisted on the side of preventive legislation; for the universal experience of those who follow and appreciate the masterly logic of Dr. Cameron's and Sir Lyon Playfair's admirable speeches is to the effect that vaccination, and vaccination only, confers that comparative immunity from small-pox which this country enjoys under the operation of a compulsory Act. In opposition to this overwhelmingly preponderating majority of 18 to 1, the few whom facts and science cannot conquer, still seek to rear their sentimental prejudices; and on grounds which never were so unsparingly laid bare as during the debate to which we have referred.

We are not certain whether events do not justify the aspiration that henceforward no further occasion will arise to call forth determined criticism and refutation of anti-vaccinating ideas. In spite of hearty and unceasing efforts, by paid agents and by fanatically-animated agitators, to inoculate the public with a hatred of compulsory salvation, the anti-vaccinators have in the course of all these years secured no more than one-eighteenth part of the community in their favour; we may, therefore, well be content to rest satisfied that the movement is fruitless to stem advance, and that little need arises for any more arbitrary enforcement of saving clauses. Notwithstanding, however, it is our bounden duty to continue alive to the claims humanity possesses—even when most misguided—on our efforts to save it from its worst enemies; and to strive for the safety of even the few who fail to understand the folly of resistance. That the crushing defeat suffered by Mr. Taylor will open the eyes of many who have believed in him, we willingly recognise; but error is long-lived, and no matter how extreme it chance to be there are always some who from interest or ignorance submit to its dictates. So even now, the serpent is scotched, not killed; nor will it be until either the listlessness of despair overtakes the advocates of free-trading in disease, or—hopeless as it may appear—the dictates of common sense and common humanity prevail over the whisperings of self-seeking and self-interest.

It would be improper to withhold the hearty congratulations due to Sir Charles Dilke for his eloquent vindication of the Government, and his out-spoken determination, on its behalf, to maintain an efficacious

prevention. Sufficient justification has, unfortunately, been given of a feeling of mistrust in regard to the attitude which might have been assumed by ministers who could approve the mischievous policy of Mr. Stansfeld's following. Good cause had been given for doubting to what extent the present Cabinet might not be disposed to go in treating with noisy agitators who set up the fetish of personal liberty as an idol for universal worship. In this instance, however, national interest has ruled supreme; and it is sincerely to be hoped that the unmistakable majority—270 in a house of 286 members—by which Mr. Taylor's insidious attempt to abolish compulsory vaccination was rejected will, at any rate for a time, relieve the country from further annoyance by a clique whose principal aim is subversive of the nation's welfare.

THE TUBERCLE BACILLUS WAR IN GERMANY.

THE tubercle bacillus question continues to occupy a prominent position in medical thought in Germany. On the whole, the balance of opinion is in favour of the views advanced by Köch; but opinions are anything but unanimous. As we have already informed our readers, these views have been traversed by Dr. Arnold Spina, of Vienna, in every, or almost every, particular. The objections of Spina have, as we have also stated, been received as valid by Professor Stricker, whose assistant Spina is. Some time ago the former announced to the Medical Society of Vienna that Spina was engaged in making further investigations, the results of which would be made public when completed. In order that the results thus about to be published should be as reliable as science and skill could make them, the Vienna professor told off two other assistants, Drs. Kaberhel and Mátray, to conduct a series of control experiments. The outcome of Spina's new work, and of Kaberhel's and Mátray's check experiments, was communicated to the Vienna Royal Society of Physicians on the 11th of May, and prefaced by some remarks by Stricker, who stated that he had only superintended the work done. In the discussion that followed the reading of Spina's paper he explained his attitude towards Koch's doctrine, which was that he did not deny that tuberculosis was an infectious disease, but that the proofs that it was so, up to the present, did not stand.

Spina's paper was, to a great extent, a repetition of his previous arguments against the accuracy of Koch's teaching. He again maintained that the bacilli were capable of being permeated and decolourised by acids, and that no proof had been adduced that the so-called bacillus tuberculosis was a distinct species. He brought forward the discovery of Demme, of tubercle bacilli in three cases of lupus, and pointed out that according to this lupus must be a tubercular and infectious disease. Then, for the sake of argument, he says:—"I concede now that all the objections I have raised against Koch are unjustified; that Koch is right and I am wrong; that vesuvin and acids do not penetrate the bacilli; that they are only permeable to

IRISH POOR-LAW INTELLIGENCE.

IMPORTANT TO DISPENSARY DOCTORS.

THE Hon. Sec. of the Athlone Dispensary Committee has received the following copy of a letter from the Local Government Board :—

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter and of its enclosures relative to the refusal of Dr. White to act as temporary substitute for Dr. Langstaff, the medical officer of the Athlone Dispensary District, and requesting to be informed how you are to act under the circumstances, and whether the committee of management can appoint a substitute at Dr. Langstaff's expense, and in reply, I am to inform you that the board of guardians would not be authorised in making any deduction from Dr. Langstaff's salary so long as he continues in office. The committee of management should, however, make provision for attendance on the sick poor pending Dr. Langstaff's resignation, or his return to discharge his duties, and the Local Government Board presume that under these circumstances the guardians will, if necessary, agree to pay a temporary substitute for Dr. Langstaff, who has been on leave for an unusually long period.

By order of the Board,

W. D. WORDSWORTH, Assistant Sec.

To John M'Donnell, Esq., Hon. Sec.
Athlone Dispensary Committee.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

DR. THOMAS JOSEPH MOORE, examined.

(Continued.)

1274. I gather that the principle of sixtieths is in your view objectionable to the union officers outside the medical officers; would you prefer fiftieths?—I think the sixtieths would be a fair proportion to give, with the number of years stated in Clause 6 added.

1277. With regard to the existing superannuation enactments, do you think that the officers generally would prefer the option of retiring under the old legislation or under the new?—Most decidedly under the new.

1278. In any case would it be desirable to allow them an option?—No, the officers prefer the certainty of having superannuation granted to them according to the scale laid down by the Bill, with the 10 years added.

1279. As between the Local Government Board and the Board of Guardians having this power, which do you prefer?—It is immaterial to the Association what machinery is employed so long as security is given to the officers, and superannuation awarded them after long and faithful service.

1280. You mean to say if a man is to get £5, it does not matter out of whose pocket it comes, but that is not my point; supposing it is left optional, do you prefer to deal with the Local Government Board or with the guardians?—So far as my own board is concerned, to me it is immaterial, but the union officers would have more faith and confidence in the Local Government Board.

1281. Mr. Daly: The honourable chairman elicited from you that many boards of guardians were in favour of the Bill, and you went on further to say that there were 13 boards of guardians in favour of the Bill as originally introduced?—Yes.

1282. And that 20 were in favour of it, providing the pensions come out of the Consolidated Fund?—Yes.

1283. Then, strictly speaking, they are not in favour of the Bill, because the Bill does not propose that?—I take it that they were in favour of the principle of the Bill, that is making the measure a compulsory one upon boards of guardians.

1284. In fact what they did express themselves in favour of, was that the pensions should come out of a Consolidated Fund, and that was not in the Bill?—I do not think I made myself clearly understood; what I gathered from the union officers was this: where the boards of guardians approved of the Bill, provided the pensions were paid out of the Consolidated Fund, they approved of the principles of the Bill, that is to say, they approved of the measure being compulsory.

1285. Was not their approval simply this: we will be generous if it costs us nothing?—It comes to that I believe.

1286. Then there were 20 that took no action at all?—Twenty took no action at all.

1287. You have only accounted for 70 out of 163?—In considering over the question I think I have underrated it in my calculation; between the guardians who petition in favour of it, and those who took no action, and those who stated their willingness to accept the principle of the Bill, provided the pensions were paid out of the Consolidated Fund, there would be 90 unions out of 163.

1288. Then, in effect, you are not able to answer the question of the Chairman, that anything like a moiety of the boards of guardians were in favour of the Bill as it stands?—Only in the manner in which I have represented to you.

A LIVELY sensation appears to have been produced in Paris by a statement that some of the sulphate of quinine supplied to the French hospitals contains as much as 43 per cent. of cinchonine. *L'Union Pharmaceutique* throws the blame upon the system which allows the public service to be supplied with foreign quinine by contractors who are incapable of detecting a fraudulent substitution if they wished to do so.

IRISH MEDICAL ASSOCIATION.**REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,***Read and adopted at a Meeting of the Council, held January 23rd, 1883.*

Dr. WHISTLER, of Bray (Vice-President for Leinster), in the Chair.

MEDICAL REFORM.

The Committee of Council have anxiously considered how they could best give effect to the oft-pronounced views of this Association regarding medical reform, and having been led to believe that Government intends to introduce in the coming session of Parliament a Bill embodying the recommendations of the Royal Commission on the Medical Acts, the Committee of Council decided on presenting a memorial to the Lord President of Her Majesty's Privy Council, offering the cordial support of this Association to any such measure. Accordingly the following memorial was recently presented by Dr. Jacob, on behalf of the Council, to the Right Hon. Mr. Mundella, Vice-President of the Privy Council, at his office in London, viz.:-

*To the Right Honourable the Lord President of Her Majesty's Privy Council.***THE MEMORIAL**

Of the President and Council of the Irish Medical Association,

Humbly sheweth—That your Lordship's Memorialists are the executive body of an incorporated association which numbers amongst its members more than one-third of the entire body of registered medical practitioners in Ireland, and which for more than forty years has been maintained in order to "unite the members of the medical profession in Ireland, and so form a body competent to exercise influence in sanitary and medical affairs for the public benefit, and to protect and promote the interests of the medical profession."

That your Lordship's Memorialists have learned with much satisfaction that it is the intention of Her Majesty's Government to introduce to Parliament a Bill for the amendment of the Medical Acts, based upon the recommendations of the Royal Commission, appointed in the year 1882, to investigate the subject.

That the Irish Medical Association has at many successive Annual General Meetings declared its approval of the principles embodied in the recommendations of said Royal Commission, and has petitioned Parliament in favour of those principles, and furthermore, expressed its opinion thereon, by testimony given on its behalf before said Royal Commission.

That your Lordship's Memorialists will be prepared to give the best support of the Irish Medical Association to any Bill which embodies the following principles:-

(a) To restrict the privilege of registration as a medical practitioner to persons who shall have passed before a central examination board for each division of the Kingdom, an examination adequate to ensure their competency—registration being granted throughout the Kingdom upon equal terms as regards standard of examination, duration of study, and amount of fees payable, prior to examination.

(b) To reconstitute the General Medical Council, so that an adequate direct representation therein of the registered medical practitioners throughout the Kingdom shall be secured.

(c) To amend the existing law, so as to check effectively the prevalent practice of medicine and surgery by uneducated and unlicensed persons, and the use by such persons of titles calculated to deceive the public as to their competency to practise.

Your Lordship's Memorialists, therefore, humbly pray that Her Majesty's Government will take steps during the next Session of Parliament to have the existing law amended in these respects.

JAMES MOLONY, President.

JOHN H. CHAPMAN, Hon. Sec.

Irish Medical Association.

FEES TO MEDICAL WITNESSES.

In the last report of the proceedings of the Committee of Council (pp. 134-6), the scale of fees payable to medical witnesses in civil cases, fixed by an order in Council, made at Dublin Castle, on the 26th June, 1882, was quoted, and reference made to its inadequacy.

The Committee of Council brought the subject under the notice of the King and Queen's College of Physicians and the Royal College of Surgeons, which resulted in a conference of representatives of the three corporations being held at the College of Physicians, when a form of Memorial for presentation to His Excellency the Lord Lieutenant was agreed upon, praying that the scale might be amended in the interest of the public as well as of the medical profession.

The Committee of Council have proposed some alterations in the draft memorial, which is still under the consideration of the Colleges; and it is expected that a memorial similar in purport will soon be finally agreed upon for early presentation.

THE CASE OF DR. O'REILLY (LISMORE).

Relative to the enforced retirement of Dr. O'Reilly from his appointment as medical officer of Lismore Union Workhouse (referred to in last report, pp. 141-144), the Committee of Council remonstrated with the Local Government Board touching the extraordinary ill treatment which that gentleman appears to have suffered, and regarding the possible effect the action of the Local Government Board in that instance might have upon the position and tenure of appointment of Poor-law medical officers as a precedent if allowed to pass unchallenged.

The following is the correspondence:-

Irish Medical Association,
Royal College of Surgeons,
October 20th, 1882.

To B. Banks, Esq., Secretary of Local Government Board.

SIR,—The attention of the Council of the Irish Medical Association has been directed to the circumstances attending the recent resignation by Dr. O'Reilly of his appointment as medical officer of the Lismore union workhouse. The Council has learned that, in consequence of an altercation in which the medical officer, the nurse, and the master were involved, the Local Government Board considered it expedient to hold an investigation into the circumstances, and that, on the report of that inquiry being transmitted to the board of guardians, it was resolved by them that the nurse and the master should be reprimanded, but that the medical officer should be called upon to resign. It has been further stated to the Council that, upon this resolution coming to its notice, the Local Government Board communicated to the guardians its opinion that the conduct of the medical officer did not merit a more severe punishment than that awarded to the other officers. But, nevertheless, the Local Government Board subsequently officially notified to the guardians that, if they desired to suspend the officer, no objection would be offered by the Board to their doing so.

Upon this expression of opinion the board of guardians reiterated its intention to obtain the removal of the medical officer, and called upon him to resign, and, as he hesitated to comply with this order, notice was given of the discussion of a proposal to suspend the medical officer from the performance of his duties.

the walls. There was considerable disorganisation of the tricuspid valve, permitting free regurgitation; the other valves of the heart were thin, but competent. This case is of much interest, and will form the subject of a report by a committee appointed by the Pathological Society of Philadelphia.

Epidemic Cholera in Egypt.

AN official announcement is made to the effect that an epidemic of cholera has broken out at Damietta, in Egypt, nineteen deaths having taken place within a brief time after the first case was noticed. A sanitary cordon has been established by sea and land around the afflicted city, and a medical commission has been despatched from Cairo to the scene of the outbreak.

Proxy Voting at the Royal College of Surgeons of England.

THE annual election of members of Council at the Royal College of Surgeons of England has this year assumed a special importance from the importation of a "burning question" into the discussion on merits, in the shape of proxy voting. It is impossible to avoid a conviction of the justice of the demand now formulated by a large proportion of Fellows of the College, who naturally feel aggrieved at the disadvantages country residents have to contend against as compared with those who live in town, and are thus enabled at little expense or inconvenience to record their votes personally. "The Association of Fellows of the Royal College of Surgeons of England" has set itself diligently to secure the desired amendment of rules in respect to voting, and if as the result of their endeavours candidates shall be returned to the Council pledged to support an agitation for removal of the existing disabilities of non-resident electors, it will be a source of genuine satisfaction to a very considerable number of those who are warmly interested in the welfare of the College itself.

St. Thomas's Hospital.

ON Saturday last the Duke of Connaught, accompanied by the Duchess, distributed the prizes at St. Thomas's Hospital Medical School, and addressed the students in terms eulogistic of the profession they had chosen, and of the work they had accomplished. His Royal Highness spoke in evident appreciation of the subject of his speech, and evinced a warm interest in the arrangement of the hospital, over which he and the Duchess of Connaught were conducted subsequent to the formal ceremony. The following prizes were awarded:—H. Duncan, an entrance scholarship of £100 and certificate of honour; E. D. Shirliff, entrance scholarship of £60 and certificate of honour; the William Tite first year's students' scholarship was gained by H. P. Hawkins (Hawkhurst); the Musgrove second year's students' scholarship of 40 guineas was divided between S. H. Jones and K. Totsuka (Japan), both being equal; and the Solly medal and prize of £25 by W. A. Duncan.

H.R.H. THE PRINCESS CHRISTIAN will open the new wing of the North West London Hospital (the "Helena" Wing) on Tuesday next, July 3rd.

Naphthaline as a Surgical Dressing.

DR. HAGER, of Hamburg, has reported, in the *Centralblatt f. Chirurgie*, the results obtained by him in the employment of naphthaline powder as a surgical dressing. As he has been perfectly satisfied with the antiseptic qualities of corrosive sublimate and its preparations, the bandages, &c., made use of were rendered antiseptic by means of it, and the naphthaline was therefore used only as a powder. It was only employed in extensive ulcers of the legs, or in such as resulted from incision of phlegmons and scrofulous glands as a cheap and agreeable permanent dressing. The mode of employment was as follows:—The wounds were first cleansed with solution of corrosive sublimate, and then covered with a layer of powdered naphthaline 1 to 2 ctm. thick. This was secured in its place by a suitable bandage. The dressing was not changed until moisture showed through, which happened at periods varying from 2 to 24 days. The subsequent dressings were like the first, except that the corrosive sublimate solution was only dropped on after the first. The author concludes that naphthaline forms an excellent dressing for such extensive flat ulcers; a number of them healed under one dressing, from the firm cicatrices of which the naphthaline could be raised in the form of a thin, coherent, lightly-sitting cake. The majority of the wounds healed under the second dressing either completely or to such an extent that only a small well-granulating sore remained, that closed up easily under sticking-plaster compress. As might be expected, the very large ulcers were longer in healing, but even in these the advantages of the dressing were evident, both as a preventive of decomposition and as assisting the formation of healthy granulations. Dr. Hager observed none of the objectionable effects of naphthaline that have been mentioned by some observers, except a strong tarry odour, and sometimes severe pains that remained, however, no longer than two days, and exercised no injurious influence over the healing processes.

Dr. Arnold Spina.

THIS gentleman, until quite recently unknown, or known only to a few as an intelligent and active assistant in Professor Stricker's laboratory in Vienna, and who has made himself famous by a sturdy and determined resistance to the doctrine taught by R. Koch, has not been labouring in vain. It would be going too far to say that Vienna is jealous of Berlin, but we are not assuming too much when we say that the bacillus *Krieg* carried on by the part of Spina with no little acumen and a more thorough knowledge of the subject than he has received credit for from his opponent, has, to say the least, not been displeasing to those in authority. This is shown by the offer he has received of the post of Ordinary Professor of General and Experimental Pathology in the Czechish Faculty of Medicine in the University of Prague—an offer which has been accepted. Shall we now have to endure the woes of another Battle of Prague? In commenting on this appointment, the editor of the *Allgemeine Wiener Medizinische Zeitung*, Dr. B. Kraus, remarks that "the most striking thing in the whole affair is certainly the circumstance that it is precisely the bacillus question which gave Spina the opportunity to *documentiren* his

learning in the whole range of general pathology and histology that has assisted him to this honour. . . . The Czechish University is now a *fait accompli*; the Ministry seeks after the best powers, and it is certainly desirable that they should be taken from the Vienna School, in order that microscopy and histology, in whatever language they may be taught, may produce disciples who will not at once inscribe upon their standards, '*Jurare in verba magistri*,' but who will have the courage to attack with their criticisms even the discoveries of the German Imperial Health Office and their Köchen."

The Albert Medal.

THE Albert Medal conferred each year by the Society of Arts for distinguished merit in promoting arts, manufactures, or commerce, has just been awarded to the eminent botanist and Director of the Royal Gardens at Kew, Sir Joseph Dalton Hooker. This will be generally regarded as a most appropriate bestowal of the medal, which is well merited by Sir Joseph Hooker, if only by reason of his services in connection with plant cultivation in so far as medicinal drugs are concerned. To him, moreover, the various colonies and dependencies of our Empire are in no small degree indebted for much of their present welfare; and as a practical botanist and writer on botanical subjects he has made for himself a name which is second to that of no other authority. The Society of Arts is to be congratulated on having made a most fitting selection.

The Parkes Museum.

MR. MARK H. JUDGE, A.R.I.B.A., has resigned his position of Secretary and Curator of the Parkes Museum. At a special meeting of the Council on June 15, Captain Douglas Galton, C.B., in the chair, the following letter was read:—

"To Captain Douglas Galton, C.B., D.C.L., F.R.S., and the other Members of the Council of the Parkes Museum.

"Gentlemen,—It is with regret that I inform you that I feel compelled to resign the position which I have held so long in connection with the Parkes Museum of Hygiene. Now that the Museum has been incorporated and established in a building of its own, with its collection and library open to the public daily, I can no longer give the necessary time and attention that the interests of the Museum will henceforward demand from the Secretary and Curator. Since my appointment in 1878 until the present time it has been my great desire to do all in my power to aid you in your work of establishing in this country a National Museum of Hygiene, and I shall be happy to continue my services as Secretary and Curator till you are able to appoint my successor. I need hardly say that as a member of the Museum I shall always take the warmest interest in its success, and be ready at all times, as far as I can, to promote its welfare.

"I am, Gentlemen,

"Yours faithfully,

"MARK H. JUDGE."

The following resolution was unanimously passed:—

"The Council learn with great regret that Mr. Judge is compelled by his professional engagements to retire from the position of Secretary and Curator of the Parkes Museum. In accepting Mr. Judge's resignation the Council desire to place on record their high appreciation of the services which he has rendered to the Museum."

DR. WEBB KELLY, in the *Columbus Medical Journal*, reports a number of cases of carbolic acid poisoning by the constant use of injections of carbolised water by women to prevent conception. He says cases of this kind are of daily occurrence in American practice, where the constant use of this agent produces a mild form of poisoning, great nervous prostration, and irritability of the parts affected. Withdrawal from connubial intercourse for a time, and the consequent carbolised injections, in most cases resulted in the re-establishment of health.

In the principal foreign cities the rates of mortality per 1,000 of the various populations were, according to the latest official returns, as follow:—Calcutta 36, Bombay 28, Madras 34, Paris 27, Geneva 19, Brussels 26, Amsterdam 26, Rotterdam 23, The Hague 21, Copenhagen 21, Stockholm 22, Christiania 13, St. Petersburg 33, Berlin 27, Hamburg 28, Dresden 25, Breslau 38, Munich 33, Vienna 32, Prague 45, Buda-Pesth 31, Venice 22, Lisbon 32, New York 29, Brooklyn 20, Philadelphia 21, Baltimore 19.

THE highest annual death-rates from diseases of the zymotic class in the large towns were—from measles, 1·9 in Liverpool and 2·8 in Newcastle-upon-Tyne; from whooping-cough, 1·2 in Manchester and in Cardiff, and 1·4 in Plymouth; from scarlet fever, 1·9 in Sheffield and 2·0 in Wolverhampton; and from "fever," 2·0 in Portsmouth. The zymotic death-rate in Glasgow reaches to 8·2 of the entire mortality. The 27 deaths from diphtheria in the large towns included 15 in London and 5 in Glasgow. Small-pox caused 3 deaths in London, one in Newcastle-upon-Tyne, and one in Hull.

Scotland.

[FROM OUR NORTHERN CORRESPONDENTS.]

"RISING TO EMINENCE IN HIS PROFESSION."—An important case has just been tried at Glasgow, under "the Food and Drugs Act," resulting in the imposition of a substantial fine on a Glasgow druggist. There are many and most diversified ways of "rising to eminence" in the medical profession, not a few of them of a reprehensible nature, and among these are to be classed the weakness which yields to the employment of every new drug with which the advertising columns of our medical journals and trade circulars make the profession acquainted. The motives which lead to this are doubtless mixed. On the one hand, care is often taken solemnly to inform the patient that the new prescription is known only to few, that its virtues are surprising in their efficacy, the chase in quest of the drug from shop to shop gives additional zest, and the prescriber is consequently vulgarly glorified. On the other hand, many estimable men give way to the blandishments of the advertising column from a genuine desire to benefit their patients and a Utopian credulity which, while it reflects generously on them, is somewhat refreshing in these latter days. In the eyes of sensible people there is nothing more incomprehensible than the ever-changing methods of cure and the kaleidoscopic existence of given drugs. They naturally wonder how in any science the cures of the one generation happen to become the poisons of the next; and not without reason they begin to doubt whether medicine is

anything but complete charlatanism. We cannot here enter into a detailed examination of this question; but we express our opinion briefly that much of this arises from, so far as the science of medicine is concerned, a disloyal sycophancy to the public in indulging in the matter of drugs their insensate craving for novelty. We leave out of the question for the present the inability to observe, and unconscious self-delusion. Mr. Bright recently stated that he felt inclined to ask every American on his first interview with him whether he possessed a patent. Medical men might specially ask whether he possessed a new medicine, and not improbably a patent one. This is one direction, at all events, in which Western Liberty has produced pernicious results. America is the country *par excellence* of drugs patent and non-patent, and for the past few years a large number of such drugs, some possibly useful, but the majority of them, if not inert, at least useless, have found their way into British medical trade, thanks to the power of "puffing" and the simplicity of the average "man of science." It is one of these drugs, it would appear, that Dr. Carmichael prescribed. He seems to have been "the only medical man in Glasgow" who had attained to the knowledge of its virtues; and surely under all the circumstances it would not be a matter of surprise if a chemist should think "methyl salicylatis" might be but another name for one of the salicylates frequently employed. Be the technical legal bearings what they may, it ought to be consolation to the patient that we believe him to have fared as well with-out as with this trash, commonly known as "winter green." In the end, Mr. Sheriff Balfour imposed a penalty of £4, without expenses, remarking that it was perfectly clear that the chemist should have sent to Dr. Carmichael to ascertain what the drug was, and where it was to be obtained, instead of assuming that it was another name for a familiar drug.

MEDICAL ACTS AMENDMENT BILL AND ST. ANDREWS UNIVERSITY.—In connection with the address by Professor Leishman, on which we commented in our last impression, Dr. Bell Pettigrew, Dean of the Medical Faculty of the University of St. Andrews writes as follows:—"Dr. Leishman is quite entitled to state his own argument in his own language, even if that language is deficient in the dignified reserve with which the professor in one university should speak of the position and work of another university, of which he plainly knows very little; but he is not entitled to make remarks and to insinuate motives calculated to misrepresent the position of a sister university. He first of all makes the general statement that, in relation to the Medical Acts Amendment Bill, 'St. Andrews had no interest whatever in common with the other universities.' This may be Dr. Leishman's opinion, but it is not the opinion of the University of St. Andrews; and St. Andrews probably knows its own interest as well, or better, than Dr. Leishman. He further states that 'during the last ten years St. Andrews had placed five men on the Medical Register,' and asks, 'Was that a position entitling any representative body to be a member of the Divisional Board?' It is right the public should know that, during the period in question, St. Andrews University has made one hundred and ten doctors of medicine, and that its claim to a seat on the Medical Board is undoubted. Dr. Leishman further asserts 'that for the examination of those few students St. Andrews had to go to the corporations of Edinburgh, and was allied with them in the conducting of examinations.' Now, nothing can be further from the truth. The University of St. Andrews is

in no way allied with the corporations of Edinburgh in conducting its examinations. It has its own professorial examiners, and it is free to choose its non-professorial examiners wherever it finds able and suitable men. In this respect St. Andrews is on the same footing with the other Scotch universities. Dr. Matthews Duncan, of London, Dr. Handyside, of Edinburgh, Professors Gairdner and Buchanan, of Glasgow, and Professor Struthers, of Aberdeen, have all been examiners at St. Andrews. Dr. Leishman proceeds as follows:—"They did not believe for a moment that they could on any subject where it was corporation *versus* university count upon the vote of St. Andrews, although in the Bill it was called a university vote." "The strongest proof he could give of the sincerity of his belief as to this was to say that he would be glad to make a present of that vote to the corporations to-morrow." It is quite clear that no one can (by any stretch of courtesy) be entitled to make statements of this nature. The vote of St. Andrews, there is no room to doubt, will be given in the interests of right and justice as certainly as the two votes of Glasgow, and it is unbecoming even to hint at anything else. Dr. Leishman has had the bad taste to endeavour to elevate the Universities of Edinburgh, Glasgow, and Aberdeen by depressing and undervaluing the University of St. Andrews, the oldest, and in some respects the most celebrated, of all the Scottish universities, and, as your readers will perceive, he has not succeeded in making out a good case."

EDINBURGH.—HEALTH OF THE CITY.—For the week ending with Saturday, the 16th inst., the mortality in Edinburgh was 72 and the death-rate 16 per 1,000. There were 23 deaths under 1 year, and 16 above 60, of which 3 were above 80 years. Diseases of the chest accounted for 42 deaths and zymotic causes for 8, of which 2 were due to fever, and 5 to measles, the intimations of these diseases for the week being 8 and 66.

REMARKABLE LONGEVITY IN ISLAY.—A short time ago there was interred in Kilchunan, Islay, the remains of Mrs. Euphemia MacKenzie, who died at the age of 105 years, having been born in May, 1778. With the exception of her last illness she was only once confined to the house, and that but for a few days with a sore foot, and her last illness lasted only three months. Up to the time of her death she was in possession of all her faculties, and chatted freely with her relatives upon local and family matters.

MORTALITY IN GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 16th inst., were at the rate of 30 per 1,000 per annum, against 34 in the preceding week, and 23, 26, and 25 in the corresponding periods of 1882, 1881, and 1880.

A NEW HOSPITAL FOR CROSSHILL.—By the will of the late Mr. Robert Couper, paper-maker, Cathcart, he has bequeathed the residue of his fortune, after providing for other charitable institutions, for the building of a hospital and convalescent home in or near Crosshill for the use of the district south of the Clyde. His trustees are directed to proceed with the erection of the infirmary or hospital as soon after his death as they find that the funds at their disposal are sufficient for the purpose, and they are especially empowered to accept as donations for the purpose of the bequest any sums which may unconditionally be given to them, or be bequeathed to them, for that purpose. Doubtless Dr. Duncan's scheme will become amalgamated in some manner or other with this one.

AN OVERDOSE OF LAUDANUM.—An engineer named William Henderson died on the 21st inst., at Glasgow, from the effects of an overdose of laudanum. He resided at 39 Tobago

Street, and reached his lodgings late the previous night, and was found lying on the floor of his bedroom in an unconscious state. A bottle in which there had been landanum was lying at his side. Dr. Downie was at once sent for, but the man never rallied, and died within an hour.

Literature.

KREUZNACH AND ITS OZONE. (a)

In this little pamphlet Dr. Stabel gives us first some account of ozone, then the results of 83 days' continuous measurements of the ozone of Kreuznach, and lastly, a very short notice of the supposed therapeutical effects of this form of oxygen. The first and last subjects we shall not discuss. Notwithstanding the fact that so little is really known about the therapeutical value of ozone, there is a very general impression abroad that its presence in the atmosphere is somehow or other a thing to be desired. As a good supply of oxygen is known to be necessary to animal well-being, so the presence of ozone—an unusually active form of oxygen—is looked upon as something, perhaps, still more devoutly to be wished for. So deeply rooted is the belief in the therapeutical importance of ozone that many places, health resorts especially, have laid claim to the honour of having in their surrounding atmosphere the greatest known quantity of it.

Kreuznach has now entered the list in the contest, and the published report shows that, although there does not seem to be much ozone naturally in the locality, visitors can be supplied with a not inconsiderable quantity.

Schönbein's method of measurement was the one employed by Dr. Stabel, and the test papers were exposed in the usual manner continuously in three different places, and the results accurately recorded. Two sets of papers were exposed in the Inhalatorium—a long narrow hall, within which the process of concentration of the saline waters was continually being carried on; two more were exposed on the outside walls of this building; and, finally, one set at the observer's own residence.

A study of these tables is extremely interesting, and leads to important conclusions. The observations were commenced on July 1st, 1882, and were continued without interruption up to September 21st—a period of 83 days. Within this period there were 42 wet and 41 fine days.

The average quantity of ozone per day of 11 hours—7 a.m. to 6 p.m.—according to Schönbein's scale during the 42 wet days, was—

Within the Inhalatorium	...	...	4.46 deg.
Outside	...	...	3.55 "
At observer's residence...	...	...	1.02 "

The average quantity on the 41 fine days was—			
Within Inhalatorium	...	...	3.47 deg.
Outside	...	...	2.84 "
At observer's residence...	...	...	1.09 "

The night quantities during the above period, calculating for different lengths of exposure, were, during the 42 wet days—

In Inhalatorium...	...	...	4.28 deg.
Outside	...	...	4.02 "
At observer's residence...	...	...	1.54 "

During the 41 fine nights the results were—			
In Inhalatorium...	...	...	2.39 deg.
Outside	...	...	2.63 "
At observer's residence...	...	...	.53 "

These averages are made up of the most varied and capricious daily measurements. At present it is difficult or impossible to estimate their value. The most that can be affirmed is that within the Inhalatorium and in its vicinity outside, when the process of concentrating the saline waters is going on, Schönbein's test-papers register the presence of a considerable quantity of ozone; that they register its presence at the observer's residence, but in far less quantities.

It would have been better if the test-papers had been exposed in that stratum of atmosphere in which respiration by human beings takes place, and not at the height of

9 and 3 metres from the earth's surface. Measurement at this height is no test of the quantity present at 5 feet from the earth's surface.

As we do not habitually walk on stilts or in raised galleries for the purpose of inspiring the increased quantities of ozone of these exalted strata, it would have been better to let us know the quantities at altitudes of 5 feet and under—that is, in the strata in which respiration is performed by ordinary people under ordinary conditions.

EXAMINATION OF THE CHEST. (a)

THIS is a practical guide for students, which is likely to be successful. It is illustrated with a number of diagrams, and arranged in a manner to impress the learner. As a medical tutor, Dr. West has had the opportunity of observing the wants of students, and in this little manual he has supplied one of them. It is not necessary to endorse every statement he makes in expressing this approval, or we might stop to say that insurance companies would scarcely accept some of the measurements he has given as healthy. The book is divided into four sections, treating respectively of the lungs, heart, pulse, and mediastinum. In some portions it is very brief, but on the whole it is, perhaps, sufficient, and certainly is a handy and concise manual.

Correspondence.

TREATMENT OF FRACTURES OF THE PATELLA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some weeks ago there appeared in your journal a series of articles by Mr. H. O. Thomas upon the "Treatment of Fractures of the Patella;" and again this week you publish a case treated by Mr. Henry Parson which illustrates a much older method of procedure. Mr. Thomas's method involves complete fixation of the knee until the bond of union between the fractured portions of the patella is sound and consequently unyielding. Mr. Parson's splint permits of "slight movement of knee while walking," a very grave defect, and one that calls for a little attention. The essentials of Mr. Thomas's apparatus consist of two parallel iron rods, terminating at one end in the heel of the patient's boot, and at the other in a nicely fitting perineal ring surrounding the uppermost portion of the thigh. A blacksmith can make it in a day with a saddle to help, and their combined labour would scarcely realise ten shillings. A roll of soaked cotton-wool above and one below the patella and a strip of plaster to bring pressure, together with a bandage, completes the plan, by which the broken bone can be admirably controlled. With the splint on, the patient has no power of flexion in the knee, but full freedom in the hip. Mr. Parson describes his splint in your last number, and adduces five arguments on its behalf. They embody the propositions that long confinement to bed is avoided; the keeping of fragments in good position; the security (?) against ankylosis by permitting during treatment of slight movement of joint; and the maintenance of "activity in the parts, to complete union."

If movement be permitted to the knee-joint during treatment it must of necessity be at the expense of immobility at the seat of fracture, the extent of harm being commensurate with the range of motion. In the particular case reported movement was not attempted until the fifth week; but this I take to be accidental, as Mr. Parson lays down the rule that "as soon as the primary inflammation has subsided . . . the patient can begin to move about." The term "primary inflammation" is vague; but if it means the synovitis with or without effusion so often present, a few days will generally suffice to overcome it. Should the patient, however, not commence to walk until imperfect union has occurred, Mr. Parson urges that movement of the fractured ends will produce "sufficient activity in the parts to complete the union." This is contrary to usage, and I venture to say, experience. We have only to inquire into the causes of non-union of other bones to find that consolidation is often absent where motion has been summoned too early. Fracture of the patella demands rest no less than other fractures, and, as Mr. Thomas has pointed out, one of the pregnant causes of defective cure in this very

^a "Das Ozon und seine mögliche therapeutische Bedeutung." Dr. Eduard Stabel, Reinhard Schmidthals, Kreuznach.

(a) "How to Examine the Chest." By Samuel West, M.D. London: J. and A. Churchill. 1883.

injury is flexion of the knee before the patella is quite sound. This is proved by every-day experience. How often we find cases discharged from hospital after two, three, and four months' sojourn where patellar union seems all but perfect, and yet a very few weeks of free use of the limb, with or without knee-cap, is sufficient to make both the surgeon and patella gape. Previous treatment cannot be blamed for it, but the surgeon may be justly censured for permitting movement where its evil result is manifest. In Mr. Parson's case the result does not wholly justify the means, for we have abundant proof of the recovery of many patients from similar injuries left to the tender mercies of sea captains. Isolated cases of good results will occur whatever the treatment; the danger lies in the confusion of the "propter" with the "post hoc." Mr. Parson adds, "slight movement of knee in walking about prevents a stiff joint." This I emphatically deny, and the proof is contained in two propositions:—1st. Inflammation is a necessary precursor of ankylosis. 2nd. Inflammation is increased in a knee when moved. In a given case the worse the inflammation the greater the danger of ankylosis.

The advantages claimed for Thomas's method are freedom from confinement and efficiency of cure. With the splint on the patient is free to follow his out-door habits in a couple of days after his accident, and that without the slightest risk. The apparatus forms a convenient form of perineal crutch, which withholds all flexion at the knee. A few days back, at the Stanley Hospital, I removed a Thomas's splint off a corpulent old dame who had worn it five months. To-day movement at the knee was very fair; next week it will be nearly well. The fragments, which were two inches apart, are now in perfect apposition; but the method I adopted saved me from all apprehension from the first. Yesterday week I removed two splints which had been for two years correcting genu valgum, during the whole of which time no movement was permitted to the knee-joints. To-day movement is nearly perfect. This is only one of several instances. I have seen upwards of twenty cases of fractured patellæ treated by Thomas's method, and never yet a stiff joint resulting. To ensure permanency of cure it is often necessary to wear the splint six months, and patients rarely complain of discomfort meanwhile.

I am, &c.,

ROBERT JONES,
Senior Assistant Surgeon,
Stanley Hospital.

22 St. George Square,
Liverpool, June 21.

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of June 13th and 20th you gave great prominence to the false statement of Mr. A. Conan Doyle, M.B., respecting the departure of diseased women from hospital in Plymouth. You appear not to have seen his acknowledgment that this statement was an error, or you would doubtless have given equal prominence to the contradiction.

Surely the solution of a grave social problem, involving the highest moral and physical welfare of our country, can never be attained by the spread of falsehood on either side! In judging this question, it would be well if every member of the profession would carefully read "Le Pêril Vénérien dans les Familles," by Dr. P. Diday (published by Asselin and Co., Paris). The perusal of this work, written by an experienced French surgeon, must arrest the attention of every unprejudiced Englishman. It shows the practical results which follow from working for several generations on a false principle.

This false principle (of which the author is a follower) is the refusal to check whoremongers, whilst endeavouring to regulate whores. The pitiful stultification of judgment which results from frantically endeavouring to establish this false principle is only equalled by the astounding cynicism which such a foolish contravention of law produces.

Both these results are strikingly shown by this and other lately published French medical treatises.

I am, Sir, yours, &c.,

A CONSTANT READER (but a believer in the oneness of medicine and morality.)

The following is the contradiction referred to:—

The Secretary of the National Association for the Repeal of the Contagious Diseases Acts, having had the letters of Mr. Doyle to *Daily Telegraph*, June 8th, and one from S. U.

Thompson, June 9th, brought to his notice, wrote to Mr. Doyle, pointing out that, as the Acts had not been repealed, and the compulsory detention in hospital had not been suspended, his "ounce of fact" was an evident fiction. Mr. Doyle replied: "I am glad that you have called my attention to my error as regards the dismissal of women from the hospital. I had the story from two members of the Visiting Committee, but Dr. Snowdon, the indoor officer, assures me that there is no foundation for it. I have, of course, written a contradiction of it to the paper."

Mr. Conan Doyle, M.B., C.M., of Portsmouth, writing in reference to the letter from him which was published in the *Daily Telegraph* of Friday last (June 8th), says: "I find that one error has crept into my statement of the increased immorality since the suspension of the Acts. It is not correct that thirty women left the hospital with the avowed intention of meeting a transport. The error arose from the misconception of some remarks made by a gentleman intimately connected with that institution." Mr. Doyle adds that this error in no way affects his general argument—"the difference in the streets of Portsmouth is most marked, and grows worse."—From the *Daily News*.

Novelties.

AN ELECTRICAL PHOTOPHORE.

At a recent meeting of the French Académie de Médecine, M. Dujardin-Beaume presented an electrical "photophore," invented by M. Paul Hélot, chief surgeon to the hospital at Rouen, and M. Trouvé. The apparatus consists of an



incandescent lamp contained in a metallic cylinder, between a reflector and a convergent lens. This small instrument when fastened on the forehead gives a very intense light, and can be adapted to the field of vision by moving the lens. When placed between the eyes, the light, as it were, accompanies the view of the operator, as there is nothing to interfere with it. The source of the electricity is a voltaic pile of bichromate of potash supersaturated. It lasts many hours without being re-charged, and can be used either continuously or at intervals. This apparatus will be found most useful in examinations of the mouth, throat, ears, &c.

AN IMPROVED NURSERY POWDER.

The importance of a pure, non-irritating, and innocuous nursery powder is so generally recognised by the profession and the public alike that the addition of a reliable article of this kind to those already in use is of some consideration. Messrs. Woolley, Sons, and Co., of Manchester, have introduced a new "sanitary rose powder," which is not inappropriately named "the perfection of nursery powders," and which possesses the unique and highly valuable property of being soluble in water, so that the annoyance produced by caking is altogether avoided by its use. The powder is also antiseptic, and is, in very many respects, a great improvement on those in general use. Its employment, in nurseries particularly, may be strongly recommended.

University of Durham.—The following satisfied the examiners for the M.D. degree for practitioners of fifteen years' standing :—

Coates, Matthew, F.R.C.S. | HU, M., M.R.C.P.E., F.R.C.S. Ed.
Gilbert, Ed. G., M.R.C.S., L.S.A. } Equal.

For the ordinary M.D. degree—

Callcott, James T., M.B., M.R.C.S. | Walker, B. W., M.B., M.R.C.S.,
L.S.A.

For the M.B. degree—

Second Class Honours (Order of Merit).

Rodman, George Hook, L.S.A. | Hutchinson, Joseph A. } Equal.
Frueo, S. T., M.R.C.S. }

Archer, Ed. L., M.R.C.S., L.S.A.

Brown, Richard.

Buxton, William Maberly.

Charpentier, Ambrose Ed. Lea.

Eastes, Frederick, M.R.C.S.

Henwick, Henry Marshall.

Hepworth, Arthur.

Morgan, Llewellyn Arthur.

Ridley, George Walter.

Tomson, Walter Bolton.

Wigan, Charles A., M.R.C.S.

At the above examinations for the M.D. degree there were three candidates: two satisfied the examiners and one was rejected. For the M.B. degree there were sixteen candidates: fourteen satisfied the examiners, one retired, and one was rejected. For the M.S. degree there were six candidates, all of whom were rejected.

Notices to Correspondents.

PROFESSOR HUTCHINSON'S LECTURES AT THE LONDON COLLEGE OF SURGEONS.

IN accordance with our annual custom, we propose presenting our readers with the complete course of lectures now being delivered at the Royal College of Surgeons of England by Professor Jonathan Hutchinson. The subject selected is "Diseases of the Tongue," the first lecture of which will be commenced with the new volume of the *Medical Press* next week.

MR. SAMPSON.—We are glad to learn the result of your endeavours. The addresses have been noted, and copies duly sent. Your letter arrived too late for acknowledgment last week.

DR. K. (Manchester).—Silk ligatures may be left in with perfect impunity. The records of many successful cases sufficiently demonstrate the safety of the proceeding. Mr. Lister's chromicised catgut can be prepared according to the directions given by him before the Clinical Society in 1881-82.

L. F.—The National Health Society's offices are at 44 Berners Street, Oxford Street, W. The secretary may be able to give you the information you require. We do not know the particulars of entry.

SURGICUS.—You may find an opportunity of describing your invention before one of the Societies. You had better communicate with, say, the Secretary of the Medico-Chirurgical.

DR. F. JOHNSON.—There is nothing in the measure to provoke the criticism you have expressed, nor as it stands at present can it be said to possess the serious shortcomings you have described as its faults. The stringent recommendations you suggest would, if insisted on, preclude all possibility of its successful passage.

MR. NEWSOM.—No case has been recorded in this country of more recent date than that you refer to as having appeared in our columns at the beginning of the present year.

PROPOSED INTERNATIONAL MEDICAL AND SANITARY EXHIBITION AT NICE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR.—Following the example of many other cities, the Mayor and Municipality of Nice have resolved on opening an International Exhibition there in December next.

The Society of Medicine at once seized the opportunity to point out the importance of devoting a portion of the building to a Medical and Sanitary Exhibition, and you will see by the enclosed catalogue how earnestly they seek that it shall be as complete and as practically useful as possible.

All of us who have lived on the Continent know how far from perfect are the hygienic and sanitary arrangements of our neighbours on the other side of the Channel; and the Riviera has had in these respects more than its fair share of blame.

If you, Sir, and other members of the profession will lend your influence and help to promote its success, the Medical and Sanitary Exhibition at Nice may be the commencement of far better things than exist at present, and we may then send our patients to the South in search of health with none of those misgivings as to imperfect drainage, untrapped closets, and ill-ventilated houses, which make us sometimes hesitate as to whether an English winter with its damp and cold and darkness may not after all be safer than the cloudless sky and brilliant sunshine of the Mediterranean.

The London agents are Messrs. Johnson, Castle St., Holborn, E.C., to whom all applications for space must be addressed, and from whom all information may be obtained.

I shall also be happy to answer any inquiries on the subject.

I am, Sir, yours faithfully,

3 Bolton Row, May Fair, W., CHARLES WEST.
June 11, 1883.

ARCHIBALD E.—The meaning is sufficiently obvious. The mistake arose from absence of proof revision, and has been a subject of much regret.

DR. DRYSDALE.—The report of M. Flaux to the Paris Council shall appear in an early number.

DR. TAYLOR (Nottingham) will find Mr. Doyle's correction referred to by another correspondent in present issue.

Vacancies.

Bath, Eastern Dispensary.—Resident Medical Officer. Salary, £100, with extras. Applications to the Hon. Sec. before July 2nd.

Bradford.—Medical Officer of Health to the Corporation. Salary, £500. Immediate application to the Chairman of the Sanitary Committee.

Brompton Consumption Hospital.—Assistant Physician on the Staff. Candidates must send in their applications, &c., before July 11th. (See advt.)

Huddersfield Infirmary.—House Surgeon and an Assistant House Surgeon. Salary, £80 and £40 respectively, with board. Applications to the Hon. Sec. before July 6th.

Manchester Royal Infirmary.—Medical Officer for the Convalescent Hospital at Cheadle. Salary, £150, with board. Applications to the Secretary before July 4th.

Royal Hants County Hospital, Winchester.—House-Surgeon. Salary, £10, with board. Applications to the Secretary before July 4th.

St. Mary's Hospital, Paddington.—Demonstrator of Physiology. Value of appointment, £100 per annum. Applications to the Dean before July 7th.

Stockton-on-Tees Hospital.—House Surgeon, non-resident. Salary, £200. Applications to the Secretary before July 14th.

Sunderland Infirmary.—Second House Surgeon. Salary, £60, with board. Applications to the Chairman of the Medical Board before July 3rd.

Appointments.

CAIGER, F. F., M.R.C.S., L.R.C.P. Lond., Resident Accoucheur to St. Thomas's Hospital.

CHADWICK, C. M., M.A., M.B. Oxon., House Physician to the London Hospital.

CLARKE, E., M.B., B.S., Assistant Surgeon to the Central London Ophthalmic Hospital.

COLMER, P. S. H., L.R.C.P. Ed., L.F.P.S. Glas., Medical Officer for the No. 2 Dist. of the Yeovil Union.

FELL, W., M.A., M.B. Oxon., M.R.C.S., L.R.C.P., House Physician to St. Thomas's Hospital.

HAIQ-BROWN, B., M.B., C.M. Aberd., M.R.C.S., House Physician to St. Thomas's Hospital.

HERRINGHAM, W. P., M.B., M.R.C.P., a Casualty Physician to St. Bartholomew's Hospital.

HULL, W., M.R.C.S., L.R.C.P., Assistant House Physician to St. Thomas's Hospital.

JONES, W. W., M.A. & M.B. Oxon., B.Sc. Lond., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

MARLOW, F. W., M.R.C.S., Ophthalmic Assistant to St. Thomas's Hospital.

MARSHALL, J. G., B.A., M.B. Cantab., M.R.C.S., House Surgeon to the Doncaster Infirmary.

MILTON, H. M., M.R.C.S., House Surgeon to St. Thomas's Hospital.

OWEN, I., M.D. Cantab., Assistant Physician to St. George's Hospital.

Births.

STEVENSON.—June 20, at 147 Camberwell Grove, Denmark Hill, the wife of Leader Stevenson, M.D. of a son.

THOMSON.—June 19, at Albemarle Street, W., the wife of J. Roberts Thomson, M.D., of Bournemouth, of a son.

Marriages.

PAULLEY-FISHER.—June 21, at Holy Trinity Church, Upper Chelsea, Legge Paulley, L.R.C.P. Ed., to Mary Elizabeth, only daughter of John Fisher, of 60 Cadogan Place, London.

SHAW-GRAHAM.—June 21, at Glasgow, Doyle Money Shaw, C.B., Deputy Inspector General of Hospitals and Fleets, to Jessie Martin, daughter of John Graham, Esq., of Inverleury, Callander, Perthshire.

Deaths.

BENNETT.—June 14, at his residence, St. John's Wood, William R. Bennett, M.D., Fleet Surgeon, Royal Navy, aged 47.

BROOKS.—June 19, at Henley-on-Thames, Arthur D'Oyley Brooks, M.R.C.S.

CHIAPPINI.—May 20, at Cape Town, Cape of Good Hope, Antonio Lorenzo Chiappini, M.D., M.R.C.S.E., aged 42.

GUNNING.—June 13, at Tooting, John Edmund Gunning, M.R.C.S., aged 43.

MCCRERY.—May 16, at Fort Station Hospital, Allahabad, suddenly, Surgeon-Major James McCrery, A.M.D.

PAYNTER.—June 19, at The Croft, Tenby, J. Paynter, C.B., M.D., J.P., Inspector General, A.M.D.

SHARPE.—June 19, at his residence, Lower Norwood, Alexander Barclay Sharpe, M.D., M.R.C.S., aged 53.

SULLIVAN.—June 9, after a long illness, at his residence, Elsham Road, Kensington, J. L. Sullivan, M.D., M.R.C.P. Lond.

WHITLEY.—June 14, suddenly, at Aix-les-Bains, George B. Whitley, M.D. Ed., Cannes, aged 75.

WILLIAMS.—June 22, at 21 Compton Road, London, N., Patrick St. George Williams, M.R.C.S.E., son of the late Dr. St. George Williams, Indian Medical Service.

IRISH POOR-LAW INTELLIGENCE.

CORONER FOR SLIGO.

A MEETING was held last week in the County Court House for the purpose of totting-up the poll-books in connection with a recently contested election for the office of County Coroner. Notwithstanding the passing of the Ballot Act, the voting was open. The candidates were Dr. Maloney, of Colloony, and Dr. Robert Roe, of Carney. As both gentlemen were of the same opinion in politics and religion, there was not much excitement. The result of the voting was as follows:—

For Dr. Maloney	416
For Dr. Roe... ..	354
Majority	62

BOYLE DISTRICT.

THE Coronership for Boyle (co. Roscommon) has also become vacant by the demise of Mr. Peyton Grevisk, who discharged the duties of the office for a number of years. The salary attached is £13 12s. per annum, with an allowance for mileage. The election is similar to a Parliamentary one, and the persons who possess the franchise for a member of Parliament are entitled to vote for a coroner. The election need not necessarily be held until after the Spring Assizes, but if two magistrates present a requisition to the Lord-Lieutenant the election can take place. Several candidates are named as being likely to seek the suffrages of the electors.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

(Continued).

Dr. JACOB'S examination continued.

777. You think that the Local Government Board have erroneously strained the law to the disadvantage of the medical officer?—I do not lay the blame upon the Local Government Board.

778. Upon whom do you lay the blame?—The fault is in the misconception of the rule, which obliges a month's notice to be given to the guardians.

779. Have you applied to the Local Government Board to correct that misapprehension of the month's notice?—No.

780. Would it in your opinion be desirable?—Yes, I think so. I think if there is a misapprehension, it should be open to the Local Government Board to remove it.

781. But you have never made application to them to remove it?—No.

782. Though it is a glaring injustice?—Yes.

783. You have had great experience of the Local Government Board; have you ever had any cause to complain of the arbitrary power of dismissing vested in the Local Government Board?—Yes.

784. When?—I complained very strongly of the action of the Local Government Board in dismissing Dr. Kenny from his position.

785. Was it a professional dismissal?—No, it was a dismissal for other reasons.

786. Was it not a dismissal openly and avowedly for political reasons?—It certainly had the appearance of it.

787. Have you ever known as gross a case of injustice perpetrated by any board of guardians as was perpetrated upon a member of your profession by the Local Government Board?—I think it was a very great injustice.

788. A gross case?—Yes, I think it was a gross case.

796. Notwithstanding that you have never known of as gross a case of injustice perpetrated upon a medical officer by a board of guardians as was perpetrated in the case of Dr. Kenny by the Local Government Board, you are yet in favour of giving discretion to the Local Government Board and refusing it to the poor-law guardians?—I did not say that I had never known as gross a case; I said it was a gross case.

797. Have you ever heard of so gross a case?—Yes, I have heard of them.

798. Will you give me an instance?—I know a case of a man who has been called upon to resign by a board of guardians within the last three weeks after a long period of service, during which his efficiency had not been challenged in any way, simply because he got into a squabble with a nurse, and had an abusing match with her.

799. Mr. Healy. Was that the case of Dr. O'Reilly?—Yes.

800. Do you allege that he was hardly dealt with on the part of the board of guardians?—Yes; I say that the board of guardians ought not to have called on him to resign, and ought not to have been allowed to insist on his resignation.

801. Does not your remark imply a reflection upon the Local Government Board?—It does imply, and I intend it to imply, a reflection upon them, as not having prevented the board of guardians from doing that injustice.

802. You give an expression of that opinion *ex parte* before this Committee when you know it involves an allegation that the Local Government have assented to an injustice?—In this particular case it was an injustice, and the Local Government Board did assent to it, and having already expressed the opinion that this gentleman was hardly dealt with, the Local Government Board ought to have refused to allow the board of guardians to do that injustice.

803. Mr. Biggar. Did the board of guardians dismiss the officer?—They called upon him to resign, they did not dismiss him; they have no power to dismiss at all, and I have reason to know that it was practically dismissal, because the gentleman would not have resigned, only he was compelled.

804. Mr. Healy. Though he was dismissed by the board of guardians, did not he retain his office in the dispensary?—Yes.

805. He was not dismissed entirely?—He was dismissed from one office.

806. Therefore the board of guardians did not dismiss him altogether?—The guardians called upon him to resign the workhouse.

807. They still allowed him to continue in the dispensary?—Yes, the question of the dispensary did not arise at all.

808. Mr. Callan. Then in point of fact the board of guardians did not dismiss him?—They had no power to dismiss him, they called upon him to resign.

809. They did not call upon the Local Government Board to dismiss him?—They did not call upon the Local Government Board to dismiss him; his resignation relieved them from such necessity, they did not have occasion to call upon the Local Government Board.

810. Is it customary in all cases in Ireland, except in very gross cases of immoral conduct, to call upon the medical officer to resign, and not to dismiss him?—It is usual and customary.

811. Have you ever known a case in Ireland, except in an abominable case of immorality, in which the Local Government Board dismissed a medical officer without first giving him the option of resigning?—No; I have never known a case in which a sealed order for dismissal has been issued except for what you describe.

812. As being grossly immoral?—Yes.

813. Then the Local Government Board of Ireland in dismissing Dr. Kenny under a sealed order, without giving him the option of resigning, have done an act which has never been done with reference to any other medical officer in Ireland, as far as you know?—As far as I know.

814. And it is that Board that you ask us to entrust these powers to?—No.

815. You say in this letter "The Council have no reason to doubt that the Local Government Board would properly and impartially do justice to all interests if endowed with sole powers concerning the superannuation allowances of union officers, but they positively assert that a control divided between the board of guardians and the Local Government Board could not possibly work satisfactorily, and afford justice to the claims of retiring officers, because officers who by reason of infirmity were constrained to resign, would not be capable of putting forward their claims to the best advantage, and an appeal would at best result in a compromise, and but seldom in an award of the maximum; for boards of guardians, judging by past experience, would usually vote but an insignificant amount, which the Local Government Board could neither approve, nor yet increase to the maximum. Under existing law the superannuation allowances of each union officer, who was fortunate enough to be awarded any, is payable out of the rates of the union in which he served, and under such circumstances it was reasonable that the board of guardians of the union should have had a voice in the disbursement of its rates, but Government admits that after 17 years' trial that system has been found not to work satisfactorily?"—Yes. Speaking generally, I desire it to be understood that we have confidence in the administration of the Local Government Board, we take great exception to individual cases, and especially the exception in the case of Dr. Kenny, but speaking generally, we have belief in their discretion and desire to do what is right, and we

are willing to accept the discretion of the Local Government Board.

816. Having had of three permanent officials one a friend in court?—The Medical Commissioner of the Local Government Board so far from being a friend in court of the Irish Medical Association, it is the fact, has had no communication whatsoever with us except the most distant official communications.

817. But he has his professional feeling?—I think so; and I am very glad to believe that it is strong in his mind.

818. Mr. Justin McCarthy. You are aware of the unpopularity of the medical officers?—Yes.

819. What in your opinion are the causes generally of their unpopularity?—A man may be brusque in his manner and zealous in the discharge of his duty, and thereby make himself unpleasant to the guardians; or he may perhaps not hold the same political or religious views which they hold strongly; all those things would cause unpopularity.

820. Would the religious views of the medical officer influence the board of guardians much?—Yes, there are many districts in Ireland where a person of one religious view would not have the slightest chance of being appointed to the office, no matter what his qualification as a medical man may be.

821. Being appointed, would it influence the board of guardians much in the question of his superannuation supposing that he had done his duty properly?—Yes, I think it does influence them largely in that question.

822. In Dr. Chapman's letter he refers to a number of men having Land League opinions upon boards of guardians; has that been increasing of late?—Yes, it has been considerably increasing.

823. In point of fact, a certain objection to these Land League opinions does influence the minds of the promoters of this Bill?—No.

824. I mean, the original promoters of it?—The Irish Medical Association have no political opinions whatever, and strenuously and studiously avoids having them, or expressing them in any way.

825. Then does this letter of Dr. Chapman's express the views of the Association that Land League opinions amongst guardians are on the increase, or is it put forward as an expression of the views of the medical profession?—I think that that phrase was a very unhappy mode of expressing the fact, that the medical officers being dependent upon boards of guardians would necessarily conform to a certain extent to the views of the board of guardians, and would necessarily hold those opinions.

826. Medical men, we know, are not generally strong politicians, but it is the fact that some medical officers have themselves been members of what was the Land League?—Yes, it is the fact.

827. If the Local Government Board had supreme control do not you think these men would be very unpopular with the Local Government Board?—I have never known the Local Government Board to be animated by political reasons in refusing or granting anything to medical men, except in the case of Dr. Kenny; but as to increasing a man's superannuation or decreasing it, or altering his salary, I have never known, nor have I any reason to believe, that political considerations have entered upon the question at all.

828. Do not you think that that very appeal of Dr. Chapman's upon the ground of the increase of these opinions shows that he thought these opinions would be unpopular with the Local Government Board?—It goes without saying that they are unpopular; but I do not think that he intended to convey that.

829. Still the term "unpopularity" has two applications; if it applies in one way with regard to the guardians it would apply the other way with regard to the Local Government Board; is not that so?—Yes, but this referred to the power of the Local Government Board as a

sanctioning power, and is therefore unimportant in comparison with the originating power of the board of guardians.

830. Supposing that they had a supreme power, what would you say?—We would be willing to trust ourselves to the Local Government Board.

831. Still this does appear that an element of unpopularity would exist upon the one side as well as upon the other, only in the board of guardians assuming you are correct, one set of opinions would be unpopular, and in the Local Government Board another set of opinions would be unpopular, but there would be the external influence in the one case and not in the other case; is not that so?—I do not admit that it would have any such effect upon the Local Government Board; I have no ground for the admission; I have watched the cases very strictly that have come before the Local Government Board, with a view of seeing that justice was done, and, speaking generally, I have never seen any bias arising from those causes.

832. We had one remarkable case against the Local Government Board, and no such remarkable case against boards of guardians?—I admit that case and deplore it, because I think it was wrong.

833. Mr. Daly. You told the Committee you were a member of the Medical Association?—Yes.

834. How long has the attention of the Medical Association been directed to this question approximately?—A few years after 1869, when the last Act was passed.

835. Then in effect we will say from 10 to 13 years?—Yes.

836. And you here represent the views of the Irish Medical Association upon this question?—Yes.

837. You stated that one of the reasons why you sought a change in the law is, that the present system results in injury to the public servants?—Yes.

838. And you adduce, as a reason why the Committee should adopt your view, some instances, and those instances are presumably a number of doctors who hold on, to the prejudice of the public service?—Yes.

839. You have enumerated 71 doctors whose age averaged over 66?—Yes.

840. And you arrive at that age of 66 on the basis of their being 21 years of age when they entered the service?—No, when they obtained their medical qualification, not entered the Poor-law service.

841. That is to say, you assume that they got their medical diploma when they were 21?—Yes.

842. You assume that they were 66 years of age on the basis that they were 21 when they got their medical diploma?—Yes; they might be more than 21, but they cannot be less.

843. As a matter, of fact, for a gentleman of your experience, do you consider the basis of 21 a reliable basis?—No.

844. What would be a reliable basis?—I should say 24.

845. Would one be wrong in saying that a fairly reliable basis would be from 28 to 30?—Not for obtaining their qualification. It would be correct to say that they did not enter the Poor-law service till they were from 28 to 30; but it would be incorrect to say that they did not obtain their qualification till they were from 28 to 30.

846. For a gentleman going through a course of study, and taking the exigencies of life, what would be a reliable age to take at which he would get his medical diploma?—Twenty-four.

847. Or 25?—Not as late as 25; young men commence their studies generally at 18, and that gives them three, four, or five years to qualify.

848. Assuming it to be 25 it would reduce the average age of the 71 gentlemen to 62 years of age?—It would take three years or something like that off.

849. It would bring the average age of these gentlemen to 62 years of age?—No, it would increase their age, not decrease it; because if instead of taking their qualification at 21 they took it at 24, they would be four years older men in the service.

850. What other means have you of arriving at the basis, except the length of time they were in medical situations, or by their particular diplomas?—Young men are not allowed to enter the Poor-law medical service under 23 years of age, and those who were 23 years of age in the year 1839 would now be over the statutory retirement age.

851. What I want to arrive at is this: you stated that there are 71 doctors whose average age is 66 years?—Yes.

852. Will you tell the Committee plainly how you arrive at that; what process did you take to arrive at it?—Any man who was 23 years of age in the year 1839 would be over 66 now.

853. But as a matter of fact, were all the 71 men officers of that age, by the date of their diploma; were they of such respective ages as that their average would be 66 years?—Yes. I have taken men who have got their qualification in 1839; they must have been 23 years of age or thereabouts at that time; therefore they would now necessarily be 66; if you take 39 from 82 it would make up the time.

854. Did you personally investigate each one of the 71 cases?—Yes; I did personally investigate them; I took the cases of the Poor-law medical officers, and I followed them in the Medical Directory, and found out at what time they qualified, and every man who had his qualification in 1839 I took to be of the statutory retirement age according to that calculation.

855. You make out of the total practitioners in harness there were 71 persons who have not retired, and whom you assume would retire if they were satisfied that they would get superannuation?—Yes; who have arrived at the statutory age.

856. That is in effect of the number of men 7 per cent.?—Yes.

857. From your experience in Dublin, in London, in Paris, in Vienna, and in all the great centres where medical skill is exercised, and where there are the leading physicians, and the men entrusted with the most important medical duties, would 7 per cent. of them be an unreasonable percentage of those actually in the very best practice, the men to whom the public look with most confidence, and whom they consult on account of their medical skill, would 7 per cent. be an unreasonable percentage of those gentlemen who occupy the position of the first physicians and medical men in the world?—No, I think not.

861. I want to refer you to instances where superannuation was not granted, which might be remedied, under this Bill; you adduced 10 cases?—Yes.

862. In preparing the evidence for this Committee, with an association so powerful as your own, and with such a period of investigation as 10 different years, you have made presumably the best case that can be made for your side?—We have had the grievances arising from the Act for from 10 to 13 years, as you say, but no agitation or move towards obtaining the Bill now before the Committee was made till about three years ago.

863. But you have had your attention called to this state of facts for a period of from 10 to 13 years, and the persons aggrieved had full cognisance that you were collecting details, and did in effect supply you with the results of the most remarkable cases?—The data were collected within nine months.

866. You adduced instances of 12 medical gentlemen who retired at 44 years of age, with an average length of service of 12 years?—Yes.

867.—And with a view of showing the inconsistencies under the present system, you contrasted that state of facts with 12 gentlemen who, having attained the age of 62 years, and having an average length of service of 32 years, were refused superannuation?—Yes.

868. Are you aware within your own knowledge or from special information received, whether there were any special circumstances connected with the 12 gentlemen who retired at 44 years of age, with an average length of

service of 12 years?—I know the names of them all; but I do not know that there were any special circumstances.

869. But you are not prepared to tell the Committee that there were not special circumstances?—No; nor do I in the least infer that these gentlemen having retired at this age were undeservedly retired, because their condition of health may have been such as to render them deserving of retirement; but I merely wish to point out that the law acted unequally in this way.

872. You stated as regards a reason for the change in the law, that a doctor may not be personally popular with the board of guardians from whom he seeks superannuation?—Yes.

873. And you said you thought that that might arise from conscientious performance of his duties?—Yes.

874. And you thought that in the conscientious performance of his duties, due supervision and ordering of sanitary works might be one of the reasons?—Yes.

875. From your experience, do not you think that, as regards the unpopularity occasioned by undue zeal in promoting sanitary works, the unpopularity with the board would be generally with the *ex officio* members, and the unpopularity would be, because they are generally representatives of property upon the board?—I should not say that they were the representatives of such property as would come within the cognisance of the sanitary officer, because the offences are usually the keeping of pigs in improper places, and nuisance from manure heaps, and such things of which the *ex officio* guardians no doubt have their share, but it does not necessarily fall upon the higher classes of property.

878. Then in effect, of course, no assertion that you make before this Committee is of very great value, but I am sure you will not think that I am speaking disrespectfully when I say, that in the absence of the knowledge, as far as that knowledge is absent, it vitiates that part of your evidence?—But I have stated in my evidence upon that, that the medical officers in the discharge of their sanitary duties were liable to make enemies of the board of guardians, and that the more assiduous and zealous they were in the discharge of that duty, the more enemies they make; and that their loss of unpopularity under these circumstances militated against them, and was liable to militate against them in their getting superannuation, but as to whether the enemies are of one class or another, I can express no opinion, because I have no personal knowledge of how the property is distributed in the various dispensary districts in the way you speak of.

883. Now we come to the abuse of the red tickets, which was elicited from you by the right honourable Member for Dublin University: you stated that there was an abuse of the red tickets, and that the abuse was more by the guardians and dispensary members than by the relieving officers?—Yes.

884. And you stated further instances within your own knowledge of shopkeepers who granted red tickets to their customers?—Yes, dispensary tickets; there are two kinds; they might be red or they might be black.

885. The red is urgent?—The red is for the doctor to visit the patient, and the black is for the patient to come to the doctor.

886. Whether black or red, you stated that, within your own experience, it was perhaps not the general practice, but the practice of shopkeepers to grant those to their customers?—Yes.

887. What remedy does the Poor Law provide for an abuse of that kind?—In the first place it is my contention that, upon the strict matter of law, the medical officer need not attend unless the whole body of the ticket, including the name of the person, is filled in in the handwriting of the grantor, that is, the person entitled to grant the ticket; therefore the system at present existing of filling up tickets *en bloc*, and allowing subordinate persons, like an assistant in the shop or the daughter of the house to issue the tickets

is illegal. That is number one means of checking the thing which no medical officer avails himself of, because the danger of refusing to attend such a case for such a reason might be so serious that he might get himself into trouble. As to the other remedies for the system, the only remedy that he has is to apply to his dispensary committee to cancel that ticket. The dispensary committee meet not perhaps for three months, and therefore the case would have been cured or got rid of, possibly dead, long before the three months came round, and there is no use in the doctor availing himself of his legal privilege in proceeding to cancel the ticket; so that, as a matter of fact, there is no remedy in these cases; the medical man attends the case himself, and he has no escape from it.

888. Has it occurred to a gentleman of your experience that there is this very easy remedy; what would there be to hinder the doctor finding out an abuse and speaking to either an *ex officio* guardian, or an independent elected guardian who did not practise this system, or calling attention by a special resolution of either the dispensary committee or the board of guardians to the fact, and making a rule that unless the ticket was properly formulated, the dispensary physician need not attend?—Such a rule already exists, but it is not acted upon because the medical officer dare not avail himself of the law to refuse to attend the case.

889. Is it a rule of the Poor Law, or a special resolution of individual boards?—The Local Government Board has made that order, and it is printed upon the back of the ticket that the ticket must be filled up in the handwriting of the grantor; therefore filling up the signature only, and leaving another person to fill in the name of the person, is an illegality; nevertheless the medical man dare not decline to attend upon those grounds, it would be attended with too much danger. He might escape dismissal on the ground of its being illegal, but he would not escape censure for having refused to attend.

890. You instance as another of the arguments why there should be a change in this law, that from 1869 to 1880 (quoting from the paper which you handed in), there had been 189 applications?—Yes.

891. And of those 12 had been refused?—Yes.

892. And you said also that not only had the 12 been refused, but that the 177 had been granted?—Yes.

893. I am sure you are too good a mental calculator not to recognise that 12 officials out of 189 is under 8 per cent.?—Yes.

894. Then one of the reasons why you advocate the change of this law is that under 8 per cent. of the applications for superannuation had been refused?—Yes.

895. And you do not know of your own knowledge or from information that you have ever received of the special circumstances attendant upon those twelve cases which represent under 8 per cent.?—The special circumstances are set forth in Mr. Meldon's return.

896. Then I assume that of those 12 cases, the six cases which you gave us to-day of the gentlemen who had attained the ages respectively of from 60 to 76, and services respectively of from 26 to 42 years, on account of your giving prominence to those, they form a portion of the 12 cases?—Yes.

897. That is to say, that these 12 cases referred to absorb the six particular cases which you gave?—Yes.

(To be continued.)

THE memorial to the late Prof. Balfour has taken a double form; there will be created a Studentship of the value of £200 per annum, the holder of which is to devote his whole time to original research in biology, more especially in animal morphology, and also a fund out of which occasional money grants will be awarded to further research in the same science. This is better than a statue.

IRISH POOR-LAW INTELLIGENCE.

DISMISSAL OF UNION OFFICERS BY BOARDS OF GUARDIANS.

The following additional correspondence, which closes the subject for the present, has taken place between the Council of the Irish Medical Association and the Irish Local Government Board :—

LISMORE UNION.

(Copy).

Local Government Board,
Dublin, 7th November, 1882.

SIR,—The Local Government Board for Ireland have had under consideration your letter of the 26th ult. respecting the recent resignation by Dr. O'Reilly of his appointment as medical officer of the workhouse of Lismore Union, and the Board desire for the information of the Irish Medical Association that the vacancy created by Dr. O'Reilly's resignation has been filled up by the guardians, and the Board do not consider it necessary to enter into a correspondence on the subject. With reference to the request of the Council that the Local Government Board will take steps for the reinstating of Dr. O'Reilly in the office which he held, the Board desire to point out that when a medical officer's appointment becomes vacant by resignation or otherwise, it can only be filled by an election conducted in the manner prescribed by the general regulations.

By order of the Board,

(Signed) W. D. WODSWORTH.
Assistant Secretary.

To Wm. Thomson, Esq., M.D., &c.

Irish Medical Association,
December 8, 1882.

SIR,—I am directed by the Council of the Irish Medical Association to state, in reply to your letter of 7th Nov., "No. 32,679 Lismore Union," that, in view of the circumstances that the office vacated by Dr. O'Reilly has already been filled by the appointment of another medical practitioner, the Council will not continue to urge the reinstatement of that gentleman.

The Council desire to remind the Local Government Board that Dr. O'Reilly's resignation of office was not a voluntary act, but that he was forced, notwithstanding his repeated protests and appeals for full investigation of the circumstances, to vacate his appointment in consequence of the unjust, and—as the Council believes—illegal course adopted by the Board of Guardians, not only with the concurrence, but apparently at the suggestion of the Local Government Board for Ireland. The Council hold the opinion that suspension of an officer

from the performance of his duty is a power entrusted to Boards of Guardians solely, in order that they may be enabled, in case of emergency, to dispense temporarily with the services of an officer pending the immediate investigation of some serious charge, which would, if proved, render him unfit to continue in office, and with a view to his reinstatement if the accusation were not established. To use such a power for the purpose of permanently removing an officer against whom no such charge has been made or sustained is, in the opinion of the Council, an abuse of the law, inasmuch as it is an assumption by the Board of Guardians of the power of dismissal, which is the prerogative only of the Local Government Board, and is exercised by them subject to the approval of Parliament.

The Council of the Irish Medical Association apprehend that by the course which has been pursued towards Dr. O'Reilly, a precedent may be established which it would be their duty to contest, as they believe that course to be altogether illegal and contrary to the intention of Parliament, and as the establishment of such a precedent would obviously be most prejudicial to the status of Poor-law medical officers.

In this instance, Dr. O'Reilly's resignation appears to preclude the Council from bringing the case into court and obtaining a judicial decision on the subject; nevertheless, the Council desire to state emphatically their opinion that, so long as the State compulsorily imposes upon Poor-law medical officers duties, the proper discharge of which tends to bring them into variance, if not conflict, with Poor-law guardians it is essential to the efficiency of the service that the position of those officers shall be rendered as independent as possible, and that they shall receive at the hands of the Local Government Board the utmost consideration and protection in the due performance of their duties. Were it not that Boards of Guardians are aware of the powers conferred by the Legislature on the Local Government Board to protect their officers against harsh and unjust treatment, a considerable number of those officers would doubtless find it impossible to discharge their duties efficiently and conscientiously. The Council therefore expect that the Local Government Board will afford to Poor-law officers the protection necessary for the performance of their functions, and not afford its countenance to unscrupulous attacks, nor visit with punishment any complaints until it has, by a thorough and independent investigation, fully satisfied itself that the case is one which really merits the punishment meted out. In the case in question the Council regret to think that no adequate investigation was held by the Local Government Board. The Council therefore feel, that they have no other course open to them than to reiterate emphatically their protest against the compulsory removal of Dr. O'Reilly from office at the caprice of the Board of Guardians, and, without any

charge whatever having been proved which affects his fitness for his medical functions.

I am, &c.,

WILLIAM THOMSON,
Hon. Sec. to Council.

To B. Buks, Esq.

Local Government Board,
Dublin, 11th Dec., 1882.

SIR,—The Local Government Board of Ireland acknowledge the receipt of your further letter of the 8th inst. relating to the resignation by Dr. O'Reilly of his appointment as Medical Officer of the workhouse of Lismore Union.

By order of the Board.

(Signed) W. D. WODSWORTH, Assist. Sec.

LURGAN PETTY SESSIONS.

AN IMPORTANT REGISTRATION CASE.

THE Registrar-General for Ireland summoned John M. J. Scott, M.D., an extensive medical practitioner in Lurgan, and also a woman named Sarah M'Cann, for having wilfully and knowingly made a false declaration about the death of Charlotte M'Cann, daughter of one of the defendants.

Mr. Hazlett, S.C.S., appeared for the prosecution, and Mr. Mahaffy for the defence in both cases.

Mr. Hazlett said that this prosecution was brought against Sarah M'Cann and Dr. Scott under the 30th sec. 43 and 44 Vict., chap. 13, which provides that any person who wilfully makes any false certificate under or for the purposes of this Act (Births and Deaths Registration (Ireland) Act, 1880), or forges or falsifies any such certificate or declaration, or any order under this Act, or knowing any such certificate, declaration, or order to be false or forged, uses the same as true, or sends the same as true to any person, shall be liable to a penalty not exceeding £10.

Dr. Agnew, medical officer of Lurgan dispensary, deposed that he attended Charlotte M'Cann on the 24th May, 1881. He did not see her until October of the same year. He saw her again in the beginning of December, 1881, when he made a detailed examination and found that the girl was suffering from consumption. He saw the patient again in June, 1882. She was then in a hopeless condition. He saw her again on the 29th September. About five days before her death, on the 6th October, the mother of the deceased came to the dispensary with a certificate signed by Dr. Scott. This certificate was to the effect that Dr. Scott saw Charlotte M'Cann last on the 27th September, 1882, that she died on the 5th October, 1882, and that to the best of his knowledge and belief the cause of her death and the duration of her illness were as follows:—Debility, two months; bronchitis, one month, seven days. Dr. Agnew drew the woman's attention to the fact that the declaration both as to the disease and the duration of the illness was untrue. Witness himself, on the direction of the Registrar-General, had drawn out a certificate declaring the cause of death to be phthisis, from which she had been suffering for nine months.

On cross-examination, witness deposed that the girl was suffering from an attack of hæmorrhage some time before her death. He believed continued attacks of bronchitis would affect the lungs. He did not say to the woman that Dr. Scott would hang himself for money.

Dr. Scott was examined for the defence, and deposed that before December, 1881, he was called in to attend this patient and prescribed for her. She was then suffering from bronchitis, and there were no symptoms of consumption. The deceased went back afterwards to her work, having got better of the disease. She afterwards left her work, not being able to sit at the machine, owing

to her being afflicted with piles. He saw her again in September, 1882. She had again been attacked with bronchitis. He examined her again with the stethoscope and found that her lungs were choked up with phlegm. He saw her again twice. He examined her repeatedly, and found that she was suffering from bronchitis. Besides, he examined her with the thermometer, as is usual in cases where there is any doubt, and found that there was not the slightest trace of consumption. The girl died of bronchitis and debility. He asked the woman how long her daughter had been ill, and she said one month. He had every reason to believe that the woman's statement was true.

Mr. Mahaffy said he had other witnesses to examine for the defence, but the Bench thought it unnecessary to hear them, and granted a dismissal on the merits.

IMPORTANT TO DISPENSARY DOCTORS.

THE hon. sec. of the Athlone Dispensary Committee has received the following copy of a letter from the Local Government Board:—

"SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter, and of its enclosures relative to the refusal of Dr. White to act as temporary substitute for Dr. Langstaff, the medical officer of the Athlone Dispensary District, and requesting to be informed how you are to act under the circumstances, and whether the committee of management can appoint a substitute at Dr. Langstaff's expense, and in reply I am to inform you that the Board of Guardians would not be authorized in making any deduction from Dr. Langstaff's salary so long as he continues in office. The committee of management should, however, make provision for attendance on the sick-poor pending Dr. Langstaff's resignation, or his return to discharge his duties, and the Local Government Board presume that under these circumstances the guardians will, if necessary, agree to pay a temporary substitute for Dr. Langstaff, who has been on leave for an unusually long period.

"By order of the Board,

"W. D. WODSWORTH, Assist. Sec.

"To John M'Donnell, Esq., Hon. Sec.,
Athlone Dispensary Committee."

KELLS.

CHARGE AGAINST A DOCTOR.

At the Petty Sessions, Jan. 15th, the presiding magistrates were:—George MacCarthy, R.M.; Messrs. John Tisdall, George Bomford, Thomas Rothwell, and John Keating. The magistrates sat in their private room to investigate a charge of indecent assault made against Dr. Thomas F. Sparrow, medical officer of Kells, by a dispensary patient named Kate Murphy. Mr. George Fottrell watched the case on behalf of the private prosecution. Mr. Richard Adams (instructed by Mr. T. Lynch) defended. Dr. Sparrow was accompanied to court by several medical men of the district, including Dr. Nicholls, of Navan, Drs. Ringwood, Dundas, and Canton. The girl was examined and cross-examined at considerable length by Mr. Adams, who was about to open the case for the defence, when the bench, after a brief consultation, announced through Mr. MacCarthy, R.M., that they had heard enough of the case, that they were unanimous in dismissing it on the evidence of the prosecutrix herself, and that Dr. Sparrow was, in their opinion, free from any imputation. Mr. Adams said that had the case proceeded Dr. Sparrow had in court many witnesses—medical and others—who could have established, beyond a doubt, that so far from being guilty of the extraordinary charge made by the girl against him, he had simply done his plain

IRISH POOR-LAW INTELLIGENCE.

IRISH COUNTY INFIRMARIES' GRANTS.

WE print to-day a very important discussion and judicial decision with reference to the grant for the County Kildare Infirmary, from which it appears to be the law—

a. That the Grand Jury have no power to present a sum for the maintenance of a county infirmary unless at the Presentment Sessions the cesspayers have previously assented to a grant of greater or less amount.

b. That notwithstanding the withdrawal of the grant for the infirmary, the Grand Jury may vote payment of the salary of the surgeon.

It is unnecessary to speculate upon the reasons which led to the distinction between the two presentments. Possibly, as Chief Justice Morris said, it was considered advisable to reduce to a minimum the chances of the rejection of the presentment for the surgeon's salary, because the surgeon is in certain cases compelled to discharge gratuitously duties which do not appertain to the infirmary of which he is the medical officer, or possibly it was considered just to protect the surgeon from the injustice of being deprived of payment for services rendered. If the Legislature apprehended that the sessions might, if their approval were made a condition of the presentment, some day or other decline to remunerate the surgeon for work he had already done, their suspicions regarding popular notions of fair play were not without justification; for had not the Kildare Grand Jury been competent to make presentment for Dr. Chaplin's salary without the assent of the sessions, the surgeon of the Kildare Infirmary would have been deprived of remuneration for services extending over some months.

We have already expressed on many occasions, and we now reiterate our great regret to observe the existence and growth of hostility to the county infirmaries on the part of those who call themselves "the popular party." We do not in the least dispute their moral or legal right to refuse to expend the county cess on these institutions, but we believe that if they calmly considered the subject they would not adopt any such course. In the first place we think that any one who looks at the matter from a non-political standpoint, and in the public interest, will agree with us that the abolition of the Irish County Infirmary would be a grievous loss to a numerous section of the popular party, and would involve the withdrawal of a considerable amount

of money contributed by private charity for sick relief, and would therefore entail an increase in the expense of providing that sick relief at the public cost. We most earnestly deprecate any invidious comparison between the workhouse hospital and the county infirmary to the disfavour of either. Each has its scope and use. The union hospital is indispensable for the care of the infirm and destitute, and for the reception of those patients who are not unwilling to enter the union.

The county infirmary, on the other hand, has its very important function in ministering to the wants of the more acute and temporary cases of disease amongst the small farming class, who, while incapable of paying for medical attendance in idleness and at home, are not to be blamed if they object to pauperise themselves and their families by entering the union. In England these cases would be provided for by a sick club or in a provident hospital, but in Ireland no such institutions exist, and surely it would not be wise to put such patients to the alternative of remaining at home uncared for, or entering the union in association with the destitute.

But if the action of the enemies of the county infirmary were to succeed, the financial result to the taxpayer would be all the worse, for the majority of the patients who are now maintained by means of private subscriptions in the infirmary must needs become chargeable on the union funds, and a loss instead of a gain would accrue to the taxpayer.

We hope to see the question of maintenance of Irish County Infirmaries influenced by other considerations than those of politics, and that they will be dealt with by the cesspayer on their merits as public institutions. No one has so great an interest in sustaining them as the poorer cesspayers, and we hope they are not so unmindful of the interests of their class as to destroy the institutions which have for nearly a century done them such good service.

THE POOR-LAW SUPERANNUATION BILL.

THE Irish Poor-law Superannuation Bill will be reintroduced by Mr. Herbert Gladstone to-morrow, amended as recommended by the Select Committee of last year. It will probably not be in print for some days afterwards, but we shall inform our readers respecting it, if possible, next week.

THE TENURE OF OFFICE OF IRISH POOR-LAW MEDICAL OFFICERS.

THE following important communication, to which we hope to refer at greater length in our next issue, has been made by the Council of the Irish Medical Association to the Irish Local Government Board :—

Irish Medical Association,
Royal College of Surgeons,
8th March, 1883.

To the Secretary,
Local Government Board for Ireland.

SIR,—The attention of the Council of the Irish Medical Association has been directed to the terms of Articles 36, 39, and 40, of the order of the Local Government Board ("General Regulations for the Administration of Work-houses"), dated December 18th, 1882, which has been recently issued by your Board, in substitution for Articles 38, 41, and 42 of the order of January 19th, 1852.

The Council observe that additions have been made to the original regulations, such as to authorise boards of guardians throughout Ireland, not only "at their discretion," to suspend union officers from the performance of their duties, and to deprive them of their salaries during the period of such suspension, but also to dismiss them from office, if the Local Government Board does not see fit to remove such suspension; while the order does not appear to contain any provision requiring boards of guardians to state their reasons for thus exercising their "discretion," or to institute any inquiry into the truth of charges which may have been made against the officer.

The Council, having already—in a recent correspondence with the Local Government Board respecting the removal of Dr. O'Reilly from his appointment as medical officer of the Lismore Workhouse—expressed their opinion as to the great injustice and inexpediency of submitting the tenure of office of the workhouse surgeon to the "discretion" of the guardians, subject only to a *nominal* control by the Local Government Board, refrain now from repeating the arguments and opinion then expressed. The Council, however, feel it necessary to state their unqualified belief that the dependence of the medical officer's tenure of office upon the caprice of the board of guardians must render impossible the conscientious and efficient discharge of that officer's duties, and certainly cause the permanency of his appointment to be largely influenced by personal or political considerations altogether apart from his competency or efficiency for his duties.

The Council, being of opinion that it never was the intention of Parliament that union officers should be dependent to this extent upon the goodwill of the majority of the board of guardians, have carefully examined into the law (1 and 2 Vic., cap. 56, sections 31 and 33) governing the appointment and dismissal of union officers, and are satisfied that the authority to remove a union medical officer, and the responsibility arising out of such an act, rest upon the Local Government Board alone, and that a dismissal or suspension by any other body whatsoever is wholly illegal and inoperative. The Council consider that any rule made for the purpose of transferring that responsibility to others altogether *ultra vires*. In this

view the Council are sustained by the opinion of Mr. Purcell, Q.C., on the points raised, and I am directed to forward herewith, for the perusal of your board, a copy of the case submitted to counsel, and his opinion thereon. I am further instructed to request that the Local Government Board, having taken such steps as they may consider expedient to confirm Mr. Purcell's opinion, may see fit to cancel their order referred to, and issue an amended one, which shall be in strict compliance with the provisions of the law on this subject, in order to give effect to the obvious intention of Parliament.

I am, Sir,

Your obedient servant,
W. THOMSON, F.R.C.S.I.,
Hon. Sec. to the Council.

[COPY.]

Re Irish Medical Association,

Opinion of THEOBALD PURCELL, Q.C.

1. Counsel will therefore please advise whether the Local Government Board can legally, by sealed order or otherwise, empower a board of guardians to dismiss or suspend the medical officer of the union under any circumstances whatever.

I am of opinion that the Local Government Board have no power to delegate to boards of guardians any authority to dismiss or suspend the medical officer of the union, and that the general orders to this effect in the Articles 39 and 40 of their recent Circular are *ultra vires* and illegal.

2. Should Counsel be of opinion that the Local Government Board (though not being able to delegate their power of dismissal) can legally delegate the power of suspending a union medical officer, can a board of guardians exercise such power of suspension in such a way as to practically dismiss the union medical officer? And Counsel's general opinion is requested.

I find no provision in any of the Acts in relation to the power of *suspension*. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in Article 36 of the recent Circular as to the deprivation of the medical officer's salary from the date of suspension is also *ultra vires*.

T. A. PURCELL.

71 Harcourt Street, Dublin,
15th February, 1883.

[COPY.]

No. 8,835—1883—Miscellaneous.

Local Government Board, Dublin,
March 10th, 1883.

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 8th inst., with enclosure; and I am to acquaint you that your communication will receive consideration.

I am, Sir, your obedient servant,
W. D. WODSWORTH, Secretary.

W. Thomson, Esq., M.D.,
Stephen's Green.

**UNION OFFICERS' SUPERANNUATION BILL
(IRELAND).**

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The time is rapidly approaching when it may be expected that the Union Officers' Superannuation Bill will be introduced into Parliament. I do not think that the Bill has ever been fairly examined from the side of the public and the guardians, so I propose to scrutinise it from that aspect.

1. At present a pension is looked on by many guardians as, to some extent, eleemosynary—they consider whether the applicant has private means—and unless he is destitute will give him nothing. It is manifest that a pension given under such circumstances counts for nothing in estimating the value of the appointment. The Public Services—Civil and Military—command the services of efficient men, at lower salaries than they can be obtained by private individuals, because the retiring allowances are certain. The Poor-law service loses the benefit of this as long as pensions are contingent. Make them certain, even though lower, and salaries need not be advanced for some time longer.

2. The Bill will leave the initiative in giving pensions to the boards of guardians, but will fix the scale on which they are to be given. Had the guardians been left out of consideration, as was once proposed, it might have been possible for an officer over sixty years of age, who had been guilty of misconduct deserving of dismissal, to anticipate the result of an investigation by applying to the Local Government Board for superannuation, and getting it before his misconduct had been brought fully to light. Now the guardians will be fully cognisant of every application for superannuation, while they will be saved the invidious duty of fixing the amount in each case. There can be no question that in many cases it is contrary to their individual sense of what is just, and in deference to a portion of their constituents that guardians have supported the reduction of pensions to a minimum or vanishing quantity.

3. The payment of pensions out of a rate levied over all Ireland will be a great relief to unions in which there happen to be several aged officers, while the distributed charge will be so light as to be hardly appreciable.

4. Finally, there is no danger of the passing of the Bill resulting in a *stampede* of union officers. Men will hold on to the position to which they have been accustomed as long as they possibly can, and it is a law of Nature that whenever an elderly man retires from active life he very soon dies. There is no danger of a high average duration of pensions.

Taking all these things into consideration, I think there are fair grounds for regarding the Bill in question as one which ought to be supported on public grounds.

I am, &c., CIVIS.

COUNTY KILDARE GRAND JURY.

THE COUNTY KILDARE INFIRMARY—IMPORTANT QUESTION.

THE following resolution passed at the County-at-Large Presentment Sessions was read:—

“Resolved—That in consequence of three other Infirmaries being in the different unions of the County Kildare—namely, Naas, Athy, and Celbridge—we, the cess-payers of this county, consider that the Infirmary in Kildare is not required, as we believe, from reliable authority, there is ample accommodation for all patients in the other three.”

Application No. 16, in the County-at-Large, was as follows:—“To the Treasurer of the Kildare Infirmary, for maintenance of same, £500, disallowed by Road Sessions.” Application No. 17 was for £47 for the salary of the surgeon to the infirmary, and was also disallowed by Road Sessions.

The Foreman—On more than one occasion we have passed presentments which have been thrown out at Presentment Sessions.

Mr. Maunsell said a similar case to this was before Judge Lawson in a northern county—Antrim he thought—and the judge fiat the presentment.

Mr. Galloway, solicitor to the Grand Jury, said the presentment should go before the judge if it were passed.

Mr. Brown appeared on behalf of the cess-payers to support the decision at which the County-at-Large Road Sessions had arrived. There was, of course, no legal question at all involved here. It was a question whether the Grand Jury would continue this institution.

Mr. Galloway referred the Grand Jury to the case of the Kerry Fever Hospital, in which it was decided that the Grand Jury were bound to make a presentment for the maintenance of the institution in question. He read the following report from the *Irish Law Times*:—

“Re Kerry Fever Hospital Presentment. (Before May, C. J.; Pales, C. B.; O'Brien and Lawson, J.) November 30, 1878.—Grand Jury; Fever Hospital; Nominal Presentment. 6 and 7 Wm. IV., c. 116, sec. 83. ‘Shall or may present.’ Construction—As long as a fever hospital, established under the hospital statutes, legally subsists, the Grand Jury are bound to present for its maintenance, and in substantial amount, notwithstanding that they may be of opinion that the further maintenance of the hospital is unnecessary. Case reserved for the Lord Chief Justice as follows:—‘At the last Summer Assizes for the County of Kerry I was requested by the Grand Jury of that county to advise them in the following matter:—It appeared for the last twenty years and upwards a fever hospital for the county had been maintained by Grand Jury presentments, made at each Assizes, pursuant to the provisions of the 83rd section of the Act 6 and 7 Wm. IV., c. 116. The hospital, it appeared to be admitted, had been always conducted in a satisfactory manner. Many of the Grand Jury were in favour of making either no presentment for the hospital, or merely a nominal presentment, being of opinion that its further maintenance was unnecessary, having regard to the provisions made by the Acts for the relief of the poor in cases of sickness. Counsel for the hospital contended before me that the Grand Jury were bound to present a substantial sum for the maintenance of the hospital. I informed the Grand Jury that I would consult the judges on the point, and communicate their opinion. I should therefore wish for the opinion of the judges upon the question whether, under the above circumstances, the Grand Jury were bound to present a substantial sum for the maintenance of the said hospital. The Chief Justice delivered the opinion of the judges as follows:—‘We are all of opinion that the matter is not left to the discretion of the Grand Jury, but that they are bound to present a substantial sum for the maintenance of the hospital, and cannot make either no further presentment or a merely nominal presentment. From an early period the Legislature declared that the existence of fever hospitals in counties was necessary, and it follows that they should be maintained.’”

Mr. Cogan—In that case did the presentment go before the presentment sessions?

Mr. Galloway—It did, and was approved by presentment sessions.

Mr. Cogan said the question here was whether the Grand Jury could pass a presentment which had been refused by the sessions.

The Foreman then put the question whether the matter should be postponed until the Grand Jury should have obtained the opinion of the judge, or be now gone into.—Agreed to.

Mr. Brown—I am not putting it as a question of dry law. I wish to put the question whether the Grand Jury will continue an institution which a majority at the County-at-Large Presentment Sessions have decided

is unnecessary. I do not want the case to go off on a point of law.

The Foreman—No more do the Grand Jury. If this presentment be passed I think I may almost state for the governors of the Infirmary that they would not carry on the institution if the cess-payers throw out the presentment on a future occasion.

KILDARE SPRING ASSIZES.

(At the Crown Court, before Chief Justice Morris.)

THE COUNTY KILDARE INFIRMARY.

Mr. Bewley said that in this case he appeared on behalf of the Governors of the Kildare Infirmary to ask his lordship to direct the Grand Jury that they had power to present a sum for the support of the County Kildare Infirmary, and also a sum for the salary of the surgeon, notwithstanding that these presentments had not been approved of at Presentment Sessions. The Co. Kildare Infirmary was established under the 5th Geo. 3, chap. 20 (Ireland). That provides amongst others for the erection of an infirmary in Co. Kildare, and it provided by the 6th section that the grand jury should be at liberty to present a sum which was then only £100. That was altered by the 5th George III., c. 39, which raised the sum to £200, and provided that it should not be less than £150, and there was a proviso in that Act which had been re-enacted, that before any presentment was made an affidavit should be made by the surgeon, setting forth the number of patients, and also setting forth, in the form of a debtor and creditor account, the expenditure of the infirmary. By the 45th George 3rd, chap. 11, the sum was increased to £500. Then by the present Grand Jury Act—the 6 and 7 Wm. IV., c. 116, s. 85, it was provided that it shall be lawful for the Grand Jury to present a sum not exceeding £700 to be paid to the treasurer of such Infirmary for its support and maintenance, provided always that such application has been approved by the presentment sessions. At the last presentment sessions the usual application was made for the infirmary, and also for the salary of the surgeon. The infirmary was a most useful institution, and without apparently any reason the presentments were thrown out by the sessions. He submitted that notwithstanding the course pursued by the sessions, it was now competent for the Grand Jury to entertain the presentments. The 86th section deals with the salary of the surgeon of the infirmary in the same way, and that section does not contain any proviso that the application shall be approved by the sessions. Therefore, he submitted that this approval was merely a formal approval, and that if the previous section had been in other respects complied with, it was competent for the Grand Jury to make the presentment. The only case he could find of a similar kind was under the 83rd section, in reference to fever hospitals, the provisions of which were almost the same as those of the 85th section. In the Enniskerry case the nominal sum of 1s. had been passed at the presentment sessions, and the case came before Chief Baron Pigott, who advised the Grand Jury, notwithstanding, to present for a substantial sum, and they presented for a large sum accordingly. In the Kerry fever hospital case it was held that as long as the fever hospital legally subsists the Grand Jury is bound to present a substantial amount, notwithstanding that they may be of opinion that the institution is unnecessary.

His Lordship—I think there was a Mayo case.

Mr. Bewley—The effect of that was that it was competent for the Grand Jury to increase or diminish the amount granted by the sessions. That case was distinguished from this one by this: that a sum was passed by presentment sessions.

Mr. Molloy, Q.C., who appeared for the opposing cess-payers, said that the statutes previous to the Grand Jury Act, referred to by Mr. Bewley, should be considered as

out of the question, as they were repealed. Then they came to the 85th section of the Grand Jury Act, which enacts that it shall be lawful for the Grand Jury to present for the support of the infirmary, subject to certain conditions, one of which is that the application for the presentment shall be approved of by the Sessions. That proviso had not been fulfilled. In this county, as well as in other counties in Ireland, the question had been for a long time debated as to whether, having regard to the provisions made under the Poor Law and Medical Charities Act, county infirmaries were necessary institutions. In the Kerry and Mayo cases, referred to by Mr. Bewley, it was the Grand Jury objected to the presentment, but it had been passed by the Sessions. In a note in page 64 of Foot it appeared that in the case of the Enniskerry fever hospital it was held by Baron Greene that the Grand Jury could not present for the maintenance of the fever hospital, the presentment having been rejected by the Sessions. Then, at the following Sessions 1s. was presented, and that gave the Grand Jury power to present. Mr. Bewley had stated that there was no proviso regarding the approval of the Sessions in the 86th sec. dealing with the surgeon's salary. His Lordship would see that the surgeon stood in a peculiar position. If the infirmary were within five miles of the county gaol he was obliged to give his services to the gaol gratuitously, and under these circumstances the surgeon's salary is taken out of the consideration of the Presentment Sessions. But under the section that they presented the bonus to the infirmary, the presentment was subject to the approval of the sessions. He therefore submitted, having regard to the clear provisions of the 85th section, that the Grand Jury had no power to entertain the presentment for the maintenance of the infirmary.

Mr. Bewley—Mr. Molloy, I understand, admits that the rejection, so far as the salary of the surgeon is concerned, is wrong, and that therefore the Grand Jury are at liberty to make the presentment.

His Lordship, addressing the Grand Jury, said—In my opinion the presentment to the Treasurer of the Kildare Infirmary for the sum of £500 having been disallowed at the Presentment Sessions it is not competent for you to enter upon it. The words of the section appear very plain: "That such application shall have been approved of by such sessions." It is admitted that this was not approved of, but disallowed by the sessions; and it would appear to me you have no power over it, and I have no power over it—neither you nor I have any power except such as is conferred by the Act of Parliament. With regard to the salary of the surgeon that is a matter you can deal with, because the section which empowers the presentment is not subject to that qualification. Nay, more, while the application and certificate are brought forward at the Session, it is left out of that section that there shall be any approval of it. I can quite understand that, because if the surgeon performed the duty very naturally he ought to be paid the salary, which does not appear to be a very large one; in addition to which there are other duties he is liable to be called upon to perform under the section, and which he may have performed. Accordingly that presentment you will consider and deal with. As regards the other presentment [that for the maintenance of the Infirmary] I have only to repeat that the Act of Parliament makes the approval of the Sessions a condition of the presentment.

The Foreman—That was quite the opinion of the Grand Jury, my lord.

The Grand Jury then withdrew, and unanimously passed the presentment for £47, half year's salary to the surgeon of the infirmary.

We understand that the County Kildare Infirmary will not be closed in consequence of the rejection of the presentment for the maintenance of the institution.

IRISH POOR-LAW INTELLIGENCE.

THE TENURE OF OFFICE OF IRISH POOR-LAW MEDICAL OFFICERS.

THE Irish Local Government Board is at present engaged upon one of those bureaucratic attempts to override the law and the rights of its officers, of which public departments are frequently guilty, when they hope that the proceeding will pass unnoticed, or that the victims will be unable to contend against illegal and oppressive regulations. It will be in the recollection of our readers that the Board recently encouraged a Board of Guardians to deprive of office a workhouse surgeon who had served for thirteen years without any challenge of his efficiency, and whom the Local Government Board itself declared to have merited no such treatment; and they did this act to conciliate the caprice of influential guardians, and to save themselves the responsibility and trouble of a contest on behalf of their own officer. This may appear to be a rash accusation against a public department, but we make it with, as we believe, a full knowledge of the circumstances, and with the conviction that proceedings and motives of the Irish Local Government Board cannot be truthfully expressed in other terms. The warning which we now give to Irish Poor-law medical officers is that the Board is seeking to make the injustice and illegality thus perpetrated towards a single officer a precedent for treating all officers in the same way, and placing them at the feet of the guardians throughout Ireland to be dealt with as the political, religious, or personal tastes of these officials may dictate; and the Local Government Board has already issued a general order under the signature of the Lord Lieutenant, the effect of which is to place all medical officers in this position.

On the 18th of December, 1882, a new general order for the administration of unions was promulgated, which superseded all former orders, and contained the following clauses:—

ARTICLE 40.—The Board of Guardians may, at their discretion, suspend from the discharge of his duties any union officer, except the clerk, chaplain, or treasurer, and shall forthwith report such suspension, together with the cause thereof, to the Local Government Board; and if the Local Government Board shall remove such suspension, such officer shall remain and continue to discharge his duties; but if the Local Government Board shall decide not to remove such suspension, the Board of Guardians may, on being informed of such decision of the Local Government Board, dismiss such officer.

ARTICLE 36.—The salary of every Officer or Assistant appointed to or holding any Office or employment under this Order, shall, subject to the regulations in Article 34, and to the obligation to account to the Auditor, be payable up to the day on which he ceases to hold such office or employment, and no longer; but no officer having been suspended by the Board of Guardians, in pursuance of Article 40, and who shall without the previous removal of such suspension be dismissed by the Local Government Board, or by the Board of Guardians, shall be entitled to any salary from the date of such suspension.

The words which we have italicised are those interpolated in both clauses to enable the Local Government Board to shift the responsibility of dismissal on the boards of guardians. We shall not lose time at present in discussing the unwisdom and the injustice of thus placing the union officer under the foot of the guardian, because the course which the board pursued toward Dr. O'Reilly, of Lismore, has sufficiently proved that this act of the board is influenced not by any sense of its unwisdom or injustice, but by an imperative desire to save itself trouble and responsibility. We do not, therefore, appeal to the Board to act towards their officers as is manifestly right, but we demand that they shall act legally and at least consistently with their own precedents and their own rules, and we regret that the conduct of this public department obliges us to say that it appears insensible to any influence, save a fear of Parliament and of the law courts, and that no redress can be expected from it except by calling into action those powers which are competent to restrain it.

These new rules promulgated by the board are in fact totally illegal and *ultra vires*. The Board has no more power to make them than to dictate orders to the Lord Chancellor, and if it acts under legal advice of any value at all, it must have been told that the Act of Parliament distinctly invalidates any or every attempt to shift the responsibility of dismissal of its officers to any person or body whatever.

There is but one Act of Parliament (the Irish Poor Relief Act of '38) which governs the matter, and the meaning of its provisions do not seem to us to admit of doubt. The 31st section of the Act runs as follows:—

“It shall be lawful for the Commissioners as and where they shall see fit, by their order, to direct the guardians of any union . . . to appoint such paid officers as the Commissioners shall think necessary . . . and the Commissioners may and they are hereby empowered to define, specify, and

direct the execution of the respective duties of such officers, and the places or limits within which the same shall be performed, and direct the mode of the appointment and determine the continuance in office or the dismissal of such officers and the amount and nature of the security, &c. . .”

It will be noted that under this section the Commissioners are to “direct the mode of appointment” (as, for instance, the method of convening the election meeting, the persons entitled to vote, and so forth), and they—and no one else—are to “determine the continuance in office or the dismissal of such officers.” These words of themselves might be considered sufficiently explicit, but they are confirmed by the phraseology of the 33rd section, and by the Order originally made by the Commissioners themselves, and now, with singular inconsistency, reiterated. The 33rd section says :—

“The Commissioners may and they are hereby authorised and empowered as and when they shall think proper by their order, either upon or without any suggestion or complaint on that behalf from the guardians of any union to remove any paid officer appointed under the provisions of this Act whom they shall deem unfit for or incompetent to discharge the duties of any such office, or who shall at any time refuse or neglect to obey and carry into effect any of the orders of the Commissioners, and, in case of the refusal or neglect of the persons competent to appoint, the Commissioners are hereby authorised to appoint, &c.”

It is here set down—one would think—sufficiently clearly that the Commissioners are the persons to dismiss and that the guardians have no power in the matter save to offer “suggestion or complaint” which the Commissioners may or may not give effect to ; and it is to be noted that the officer is liable to dismissal only upon incompetency or unfitness, or for refusal to obey the orders of the Commissioners—it being clearly the intent of Parliament that the officer should not be open to removal because of declining to fulfil the guardians’ orders, or to conform to their personal caprice, and that he should be to that extent, independent of them in the discharge of his duties.

Neither in this clause, nor in any other part of any Act of Parliament that we can find, is there any power whatever given to the Commissioners to delegate dismissal powers to any person or body ; and, indeed, such delegation is contrary to the whole spirit of Irish Poor-law legislation. The Commissioners themselves interpreted the law in this sense, for, acting upon the authority of the law which we have quoted, they made the following rule :—

ARTICLE 39.—Every officer appointed to or holding any office under this Order shall, subject to the provisions of Article 40 of this Order, continue to hold the same until he die, or resign, or be removed by the Local Government Board, and every porter or assistant may be dismissed by the Board of Guardians without the consent of the Local Government Board ; and every such death or resignation, and every such dismissal, and the grounds thereof, shall be reported to the Local Government Board.

It will be noted that herein a marked distinction is drawn between those menial servants which the guardians might dismiss, and those higher officers which the Local Government Board alone was entitled to deal with ; and nothing can be clearer than that that Board, and they alone, have power to remove the higher officers. This rule has been transferred unchanged from the old rules to the new, and its presence in the Order of December 18, 1882,

serves to illustrate the slovenly way in which such documents are drawn up in the offices of the department, and how little confidence may be placed in the legal advice under which the Board acts. Here we find the Board stating that “every officer shall continue to hold office until he die, or resign, or be removed by the Local Government Board,” while the very next rule (which we have already quoted) says that the same officer may be dismissed by a third party.

The view of the law of tenure of office which we have here explained is that taken by the Irish Medical Association in its correspondence with the Local Government Board which we published in our supplement last week ; and that view is supported by the highest authority. The Association has not ventured to move until it took the best advice ; and it has received the following replies to its queries from Mr. Purcell, Q.C., Chairman of Quarter Sessions for the County Limerick :—

1. Counsel will therefore please advise whether the Local Government Board can legally, by sealed order or otherwise, empower a board of guardians to dismiss or suspend the medical officer of the union under any circumstances whatever.

I am of opinion that the Local Government Board have no power to delegate to boards of guardians any authority to dismiss or suspend the medical officer of the union, and that the general orders to this effect in the Articles 39 and 40 of their recent Circular are *ultra vires* and illegal.

2. Should Counsel be of opinion that the Local Government Board (though not being able to delegate their power of dismissal) can legally delegate the power of suspending a union medical officer, can a board of guardians exercise such power of suspension in such a way as to practically dismiss the union medical officer ? And Counsel’s general opinion is requested.

I find no provision in any of the Acts in relation to the power of suspension. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in Article 36 of the recent Circular as to the deprivation of the medical officer’s salary from the date of suspension is also *ultra vires*.

T. A. PURCELL.

71 Harcourt Street, Dublin,
15th February, 1883.

The reply of the Irish Local Government Board to the representatives of the Irish Medical Association, which we publish to day, is characteristic. It pleads that “the only difference between the new and former orders consists in boards of guardians having now authority to dismiss an officer whose suspension the Local Government Board does not see fit to remove.” In this view of the new law we entirely agree ; but we think that this little “only” clause makes a wonderful difference to the medical officer. It places him at the disposition of a class of persons who, we know by experience, will sacrifice him and his family without mercy if it pleases their religious or political prejudices to do so ; it subjects him to endless annoyance at the hands of people whom he dare not offend, for if he does so, he may, at any time be thrown on the world without employment ; it makes the

honest discharge of his duty impossible, because he cannot afford to tread upon the toes of influential people to whom the Local Government Board has handed the whip for chastisement.

We say advisedly that the new rules have all this pernicious effect, and we say so because we do not consider the protective control reserved to the Local Government Board of any value whatever to the officer. We have only to turn back to the Lismore case, and to many other instances in which the Board has deserted its well-deserving officers in their extremity, to verify the belief that the Board has not the firmness to face a contest with any board of guardians which desires to immolate an officer, or to meet the mildest popular clamour. The Commissions have lately hinted that it is not their business to interfere with the discretion of guardians, and that officers had better take care of themselves if they do not want to be dismissed; and we, therefore, emphatically reject the invitation extended to Irish Poor-law Medical Officers to put their trust in the department under which they act.

The Board has been referred to the sections of the Act of Parliament, as above quoted, and it seeks refuge in the third section of the same Act, which says that—

“The Commissioners are authorised and required from time to time, as they shall see occasion, to make and issue all such orders for the government of workhouses . . . and the poor therein, and for the guidance and control, appointment and removal of the officers thereof, and for guidance and control, according to the intentions of this Act, of all guardians, wardens, and other officers, paid or unpaid, acting on the management or relief of the destitute poor; and the Commissioners may, at their discretion, from time to time suspend, alter, or rescind such orders, or any of them.”

The Board expresses the opinion that this section gives them power to “authorise Boards of Guardians to dismiss certain officers described in the general order,” in which view not only we, but the much higher legal authority of Mr. Purcell, Q.C., entirely disagree. The Board may, under this clause, make any rules it pleases, “according to the intentions of the Act;” but it has no power to make any decree which goes in the smallest tittle against or beyond the words of the law. We do not suppose that the Board would pretend to any right to make a rule which would entitle the guardians to appoint or depose an auditor, or which would authorise the Commissioners to appoint the chairman of the guardians. Every one knows that every Act of administrative law contains a clause enabling the central authority to make rules “according to the intentions” of the law, and every one knows that such clause does not confer upon the central authority any power whatever to depart from the intention of the law under which it acts. The plea thus urged by the Irish Local Government Board is puerile, and we believe it would not stand five minutes before a court of law, and we hope that the Board will see the wisdom of taking better legal advice than that on which it has acted, and—if advised that its rules are *ultra vires*—rescinding them with as good grace as possible. If the Board does not adopt this course, it may reasonably assume that the first case of dismissal by a board of guardians will involve both the guardians and the

Commissioners in a lawsuit and a judicial decision which will not profit the guardians or do credit to the legal acumen of the law adviser of the Irish Local Government Board,

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

Read and adopted at a Meeting of the Council, held January 23rd, 1883.

Dr. WHISTLER, of Bray (Vice-President for Leinster), in the Chair.

(Concluded.)

RECOVERY OF FEES ON CANCELLED RED TICKET.

A dispensary medical officer, having been called upon, under the authority of a visiting ticket, to attend a patient whom he considered well able to afford to pay fees, brought the circumstances of the case under the notice of his dispensary committee, who thereupon cancelled the ticket.

The medical officer then sued the patient at Petty Sessions for £1 ls., the amount of his fee, and the justices asked the opinion of the law adviser, who recommended that they should dismiss the case, which they accordingly did. The Committee of Council then took up the case, which was listed for hearing at next Quarter Sessions, and directed that, if it were found necessary, a well-instructed junior counsel, nominated by the Committee of Council, should be specially retained, at the expense of the Association, to plead; and that if the case were unsuccessful, an appeal should be made to have the case tried in the Queen's Bench Division, as the Committee of Council deem it extremely important that the right to recover fees by a dispensary medical officer, upon whom such imposture has been practised, should be, once for all, established by the Supreme Court upon the first opportunity, in order that this form of abuse of the medical charities system may as effectively as possible be prevented.

There are very numerous instances in the Association's records, to which reference can at any time be made, in which claims of this nature have been allowed at sessions and assize courts, and the Committee of Council are not cognizant of any instance of late years in which such claims have been refused. It was therefore believed that the legality of such claims was fully established. However, should occasion arise for contesting the point in the Supreme Court, the Committee of Council are firmly of opinion that such course should be adopted in a spirited manner.

The Committee of Council have just learned, through Mr. Clifford Lloyd, Solicitor to the Association, that the difficulty in the case in question has just been removed by the claim having been settled out of court, the defendant having paid the fee demanded and a portion of the costs, as recommended for acceptance by the local solicitor.

In another instance of a similar nature, occurring in another county, a claim of £2 2s., for professional attendance given on a visiting ticket, which subsequently had been cancelled, was paid before the case came into court—a not unusual result. This case was also taken up by the Committee of Council.

The Committee of Council are advised that cases of this kind should not be brought into Petty Sessions Courts, as there is no appeal from such Courts beyond Quarter Sessions; and that it is advisable that such claims should, in the first instance, be heard at Quarter Sessions or Assize Courts, where, in the event of an adverse decision, it would enable the case to be brought

attend at the workhouse daily to dispense medicines, and to do such other duties as the resident medical officer may direct, at a salary of £80 per annum."

Mr. Shackleton moved the adoption of the report, which, he said, should commend itself to the good sense of the board.

Mr. Hearne seconded the motion.

Mr. Lyons considered that £80 was too small an allowance for a competent apothecary. He suggested that the salary should be £100 per annum.

Mr. Bewley said the committee had made inquiry before fixing the sum, and they believed that a suitable person could be got for £80. If they got a good man, in time his salary might be increased.

Mr. Shackleton thought the parties applying could have confidence in the board, to this extent at least, that the gentleman who would be appointed would, if he discharged the duties satisfactorily, have his salary increased in good time.

Mr. Lyons thought the sooner they made the advance the better. If the guardians offered a reasonable salary at once they would have a better chance of getting a good man.

Mr. Alexander Deane moved that the doctor's salary be £200 only.

Mr. Godley seconded the amendment, which, after some discussion, was withdrawn.

The motion was adopted unanimously.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

Dr. THOMAS JOSEPH MOORE, *examined.*

(Continued.)

1207. In your county you have rather a high class of guardians, have you not?—Yes.

1210. Of course while you have expressed no opinion as to the discretion vested by the proposed Bill in any person you would wish that the Local Government Board should have no more discretion than the poor law guardians?—I am speaking for myself; but if I am to speak for the medical officers, not for any other body, they would prefer that the Local Government Board should have the control as they place such implicit confidence in them.

1211. You think they would prefer it?—Yes.

1212. As long as the officer fulfils his duty without complaint, or without cause for complaint, are you of opinion that there should be no more discretion vested in the Local Government Board than the Poor Law Board, but that the officer should be certain of his pension on doing his duty?—Yes.

1213. And that there should be no power in the Local Government Board any more than in the poor-law guardians to deprive a doctor of his pension, so long as he has performed his duty and fulfilled his part of the contract?—Yes; but it might be that the guardians would have to state that fact to the Local Government Board, and the guardians would first have to satisfy themselves that that was the case.

1214. When you object to giving the guardians discretion to withhold this pension, you would equally object to the Local Government Board having the power to withhold it?—Yes, unless on fair grounds.

1215. And you would give to boards of guardians as well as to the Local Government Board power to withhold the pension if they could bring forward fair grounds for doing so?—If any man merits superannuation let him have it, quite immaterial of where it comes from.

1216. Do you not consider that if an officer has acted in a district for the necessary number of years without complaint, the fact of his having so acted without censure

is a proof that he has fulfilled his part of the contract?—Yes, as a general rule that would be so.

1217. Mr. Daly. You have been 26 years in charge of the Ardee Dispensary?—Yes.

1220. You are responsible to the dispensary committee, are you not?—Precisely.

1221. And you do not come in contact with any member of the board other than the dispensary committee, except at isolated times?—As sanitary officer I am continually with the board; I have to write to them frequently.

1222. I am speaking of personal contact; you have more contact with the members of the dispensary committee than with any other member of the board?—Yes, as regards anything relative to my dispensary.

1224. How many members compose the usual quorum of the dispensary committee?—Two; average attendance, three.

1229. You were interrupted when you said that there was a provision which they looked for, which was the only one they looked for; what was that provision?—That it would be compulsory.

1231. I am only asking you a general question upon it; but I suppose your motive for taking the compulsory superannuation that you would get under the proposed Bill as against the possible larger superannuation that you would get from the board, arises simply from the old adage, that a bird in the hand is worth two in the bush; is not that the general proposition?—Yes.

1232. You say, under the proposed Bill I will get so-and-so, and I would sooner have that than the possibility of trusting to the board?—Yes; a circumstance occurred about three years ago which shook our faith in the guardians very much; they proposed a reduction in all our salaries, and but for the Local Government Board they would have carried it out, and we naturally became more attached to those who took our part than those who attacked us.

1234. You were asked as regards the question of popularity with the board, whether the doctor might not get into conflict as to the question of the red tickets and relief tickets; what I want to ask is this: would there be much chance of a man of ordinary tact getting to loggerheads with his board upon such questions as relief tickets?—It is a frequent source of conflict.

1236. You describe your board as a very liberal board?—Yes.

1237. Do you mean by that when you call them a very liberal board that they would fairly entertain any reasonable claim made to them?—Always; until the time I mentioned, when that incident occurred about reducing the salaries, they gave the greatest consideration to any application made by their officers.

1238. Have you any doubt that after effluxion of time, say when your 26 years has got to 40, if the board were constituted then as it is now, your claim to superannuation would be fairly considered?—It is a difficult question to answer. I fear that I would get no superannuation; by very nice management it might be carried, but I fear that there would not be a general feeling in favour of it in the union.

1240. When you speak of persons who have held on to their office because they would not get a superannuation, although they were incapable and incompetent, do you speak from actual personal observation and knowledge, or from hearsay?—I know three cases of my own knowledge, and one of those only was a doctor, and he had to give in; he was dying of consumption; he came to me and he was under my care, and he would have had to enter the workhouse, but that the Medical Benevolent Society answered an appeal which I made, and granted a sum which enabled the poor man to live with his family.

1241. Was he refused superannuation?—I think he was. I will not be positive, but I know the man was penniless when he came to me.

1242. Do you know the length of time that he had served?—He must have served 10 or 12 years.

1244. Captain Aylmer. With regard to your remark, that you feared, if you stayed there 40 years, and things were the same then as at present, you would not get a superannuation allowance, can you give the Committee any reason why you think you would not?—A very common answer, sometimes given, sometimes falsely, is, "You are too well off; you do not want it."

1245. Do you think, from general information, that there would be a refusal in other dispensary districts?—The guardians refuse, frequently, because they think the man too well off; they sometimes make a mistake in that respect; they did in Dr. Massey's case.

1246. You said that lately you have lost confidence in the guardians on account of a proposed reduction of the salary?—Our faith was shaken in them, because we never dreamed of their doing such a thing.

1247. Do you think that the medical officers in Ireland would prefer to have their cases adjudicated upon as regards superannuation, by the guardians alone, or by the Local Government Board?—I think they would prefer the Local Government Board, because the guardians sitting there as a Board are not so independent as is generally imagined; they are subject to opposition and outside influences that the Local Government Board rise above altogether; the men who would be well disposed to give a pension are afraid to offend their constituents.

1248. You mean to say that the Local Government Board would be independent of local influence?—Yes.

1249. You have said, four or five times, that the medical officers with whom you have consulted, and, in fact, all officers of unions, wished for this Bill, because of the certainty it gave them; in that case, I presume, you would like to leave out the words "not exceeding?"—Yes, it would destroy it altogether.

Mr. J. D. COPE, *examined.*

1251. Chairman. You are clerk of Rathdown Union, are you not?—I am.

1252. How long have you held that position?—I have been 33 years in the service, and I have been connected with Rathdown for over 27 years.

1255. Are you in favour of this Bill?—Yes.

1256. Are you in a position to represent to the Committee the opinion generally of union officers in Ireland in regard to this Bill?—The opinion of the union officers, as gathered by me in my capacity as one of the honorary secretaries of the Union Officers' Association, is, that some measure is necessary to be passed in order to secure superannuation to officers of long and faithful service.

1257. Is it your opinion that the existing system has worked very unfairly with respect to union officers?—To very many of them.

1258. You think that the proposals of the Bill will meet fairly the expectations of the union officers, and they think it a fair proposal?—I could answer that question by stating the views of the association as regards the Bill as originally introduced, and the amendments which the association thought it would be wise for Parliament to adopt in order to secure them a certainty of superannuation.

1259. You are aware that the Government have consented to introduce certain changes into the Bill as it originally stood?—I am aware of that.

1260. And you think that those proposals are fair and equitable to the union officers generally in Ireland?—I do.

1261. You are aware that this morning the Government announced that they would make a further change with reference to the Bill?—I am.

1262. And that they would propose to make it obligatory upon the boards of guardians to grant pensions; to leave to the Local Government Board only the power in regard to the pensions awarded by the boards of guardians which they already have?—Yes.

1263. And you approve of that change?—Yes.

1264. The scale which has all along stood in the Bill, the Civil Service scale, do you approve of that?—I think the union officers should be placed at all events in the same position as the medical officers of unions. Personally, I would not require it, but I am obliged to make that statement owing to representations made to me by several union officers in Ireland, who are now of advanced age, but not of sufficiently long service to enable them to retire upon a fair allowance.

1265. Mr. Daly. When you use the term "officers," what does that include?—All the non-professional officers; all outside the medical officers.

1266. Chairman. As secretary to the Union Officers' Association, I believe you have prepared a table of the special cases of hardship which can be produced under the existing poor law system with regard to pensions?—I have.

1268. Are you aware that several boards of guardians have expressed themselves favourably as to this Bill?—I am aware that many boards of guardians have done so.

1269. Do you know at all how many?—I have made no tabulated statement, but from my recollection of the number of cases I should say above 30 boards of guardians represented their views to the Local Government Board in favour of the Bill. I think about 20 and between 20 and 30 expressed their views favourably to the principle of the Bill, provided that certain amendments were made, such as if the pensions were paid out of the Consolidated Fund, and other amendments. Between 20 and 30 were of that class, and 20 more took no action, but merely marked the petition "Read," and others petitioned against the Bill.

1270. In the cases of the boards of guardians who objected to the Bill, is it not the fact that several boards objected to the Bill because it would throw an additional burden upon the rates?—I believe that was the principal objection.

1273. Mr. Healy. When the honourable Chairman asked you if you approved of the principle of the Bill, you simply said you thought that some amendment of the law was required to give the poor law officers pensions; but you said, as I gather, that you did not approve of the principle of sixtieths, and that the other officers as well as the medical officers should have something added to their years of nominal service?—Yes, that is the opinion of the union officers, that, at all events, they should be placed in the same position as the medical officers, by having a certain number of years added to their years of service, for many reasons. We say that it is unfair to regard us as civil servants amongst which is the advanced age at which poor law officers enter the service. The average ages will probably be between 26 and 30.

(To be continued.)

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

*Read and adopted at a Meeting of the Council, held
January 23rd, 1883.*

Dr. WHISTLER, of Bray (Vice-President for Leinster),
in the Chair.

MR. CHAIRMAN AND GENTLEMEN,—The Committee of Council held twelve meetings since the 17th October, when their last report was submitted; and in the same period twelve new members have joined the Association.

A special General Meeting of the Association was held on the 31st October, in compliance with the requirement of the Board of Trade, when the Honourary Secretary read a report setting forth the reasons which led the

Council to advise the incorporation of the Association, and the various proceedings taken towards its accomplishment, which report has been duly circulated amongst the members. The "Articles of Association" and the "Memorandum of Agreement" were then formally adopted, and the Board of Trade duly notified, which was the last step necessary to complete the incorporation of the Association.

The Committee of Council have since adopted a suitable seal for the Association, which is now being made, and is expected soon to be ready for use.

UNION OFFICERS' SUPERANNUATION (IRELAND) BILL.

The Committee of Council have under consideration the best means to be adopted with a view of affording the warmest support of the Association to this measure, which, they have reason to believe, will be introduced in Parliament early in the approaching session.

The Committee of Council will exert every effort in their power to have the desired amendments inserted in the Bill, and they purpose soliciting the support of every member of Parliament, by circular letter, explaining the reasons why the amendments are being sought, and stating some of the grounds on which the passing of the Superannuation Bill is urgently needed.

It having been observed that the Belfast Board of Guardians had adopted a resolution in opposition to the Bill (and had directed a copy of that resolution to be sent to all the unions in Ireland, requesting co-operation with a view to defeat the passing of the Bill), the Committee of Council addressed a letter to that Board, explaining the errors into which it had fallen; and also, by forwarding to the clerk of each union the following circular—in reply to which several favourable communications were received—endeavoured to counteract the step taken by the Belfast Board:—

Royal College of Surgeons,
Dublin, 9th November, 1882.

UNION OFFICERS' SUPERANNUATION (IRELAND) BILL.

SIR,—I am directed by the Council of the Irish Medical Association to request the attention of your Board to the inaccuracy of the following recent resolution of the Belfast Board of Guardians relative to the Union Officers' Superannuation Bill, viz:—

"That, in the opinion of the Belfast Board of Guardians, the present law vesting them with power to grant superannuation allowances to union officers who may from infirmity, incapacity, accident, or old age, be considered entitled thereto, is sufficient for all practical purposes, and has been hitherto found to work satisfactorily and well; and any legislation bearing on the subject which would be calculated to remove this power from the guardians (who are the direct representatives of the people, and who have personal knowledge of all the circumstances of the respective cases), and vest it in the Local Government Board exclusively, would be fraught with universal disadvantage and dissatisfaction to the poor-law ratepayers of this union; and that a copy of the foregoing resolution be forwarded to all unions in Ireland, requesting co-operation."

On the 22nd of July last the Bill above referred to was read a second time in the House of Commons, and ordered to be committed, and the report of the special committee, dated August 11th, 1882, has been published, from which it will be seen that the chairman (Mr. Herbert Gladstone) and the Solicitor-General for Ireland, on the part of the Government, acceded to an amendment originally proposed by the Irish Medical Association, and the Poor-law Officers' Association, by which, instead of the Local Government Board being exclusively vested with the power of granting superannuation allowances, the board of guardians of every union in Ireland shall grant such superannuation allowances to their officers, with the sanction of the Local Government Board.

It, therefore, appears that the statement contained in

the resolution of the Belfast board is inaccurate, as it is not now proposed to take the power from the guardians and vest it in any other body.

The opinion expressed by the Belfast Board of Guardians, viz., "that the present law is sufficient for all practical purposes, and has hitherto been found to work satisfactorily and well," is not borne out by the evidence supplied in the Return (Mr. Meldon) to the House of Commons, No. 74, of the 16th August, 1880, printed 10th February, 1881; nor supported by the evidence taken before the select committee on the Bill, by whom a member of the Belfast Board of Guardians (Mr. Robert Stewart) was heard and examined. The Council consider that his evidence alone conclusively proves that the present law has not "been found to work satisfactorily and well."

The Council gratefully acknowledge that several boards of guardians have been fair and liberal in their awards of superannuation allowances; but it is an incontestable fact that many have not shown adequate consideration of the claims of retiring officers, some boards having gone so far as to make it a rule not to grant such allowances under any circumstances. While some boards generously awarded the maximum after short periods of service, others refused to recognise even the strongest and most pressing claims; and the result has been a very uncertain and unequal recognition of the claims of retiring officers, many of whom have been left wholly destitute or dependent on charity.

It is this uncertainty of reasonable consideration and want of uniformity in the awards which has led to an amendment of the law being sought, and it will be at once seen that the provisions of the new Bill would not be nearly so advantageous to the interests of retiring medical officers as those of the present law, if only the present law were fairly and equally administered by all boards of guardians without exception.

The chief objects of the Bill, as at present constituted, are to assimilate the superannuation of poor-law officers to that provided for by the "Civil Servants' Superannuation Act," which stipulates that the amount allowed shall be fixed according to a definite and very moderate scale.

The Council would also direct special attention to the fact that it is proposed to provide the necessary funds for this purpose by a rate for the whole of Ireland, to be struck annually by the Local Government Board, so that guardians paying superannuation allowances to any of their officers will be refunded the amount by the Local Government Board, instead of having it charged to the union rates as heretofore.

In connection with this subject, the evidence given before the select committee by Mr. Henry Robinson, C.B., Vice-President of the Local Government Board, may be of interest to your board. He stated that, in his opinion, the cost of the proposed changes would in the aggregate be about the same as at present, although at first there might be a slight increase in the number of pensions; yet, as they would be governed by the Civil Service scale, the total amount of money paid would not be greater than at present. He also stated that the cost of pensions last year would only amount to a rate of 1-32nd of a penny in the pound in the valuation.

In conclusion, the Council desire to express a hope that your board will be pleased to give the "Union Officers' Superannuation (Ireland) Bill" its warm support, as it is calculated to prove economical to the ratepayers, and satisfactory to the boards of guardians and their officers, by providing a uniform system which will not be capable of abuse, either in the direction of extravagance or injustice.

I am, Sir,

Your obedient servant,

JOHN H. CHAPMAN, Hon. Secretary.

To the Clerk of each Union.

(To be continued.)

IRISH POOR-LAW INTELLIGENCE.

IMPORTANT TO DISPENSARY DOCTORS.

THE Hon. Sec. of the Athlone Dispensary Committee has received the following copy of a letter from the Local Government Board :—

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter and of its enclosures relative to the refusal of Dr. White to act as temporary substitute for Dr. Langstaff, the medical officer of the Athlone Dispensary District, and requesting to be informed how you are to act under the circumstances, and whether the committee of management can appoint a substitute at Dr. Langstaff's expense, and in reply, I am to inform you that the board of guardians would not be authorised in making any deduction from Dr. Langstaff's salary so long as he continues in office. The committee of management should, however, make provision for attendance on the sick poor pending Dr. Langstaff's resignation, or his return to discharge his duties, and the Local Government Board presume that under these circumstances the guardians will, if necessary, agree to pay a temporary substitute for Dr. Langstaff, who has been on leave for an unusually long period.

By order of the Board,

W. D. WORDSWORTH, Assistant Sec.

To John McDonnell, Esq., Hon. Sec.
Athlone Dispensary Committee.

IRISH POOR-LAW SUPERANNUATION.

REPORT OF THE EVIDENCE GIVEN BEFORE THE SELECT COMMITTEE OF THE HOUSE OF COMMONS, 10TH AUGUST, 1882.

DR. THOMAS JOSEPH MOORE, *examined.*
(Continued).

1274. I gather that the principle of sixtieths is in your view objectionable to the union officers outside the medical officers ; would you prefer fiftieths ?—I think the sixtieths would be a fair proportion to give, with the number of years stated in Clause 6 added.

1277. With regard to the existing superannuation enactments, do you think that the officers generally would prefer the option of retiring under the old legislation or under the new ?—Most decidedly under the new.

1278. In any case would it be desirable to allow them an option ?—No, the officers prefer the certainty of having superannuation granted to them according to the scale laid down by the Bill, with the 10 years added.

1279. As between the Local Government Board and the Board of Guardians having this power, which do you prefer ?—It is immaterial to the Association what machinery is employed so long as security is given to the officers, and superannuation awarded them after long and faithful service.

1280. You mean to say if a man is to get £5, it does not matter out of whose pocket it comes, but that is not my point ; supposing it is left optional, do you prefer to deal with the Local Government Board or with the guardians ?—So far as my own board is concerned, to me it is immaterial, but the union officers would have more faith and confidence in the Local Government Board.

1281. Mr. Daly : The honourable chairman elicited from you that many boards of guardians were in favour of the Bill, and you went on further to say that there were 13 boards of guardians in favour of the Bill as originally introduced ?—Yes.

1282. And that 20 were in favour of it, providing the pensions come out of the Consolidated Fund ?—Yes.

1283. Then, strictly speaking, they are not in favour of the Bill, because the Bill does not propose that ?—I take it that they were in favour of the principle of the Bill, that is making the measure a compulsory one upon boards of guardians.

1284. In fact what they did express themselves in favour of, was that the pensions should come out of a Consolidated Fund, and that was not in the Bill ?—I do not think I made myself clearly understood ; what I gathered from the union officers was this : where the boards of guardians approved of the Bill, provided the pensions were paid out of the Consolidated Fund, they approved of the principles of the Bill, that is to say, they approved of the measure being compulsory.

1285. Was not their approval simply this : we will be generous if it costs us nothing ?—It comes to that I believe.

1286. Then there were 20 that took no action at all ?—Twenty took no action at all.

1287. You have only accounted for 70 out of 163 ?—In considering over the question I think I have underrated it in my calculation ; between the guardians who petition in favour of it, and those who took no action, and those who stated their willingness to accept the principle of the Bill, provided the pensions were paid out of the Consolidated Fund, there would be 90 unions out of 163.

1288. Then, in effect, you are not able to answer the question of the Chairman, that anything like a moiety of the boards of guardians were in favour of the Bill as it stands ?—Only in the manner in which I have represented to you.

A LIVELY sensation appears to have been produced in Paris by a statement that some of the sulphate of quinine supplied to the French hospitals contains as much as 43 per cent. of cinchonine. *L'Union Pharmaceutique* throws the blame upon the system which allows the public service to be supplied with foreign quinine by contractors who are incapable of detecting a fraudulent substitution if they wished to do so.

an appeal before the Supreme Court, where it would have a thorough hearing.

Any member of the Association feeling aggrieved in consequence of being called on, under the Dispensary system, to attend a case for which he undoubtedly ought to be paid for his services as a private practitioner, should immediately get the ticket cancelled by the Dispensary Committee, and then, if desirous of recovering his fees, forthwith communicate all the particulars of the case to the Hon. Secretary of this Association before initiating legal proceedings on his own account.

The Committee of Council understand that it is their duty to take up all such cases of unquestionable merit, and to have them conducted to their final issue at the expense of the Association, provided the case be managed strictly in accordance with their instructions.

NEW MEMBERS OF COUNCIL.

In compliance with the direction given at last meeting of Council, the Committee of Council have appointed Dr. Usher, of Dundrum, Co. Dublin, and Dr. Mackesy, of Waterford, to the two vacant seats in the Council, and they invited Dr. Austin Meldon, of Dublin, a member of Council, a compliment which he duly acknowledged with an expression of regret that his professional arrangements would prevent his being able to attend the meetings; consequently, the vacant seat in the Committee of Council has yet to be filled.

THE TENURE OF OFFICE OF WORKHOUSE OFFICIALS.

THE following communication in reference to the correspondence which we published last week has been received by the Irish Medical Association from the Local Government Board. The subject is fully dealt with in our issue of to-day :—

Local Government Board,
Dublin, March 22nd, 1883.

SIR,—The Local Government Board for Ireland have had under consideration your letter of the 8th inst., respecting terms of Articles 36, 39, and 40 of the Board's General Order of Dec. 18th, 1882, relating to the suspension of certain union officers from the discharge of their duties, and their dismissal from office, and in reference thereto the Board desires to call the attention of the Council of the Irish Medical Association to that part of Sec. 3 of Irish Poor Relief Act, 1838, which authorises the Board from time to time to make orders *inter alia* for the appointment and removal of workhouse officers. In pursuance of this enactment, general orders were made in the years 1839, 1844, and 1852, and in every one of those orders the guardians were given authority to dismiss certain officers, and, at their discretion, to suspend others from the discharge of their duties. No power in regard to the suspension of officers has been given to boards of guardians by the recent order in addition to what they possessed before, and the Local Government Board are unable to concur in the opinion which the Council appears to entertain that this order makes a medical officer's tenure of office dependent on the good will of the majority of the guardians, as the Board retains the power to remove the suspension, in which case the medical officer would remain and continue to discharge his duties. The only difference between the new and former orders consists in the board of guardians having now authority to dismiss an officer whose suspension the Local Government Board does not see fit to remove, and whose dismissal they approve of, and the Board are advised that they are fully warranted in making the regulation by the terms of the 3rd section of the Irish Poor Relief Act. The Local Government Board must dissent from the views of the Irish Medical

Association as to the construction and intention of the 33rd section of the Irish Poor Relief Act; that section enables the Local Government Board, if necessary, to act independently of a board of guardians, and to overrule their action in regard to the dismissal of an officer, but it does not deprive the Local Government Board of the power they possess under the 3rd section of the Irish Poor Relief Act to authorise boards of guardians to dismiss certain officers described in their General Order. The Local Government Board made the Order of 18th Dec., 1882, after very careful consideration and under legal advice, and they are not prepared at present to cancel their Order and to issue an amended one as requested.

I have the honour to be, Sir,
Your obedient servant,

W. D. WADSWORTH, Sec.

THE MEDICAL BILL.

THE following petition in favour of the Bill was presented last week by the Irish Medical Association :—

To the Right Honourable the Lords Spiritual and Temporal in Parliament assembled, the Petition of the President and Council of the Irish Medical Association

Most humbly sheweth—

That your Lordships' petitioners are the executive body of an incorporated Association, which numbers amongst its members more than one-third of the entire body of registered medical practitioners in Ireland, and which, for more than forty years, has been maintained in order "to unite the members of the medical profession in Ireland, and so form a body competent to exercise influence in sanitary and medical affairs for the public benefit, and to protect and promote the interests of the medical profession."

That your Lordships' petitioners have considered the provisions of the Medical Acts Amendment Bill, now standing for a second reading before your Right Honourable House, and fully approve of the principles of said Bill.

That the Irish Medical Association has, at many successive annual general meetings, declared its approval of the proposals—

a. To restrict the privilege of registration as a medical practitioner to persons who shall have passed before a Central Examining Board for each division of the Kingdom an examination adequate to ensure their competency, registration being granted throughout the Kingdom upon equal terms as regards standard of examination, duration of study, and amount of fees payable prior to examination.

b. To reconstitute the General Medical Council, so that an adequate direct representation therein of the registered medical practitioners throughout the Kingdom shall be secured.

c. To amend the existing law so as to check effectively the practice of medicine and the improper use of medical titles by unqualified persons.

That your Lordships' petitioners are aware great abuses have arisen in the granting of licences to practise medicine, and great injury has arisen to the public from the difficulty of distinguishing between competent and incompetent practitioners by reason of the inefficacy of the existing law.

That your Lordships' petitioners therefore humbly pray that your Most Honourable House will be pleased to pass said Bill.

(Signed)

JAMES MOLONY, President.
JOHN H. CHAPMAN, Hon. Sec.

IRISH POOR-LAW INTELLIGENCE.

POOR-LAW SUPERANNUATION (IRELAND) BILL.

THIS Bill stands for a second reading, and only waits for an occasion when the notice-paper of the Commons is clear enough to enable it to come on before midnight. After that hour it cannot, by the rules of the House, be taken, because the delectable member for Cavan, Mr. Biggar, and Mr. Richard Power, member for Waterford, have "blocked it"—i.e., given notice of a motion that it "be read a second time this day three months," which is the Parliamentary way of expressing rejection. Every effort has been unavailingly made to induce these gentlemen to take off the block, and therefore there is no way over the difficulty save for Mr. H. Gladstone to get the Bill put high up on the notice-paper, and fight it out with the Obstructives, who, we believe, are in a helpless minority. Unfortunately, this is not easily managed, and the Affirmation Bill has made it impossible for the present; but after Whitsuntide progress may be hoped for.

THE H. H. H. STEWART BEQUEST.

THE Master of the Rolls for Ireland—Sir Edward Sullivan—has recently given judgment as to the disposition of the estate left by the late Dr. Henry Hutchinson Stewart. Dr. Stewart occupied a remarkable position in the medical history of the last half century. He held the position of governor of the House of Industry, a sort of industrial institution which existed fifty years ago in Dublin, and which has since been converted into the House of Industry Hospital, by which name the Richmond (surgical), Whitworth (medical), and Hardwicke (fever) are now known. On the introduction of the Irish poor relief system, the House of Industry was abolished, and a number of the pauper lunatics were confided by Government to the care of Dr. Stewart, who maintained them at first at Island Bridge, near to Phoenix Park, and afterwards at Lucan, about six miles from Dublin. In this way, Dr. Stewart became the proprietor of a large asylum at Lucan, and amassed a considerable fortune, part of which has now been disposed of by the Master of the Rolls. Dr. Stewart's name will live in the memory of our profession as that of one of its most benevolent members. His first act after his retirement from active life was to hand over the valuable and spacious premises at Lucan, a free gift towards the foundation of the "Stewart" Institution for Imbeciles and

Lunatics, and at the same time he gave a large donation towards erecting a suitable building. After that time it was Dr. Stewart's habit to live in the most sparing manner, and to hand over to charity immediately the money thus saved by the sacrifice of his own pleasures. In this way he presented considerable sums from time to time to the Royal Medical Benevolent Fund Society in Ireland, and other charities, but his benevolence in this way did not prevent his leaving, after his death, a sum of about £18,000. Respecting this sum, he left only very indefinite instructions, and the Master of the Rolls was, therefore, called upon to dispose of the funds. To the Stewart Institution he gave a sum of about £2,000, sufficient to wipe off an old-standing debt due by the Institution to Dr. Stewart, and the balance he set aside for the endowment of medical scholarships in the University of Dublin and the Royal Irish University. We cannot but regret that the learned judge should have selected this method of disposing of Dr. Stewart's money. He might with great advantage have endowed the Irish Medical Benevolent Fund, with which for many years Dr. Stewart had been closely associated; or he might, if he considered himself restricted to medico-educational objects, have found many worthy purposes to which the money might have been given. The learned judge could hardly have found a purpose less consistent with the testator's wishes or with the interests of the public and the profession than those he has selected. Indeed, considering that the University of Dublin is wealthy enough to pay for any number of medical scholarships, and that the Royal Irish University is a State-supported institution, we can hardly imagine a less useful appropriation of Dr. Stewart's money than the handing it over to these institutions. If the benevolent testator could have known the object to which his savings would have been given, we are confident he would not have left a shilling of his money undistributed.

THE IRISH MEDICAL ASSOCIATION AND THE MEDICAL BILL.

THE following Memorial was presented last week to the Lord President of the Council by Dr. Jacob, on behalf of the Irish Medical Association:—

TO THE RIGHT HONOURABLE THE LORD PRESIDENT OF THE PRIVY COUNCIL.

The Memorial of the President and Council of the Irish Medical Association.

Humbly sheweth—

That your Lordship's memorialists having urged upon your Lordship the necessity for legislation for amendment of the Medical Acts, acknowledge with satisfaction and thankfulness the efforts of Government to promote such legislation, and have petitioned the House of Lords in support of the principles of the Medical Bill.

That your Lordship's memorialists nevertheless view with regret the proposal of the constitution of the Medical Board for Ireland contained in clause 9, subclause 5 of the amended Bill, inasmuch as it is therein proposed to exclude the directly elected representative of the medical practitioners of Ireland, and to give to the King's and Queen's College of Physicians only two representatives on the same Board.

That it is the opinion of your Lordship's memorialists it would be both unjust and inexpedient to exclude from consideration of Irish medical arrangements the representative of the medical practitioners in Ireland, and to limit the influence of that representative to the part which he may take in a meeting or meetings of the Medical Council for a few days in each year.

That without desiring to enter into a comparison of the respective claims of the medical authorities to be represented in said Board, your memorialists feel it their duty to give emphatic expression to the opinion that the licensing corporations of Ireland are by the extent of their work in medical education and qualification, by the high standard of curriculum and examination which they have maintained, and by the regard which they have shown for the general education and culture of their licentiates, fully entitled to an influence in the Medical Board equivalent to that secured to the Irish Universities by the Bill, and that the College of Physicians is in no respect deserving of less influence upon Irish medical affairs than any of the other medical authorities.

That your Lordship's memorialists consider the proposed method of election of the members of the Medical Board altogether objectionable, because in most instances it does not provide for the true representation of the constituents of the electing body, but vests the elective power in governing authorities which are frequently self-appointed, and are seldom so constituted as to be entitled to speak on behalf of the constituency. Your Lordship's memorialists are therefore strongly of opinion that clause 54, lines 29 to 32, page 30, ought to be so altered as to vest future power of election in the Fellows, Medical Graduates, or other medical corporate voters of the body entitled to return the delegate.

Your Lordship's memorialists therefore humbly pray that Her Majesty's Government will be pleased to give their support to the proposition for the amendment of the Bill in the direction above indicated.

Signed on behalf of the Irish Medical Association,

JAMES MOLONY, F.R.C.S.I., President.

JOHN H. CHAPMAN, F.K.Q.C.P.I., Hon. Sec.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR
THE MONTHS OF FEBRUARY AND MARCH, 1883.

FEB. 1st.—Gowland, J. W.; Newton House, Rathgar; M.B. and Bac. Surg. Univ. Dub. 1882.

1st.—Martin, W. A. P.; Markethill, co. Armagh; M.D. R. Univ. Irel. 1882.

13th.—Alcorn, S. A.; New South Wales; M.B. and Bac. Surg. Univ. Dub. 1883.

14th.—Concannon, Austin; Tuam, co. Galway; Lic. R. Coll. Phys. & Surg. Edin. 1883; L.A.H. Dub. 1882.

14th.—Carry, W. W. S.; St. Mark's Hosp., Dublin; Lic. R. Coll. Surg. Irel. 1882; L.A.H. Dub. 1883.

14th.—Fetherstonhaugh, W.; 2 Belgrave Square West, Monkstown; Lic. R. Coll. Surg. Irel. 1879.

16th.—Curtis, J. H.; 7 Camden Place, Cork; Lic. R. Coll. Phys. & Surg. Edin. 1883.

16th.—Peet, F. F. Tralee; Lic. R. Coll. Surg. Irel. 1882.

17th.—Graham, S.; Legoniel, co. Antrim; Lic. R. Coll. Phys. Lond. 1883.

23rd.—Torney, G. P.; 8 Blackball Street, Dublin; Lic. R. Coll. Surg. Irel. 1882.

27th.—Finegan, J. P.; Kingscourt, co. Cavan; M.B. and Bac. Surg. Univ. Dub. 1883.

MARCH 1st.—Lane, Thomas; 127 Leinster Road, Dublin; Lic. R. Coll. Surg. Irel. 1882; Lic. K. Q. Coll. Phys. Irel. 1883; Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

7th.—Heffernan, Geo. B.; 22 Charleville Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1882.

9th.—Hatch, Richard; Duleek, co. Meath; Lic. R. Coll. Surg. Irel. 1881; Lic. & Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

13th.—Tweedy, William; Newry Street, Banbridge; Lic. R. Coll. Phys. & Surg. Edin. 1883.

13th.—O'Callaghan, J. Dromleigh; Macroom, Cork; Lic. R. Coll. Phys. & Surg. Edin. 1882.

20th.—Brooks, H. St. J.; 7 Chelmsford Road, Dublin; M.B. & Bac. Surg. Univ. Dub. 1882.

24th.—Garham, John; Clifden, co. Galway; Lic. R. Coll. Phys. & Surg. Edin. 1882.

28th.—Howard, Timothy; 9 Herbert Road, Sandymount; Lic. R. Coll. Surg. Irel. 1882; Lic. & Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

28th.—Gormley, J. W.; Peter St., Drogheda.

28th.—Cruise, F. J.; 93 Merrion Square West, Dublin; Lic. R. Coll. Surg. Irel. 1882.

UNION OFFICERS' SUPERANNUATION BILL.

Abstract of a Bill to make better provision for the Superannuation of the Officers of Poor-law Unions in Ireland.

Introduced April 5, 1883, by Mr. Herbert Gladstone, Mr. Trevelyan, and the Attorney-General for Ireland.

BE it enacted, &c.

1. This Act may be cited as the Union Officers' Superannuation (Ireland) Act, 1883.

2. *Grant of Superannuation.*—From and after the passing of this Act the board of guardians of every union in Ireland shall, with the sanction of the Local Government Board for Ireland (in this Act called "the Local Government Board"), grant to any union officer belonging to that union who shall become incapable of discharging the duties of his office with efficiency by reason of permanent infirmity of mind or body or of old age, upon his resigning or otherwise ceasing to hold his office, a superannuation allowance, according to the following scale—that is to say—

To any officer who shall have served in some one or more unions in Ireland for ten years and upwards, and under eleven years, an annual allowance of ten-sixtieths of the annual salary and emoluments of his office:

For eleven years and under twelve years, an annual allowance of eleven-sixtieths of such salary and emoluments:

And in like manner a further addition to the annual allowance of one-sixtieth of such annual salary and emoluments in respect of each additional year of such service until the completion of a period of service of forty years, when an annual allowance of forty-sixtieths shall be granted, and no addition shall be made in respect of any service beyond forty years.

No officer shall be entitled to such allowance on the ground of age who shall not have completed the full age of sixty years, and shall not have served as a union officer in some one or more unions in Ireland for twenty years at the least.

For the purposes of this section, the annual salary and emoluments of a union officer shall be calculated on the average of the three years ending with the quarter-day next before he ceases to hold his office.

No officer shall be entitled to any superannuation allowance or gratuity under this Act unless the Local Government Board are satisfied that he has discharged his duties as a union officer with diligence and fidelity.

3. *Allowance in Cases of Bodily Injury.*—The board of

guardians of any union, with the sanction of the Local Government Board, may, if they think fit, grant to any person, being the holder of a union office in the union in respect of which a superannuation allowance might be granted under this Act, who, before the completion of the period which would have entitled him to a superannuation allowance, is compelled to quit the service of the union by reason of severe bodily injury occasioned, without his own default, in the discharge of his duty as a union officer, a gratuity not exceeding three months' pay for every two years' service, or a superannuation allowance not exceeding ten-sixtieths of the annual salary and emoluments of his office; and may, if they think fit, with the like sanction, grant to any such holder of a union office who is compelled from infirmity of mind or body to leave the union service before the completion of the period which would have entitled him to a superannuation allowance, such sum of money as the board may think proper, but so that no such gratuity shall exceed the amount of one month's pay for each year of service.

4. *Local Government Board may Reduce any Pension.*—Whenever an application is made to the Local Government Board to sanction the grant to any union officer by a board of guardians of a superannuation allowance or gratuity under this Act, it shall be lawful for the Local Government Board either to sanction or to refuse to sanction such grant, or to sanction the grant of a superannuation allowance or gratuity to such officer of such less amount than otherwise would have been awarded to him as the Local Government Board may determine, where the defaults or demerit of such officer in relation to the union service appear to them to justify such diminution.

5. Every superannuation allowance or gratuity granted under this Act shall be payable to, or in trust for, the union officer, and shall not be assignable nor chargeable with his debts or other liabilities.

6. *Discontinuance of Pension in certain Cases.*—In case any person enjoying any superannuation allowance under this Act is appointed to be a union officer in any union, every such allowance shall cease to be paid so long as he continues to hold such appointment if the annual amount of the profits of the office to which he is appointed are equal to those of the office formerly held by him; and in case they are not equal to those of his former office, then no more of such superannuation allowance shall be paid him than with the salary of his new appointment shall be equal to that of his former office.

7. *Provision for Cases of Professional Qualification.*—The Local Government Board may from time to time, by order, declare that for the due and efficient discharge of the duties of any union office or class of offices to be specified in such order, professional or other peculiar qualifications are required, and that it is for the interest of the public that persons should be appointed thereto at an age exceeding that at which public service ordinarily begins; and may, by the same or any other order, direct that when any person holding any such office shall retire from the union service, a number of years not exceeding ten, to be specified in the order, shall, in computing the amount of the superannuation allowance which may be granted to him under this Act, be added to the number of years during which he may have actually served.

8. The Local Government Board may from time to time make rules with reference to the mode in which a union officer shall establish what his age is, and establish that he has discharged his duties with diligence and fidelity, and with respect to any other conditions the fulfilment of which the Board may require to be proved; and in the case of an officer retiring on the ground of infirmity of mind or body, if the Board by any such rules require the officer to appear for examination before a medical board, or before a medical practitioner nominated by the Local Government Board, the Local Government Board may defray the expenses of such examination out of the superannuation fund provided by this Act.

9. All allowances and gratuities payable under this Act shall be advanced from time to time by the board of guardians of the union in which the officer was serving at the time of his ceasing to be a union officer, and shall be repaid to the board of guardians out of the union officers' superannuation fund.

For the purpose of providing for such repayments, the following enactments shall take effect:—

(1.) On, or as soon as conveniently may be after, the first day of January in every year after the passing of this Act, the Local Government Board shall estimate what sum will be necessary for the purposes of this Act during the year.

In making the first of such estimates under this Act, the Local Government Board shall estimate what sum will be necessary for the purposes of this Act during the whole of the period between the passing of this Act and the first day of January next following the making of the estimate.

The Local Government Board shall in each year, by order under their seal, assess that sum on the several unions in proportion to the net annual value of the property therein. They shall send copies of the order to the guardians and to the treasurer of each union.

(2.) Thereupon the treasurer shall, if he has then in his hands to the credit of the guardians sufficient funds, pay the amount so assessed into the Bank of Ireland; and if he has in his hands to the credit of the guardians funds not sufficient for payment in full of the amount so assessed, he shall pay into the Bank of Ireland such balance as he may have in his hands in reduction of the amount so assessed; and in such case, or if he has no funds in his hands to the credit of the guardians, then he shall, out of all moneys subsequently received by him on account of the guardians, pay the amount assessed into the Bank of Ireland. Moneys paid into the Bank of Ireland under this Act shall be placed to the credit of the Local Government Board, to the account of a fund which shall be called the Union Officers' Superannuation Fund.

The guardians of each union shall debit the several electoral divisions with proportions of the sum assessed upon the union, according to the net annual value of the property in each division.

(3.) On the 25th day of March, 1884, and on every 29th day of September and 25th day of March following, the guardians of each union shall furnish to the Local Government Board accounts of the moneys expended by them for superannuation allowances and gratuities payable under this Act since the date of the last preceding account, or, in the case of the accounts furnished on the 25th day of March, 1884, since the date of the passing of this Act; and the Local Government Board shall pay to the treasurer of the union, out of the union officers' superannuation fund, the amount mentioned in the account furnished by the board of guardians of the union when such amount has been found to be correct.

10. In this Act the term "union officer" includes every person appointed by the board of guardians of any union to be a permanent officer of the union under the provisions of the 31st section of the Act of the session of Parliament of the 1st and 2nd years of the reign of Her present Majesty, chapter 56, and the 4th section of the Act of the session of Parliament of the 10th year of the reign of Her present Majesty, chapter 31, whether such officer is paid by wages, poundage, or percentage on collection of rates, or by a salary; and also every chaplain of a union, and every medical or surgical officer of a union, or of any dispensary district therein; and every person appointed or constituted as sanitary officer under the 11th section of the Public Health (Ireland) Act, 1878, or clerk to the burial board of any district where such burial board is a board of guardians, or clerk to the local authority acting in execution of the Contagious Diseases

(Animals) Act, 1878, where such person has been so appointed by a board of guardians, or holds his office as a sanitary officer, or clerk of the burial board, or clerk of the said local authority, by virtue of any other office to which he has been appointed by a board of guardians; and also the registrar of births, deaths, and marriages in every union, and the superintendent registrar, being also the clerk of the union.

The term "emoluments" includes all fees, poundage, and other payments made to a union officer for his own use, as such union officer out of poor rate or sanitary rate, or money voted by Parliament; and also the money value of rations, apartments, and other remuneration appertaining to the office held by such union officer, estimated according to such scale or in such manner as the Local Government Board shall prescribe.

11. The Acts specified in the schedule to this Act are hereby repealed so far as they relate to the superannuation of any officer who retires from his office after the passing of this Act.

This repeal shall not affect the powers of the board of guardians of any union with reference to the granting of a superannuation allowance under any of the said Acts to an officer who has retired from his office before the passing of this Act; nor anything duly done or suffered, nor any right or liability acquired, accrued, or incurred, under any enactment hereby repealed; and shall not relieve the board of guardians of any union from the obligation to pay any superannuation allowance granted by them under any of the said Acts.

SCHEDULE (referred to in Section 11).

Session and Chapter.	Title or Short Title.
28 & 29 Vic., c. 26.	An Act to provide for superannuation allowances to officers of unions in Ireland.
32 & 33 Vic., c. 50.	The Medical Officers' Superannuation Act (Ireland), 1869.
35 & 36 Vic., c. 89.	An Act to amend the Act providing superannuation allowances to officers of unions in Ireland.

CORONERS' SALARIES.

At the recent Commission of Assize for Queen's County, Chief Justice Morris presiding in the Crown Court, the question of coroners' salaries was brought before his Lordship.

Dr. Higgins, the coroner for one of the divisions of the county, applied to the Grand Jury for a presentment for £52, half a year's salary, and £6 for three inquests held out of his division. Dr. Quirke, the coroner for the other division, also applied for £52, half a year's salary. It appears that upon the passing of the Act commuting the paying of coroners by fees to payment by salary, the coronerships for the county were held by the late Mr. Clarke and Dr. O'Kelly. The Act provides that the salary fixed shall be based on the amount of fees paid to the coroner or his predecessor for five years previous to the passing of the statute. About seven years before the passing of the Act, Dr. O'Kelly went to reside out of the county, and the Grand Jury found that they could not present for his fees under the circumstances. The consequence was that though Dr. O'Kelly had not resigned his appointment he did not hold any inquests during the five years previous to the passing of the Act, and the work of the entire county was consequently done by Mr. Clarke. A committee of the Grand Jury fixed Mr. Clarke's salary—upon the work of the entire county—at £104, and no salary was fixed for Dr. O'Kelly. Upon Mr. Clarke's death Dr. Higgins was elected coroner for the division held by the deceased gentleman, and claims the amount of salary Mr. Clarke received. Dr. O'Kelly held office for some short time after Mr. Clarke's death, still doing no

work. He subsequently resigned, and Dr. Quirke was elected to his division. Dr. Quirke also claims a salary of £104 a year. The Grand Jury threw out both presentments, in order that the question might be brought before the judge.

The question having been argued at some length, his Lordship said it appeared to him the Act of Parliament had been framed without a full knowledge of the subject, as this case exemplified. No provision was made for contingencies. He was only putting a reasonable interpretation upon the Act when he said that a "predecessor in office" was the person who previously held the post. Accordingly, Dr. Quirke was entitled to Dr. O'Kelly's salary, which was *nil*. The Grand Jury had passed a resolution of remonstrance on this subject at the last July assizes. The Act of Parliament was his master in the matter, and he must abide by it. He would therefore pass the presentment at £104 for Dr. Higgins.

ELECTION OF MEDICAL OFFICER FOR HEADFORD DISPENSARY DISTRICT

A MEETING of the Dispensary Committee for Headford district was recently held for the purpose of electing a medical officer in room of Dr. J. C. Flood, then resigned. The result was a tie, ten having voted for Dr. Charles J. Blake, of Tuam, and ten for Dr. James Gorham, of Letterfrack, the only candidates nominated. Mr. O. Flaherty there and then objected to the votes of two members of the committee, inasmuch as one had been adjudicated a bankrupt, and the other was not a rated occupier in the district; and on these grounds claimed the election for Dr. Blake. Dr. Gorham made a counter objection, representing the proceedings to have been illegal, one of the Poor-law guardians not having been notified to attend the election. All objections and protests for and against were forwarded to the Local Government Board, but that body not having determined the issue one way or the other, the committee recently appointed met on Tuesday when Dr. Blake and Dr. Gorham again entered the lists, and the former was returned by a majority of two. In appointing committee the week before last some changes were made.

It being put to a poll, there voted for Dr. Blake, 12. For Dr. Gorham, 10.

The chairman declared Dr. Blake duly elected.

Dr. Blake briefly returned thanks, whereupon the proceedings terminated.

EXTIRPATION OF THE COCCYX.

THIS operation was done by Marie B. Werner, M.D., Philadelphia, in the case of a married woman who came under her care for intolerable backache, which was always aggravated in the act of sitting down, or resuming the erect posture. On examination the extremity of the coccyx was found to be very painful, and turned to the right. The patient had suffered from this pain for a year and a-half, since her last confinement. It was determined in consultation that mere division of the ligaments would not suffice, so extirpation of the bone was resolved upon. The patient made a good recovery. There was a good deal of interference with the power of making water until the patient was able to be up and about again. Acute pain of a throbbing, stinging, and cutting character was felt on the third day, but this was relieved by the removal of the three stitches by which the wound was closed, and which had been introduced deeply to keep the parts well together. Some pain and soreness remained for six weeks after removal of the bone, but this gradually subsided. The free extremity of the bone was found to be the seat of commencing osteitis.

IRISH POOR-LAW INTELLIGENCE.

IRISH COUNTY INFIRMARIES' GRANTS.

We print to-day a very important discussion and judicial decision with reference to the grant for the County Kildare Infirmary, from which it appears to be the law—

a. That the Grand Jury have no power to present a sum for the maintenance of a county infirmary unless at the Presentment Sessions the cesspayers have previously assented to a grant of greater or less amount.

b. That notwithstanding the withdrawal of the grant for the infirmary, the Grand Jury may vote payment of the salary of the surgeon.

It is unnecessary to speculate upon the reasons which led to the distinction between the two presentments. Possibly, as Chief Justice Morris said, it was considered advisable to reduce to a minimum the chances of the rejection of the presentment for the surgeon's salary, because the surgeon is in certain cases compelled to discharge gratuitously duties which do not appertain to the infirmary of which he is the medical officer, or possibly it was considered just to protect the surgeon from the injustice of being deprived of payment for services rendered. If the Legislature apprehended that the sessions might, if their approval were made a condition of the presentment, some day or other decline to remunerate the surgeon for work he had already done, their suspicions regarding popular notions of fair play were not without justification; for had not the Kildare Grand Jury been competent to make presentment for Dr. Chaplin's salary without the assent of the sessions, the surgeon of the Kildare Infirmary would have been deprived of remuneration for services extending over some months.

We have already expressed on many occasions, and we now reiterate our great regret to observe the existence and growth of hostility to the county infirmaries on the part of those who call themselves "the popular party." We do not in the least dispute their moral or legal right to refuse to expend the county cess on these institutions, but we believe that if they calmly considered the subject they would not adopt any such course. In the first place we think that any one who looks at the matter from a non-political standpoint, and in the public interest, will agree with us that the abolition of the Irish County Infirmary would be a grievous loss to a numerous section of the popular party, and would involve the withdrawal of a considerable amount

of money contributed by private charity for sick relief, and would therefore entail an increase in the expense of providing that sick relief at the public cost. We most earnestly deprecate any invidious comparison between the workhouse hospital and the county infirmary to the disfavour of either. Each has its scope and use. The union hospital is indispensable for the care of the infirm and destitute, and for the reception of those patients who are not unwilling to enter the union.

The county infirmary, on the other hand, has its very important function in ministering to the wants of the more acute and temporary cases of disease amongst the small farming class, who, while incapable of paying for medical attendance in idleness and at home, are not to be blamed if they object to pauperise themselves and their families by entering the union. In England these cases would be provided for by a sick club or in a provident hospital, but in Ireland no such institutions exist, and surely it would not be wise to put such patients to the alternative of remaining at home uncared for, or entering the union in association with the destitute.

But if the action of the enemies of the county infirmary were to succeed, the financial result to the taxpayer would be all the worse, for the majority of the patients who are now maintained by means of private subscriptions in the infirmary must needs become chargeable on the union funds, and a loss instead of a gain would accrue to the taxpayer.

We hope to see the question of maintenance of Irish County Infirmaries influenced by other considerations than those of politics, and that they will be dealt with by the cesspayer on their merits as public institutions. No one has so great an interest in sustaining them as the poorer cesspayers, and we hope they are not so unmindful of the interests of their class as to destroy the institutions which have for nearly a century done them such good service.

THE POOR-LAW SUPERANNUATION BILL.

THE Irish Poor-law Superannuation Bill will be reintroduced by Mr. Herbert Gladstone to-morrow, amended as recommended by the Select Committee of last year. It will probably not be in print for some days afterwards, but we shall inform our readers respecting it, if possible, next week.

THE TENURE OF OFFICE OF IRISH POOR-LAW
MEDICAL OFFICERS.

THE following important communication, to which we hope to refer at greater length in our next issue, has been made by the Council of the Irish Medical Association to the Irish Local Government Board :—

Irish Medical Association,
Royal College of Surgeons,
8th March, 1883.

To the Secretary,
Local Government Board for Ireland.

SIR,—The attention of the Council of the Irish Medical Association has been directed to the terms of Articles 36, 39, and 40, of the order of the Local Government Board ("General Regulations for the Administration of Workhouses"), dated December 18th, 1882, which has been recently issued by your Board, in substitution for Articles 38, 41, and 42 of the order of January 19th, 1852.

The Council observe that additions have been made to the original regulations, such as to authorise boards of guardians throughout Ireland, not only "at their discretion," to suspend union officers from the performance of their duties, and to deprive them of their salaries during the period of such suspension, but also to dismiss them from office, if the Local Government Board does not see fit to remove such suspension; while the order does not appear to contain any provision requiring boards of guardians to state their reasons for thus exercising their "discretion," or to institute any inquiry into the truth of charges which may have been made against the officer.

The Council, having already—in a recent correspondence with the Local Government Board respecting the removal of Dr. O'Reilly from his appointment as medical officer of the Lismore Workhouse—expressed their opinion as to the great injustice and inexpediency of submitting the tenure of office of the workhouse surgeon to the "discretion" of the guardians, subject only to a nominal control by the Local Government Board, refrain now from repeating the arguments and opinion then expressed. The Council, however, feel it necessary to state their unqualified belief that the dependence of the medical officer's tenure of office upon the caprice of the board of guardians must render impossible the conscientious and efficient discharge of that officer's duties, and certainly cause the permanency of his appointment to be largely influenced by personal or political considerations altogether apart from his competency or efficiency for his duties.

The Council, being of opinion that it never was the intention of Parliament that union officers should be dependent to this extent upon the goodwill of the majority of the board of guardians, have carefully examined into the law (1 and 2 Vic., cap. 56, sections 31 and 33) governing the appointment and dismissal of union officers, and are satisfied that the authority to remove a union medical officer, and the responsibility arising out of such an act, rest upon the Local Government Board alone, and that a dismissal or suspension by any other body whatsoever is wholly illegal and inoperative. The Council consider that any rule made for the purpose of transferring that responsibility to others altogether *ultra vires*. In this

view the Council are sustained by the opinion of Mr. Purcell, Q.C., on the points raised, and I am directed to forward herewith, for the perusal of your board, a copy of the case submitted to counsel, and his opinion thereon. I am further instructed to request that the Local Government Board, having taken such steps as they may consider expedient to confirm Mr. Purcell's opinion, may see fit to cancel their order referred to, and issue an amended one, which shall be in strict compliance with the provisions of the law on this subject, in order to give effect to the obvious intention of Parliament.

I am, Sir,
Your obedient servant,
W. THOMSON, F.R.C.S.I.,
Hon. Sec. to the Council.

[COPY.]

Re Irish Medical Association,
Opinion of THEOBALD PURCELL, Q.C.

1. Counsel will therefore please advise whether the Local Government Board can legally, by sealed order or otherwise, empower a board of guardians to dismiss or suspend the medical officer of the union under any circumstances whatever.

I am of opinion that the Local Government Board have no power to delegate to boards of guardians any authority to dismiss or suspend the medical officer of the union, and that the general orders to this effect in the Articles 39 and 40 of their recent Circular are *ultra vires* and illegal.

2. Should Counsel be of opinion that the Local Government Board (though not being able to delegate their power of dismissal) can legally delegate the power of suspending a union medical officer, can a board of guardians exercise such power of suspension in such a way as to practically dismiss the union medical officer? And Counsel's general opinion is requested.

I find no provision in any of the Acts in relation to the power of *suspension*. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in Article 36 of the recent Circular as to the deprivation of the medical officer's salary from the date of suspension is also *ultra vires*.

T. A. PURCELL.

71 Harcourt Street, Dublin,
15th February, 1883.

[COPY.]

No. 8,835—1883—Miscellaneous.
Local Government Board, Dublin,
March 10th, 1883.

SIR,—I am directed by the Local Government Board for Ireland to acknowledge the receipt of your letter of the 8th inst., with enclosure; and I am to acquaint you that your communication will receive consideration.

I am, Sir, your obedient servant,
W. D. WODSWORTH, Secretary.

W. Thomson, Esq., M.D.,
Stephen's Green.

the police, and with the authority of a magistrate, and, even in such case, no fee unless upon the order of the magistrate before whom the lunatic was brought. An order issued by the magistrate must be honoured by the guardians, and they can neither refuse payment nor reduce the amount. —Ed.]

CARLOW UNION.

A COMPLAINT.

DR. O'CALLAGHAN, of Bagenalstown, appeared before the board to complain of the refusal of Relieving Officer Lewis to pay a nurse employed in an urgent case. Dr. O'Callaghan stated that he was called on to attend a woman in her confinement. Her husband came home drunk and pulled her out of the bed, thus endangering her life. When he came again he found it necessary to get a woman to stay with her, and he got the man arrested. Subsequently he sent a note to the Relieving Officer to pay the woman what he considered proper. In reply the Relieving Officer sent an impertinent message to let the doctor who engaged the woman pay her.

The Relieving Officer said he received a note from Dr. O'Callaghan: "Please to pay Catherine Dowling for nursing two nights by my directions, and explain why she was not paid before."

Chairman—Had you got a message to pay before?

Relieving Officer—No.

Chairman—What reply did you send to this?

Relieving Officer—"If the doctor employed you let him pay you." I had no authority to pay anything except by the authority of the board.

Dr. O'Callaghan—It was simply a matter of life and death. The answer I got, and which I complain of, was an answer to the first note I sent to pay her what he thought fair.

Chairman—Here is a requisition from the medical officer to pay a nurse, and the question is did you refuse?

Relieving Officer—I had no authority.

Chairman—Suppose you got a message from the doctor to employ a nurse?

Relieving Officer—I would employ a nurse.

Chairman—You would have paid the nurse employed by yourself, and you would not pay the nurse employed by the doctor?

Relieving Officer—No. It is entirely against the rule.

Chairman—Not even in an urgent case?

Relieving Officer—No.

Relieving Officer Codd—The doctor has no power to employ a nurse without acquainting the relieving officer. If he does appoint a nurse he writes to the relieving officer at the earliest moment, and the relieving officer complies with it.

Mr. Fitzmaurice—I think in this case Mr. Lewis was entirely mistaken.

Chairman—I think so too. The board are surprised that Mr. Lewis should not have complied with the doctor's request, instead of relying on the red-tapeism of the law. You knew it was an urgent case, and in any case you should not have sent back an impertinent reply. The board has expressed its opinion, and no doubt in future Mr. Lewis will take care to conduct himself in a proper way, and not send impertinent messages.

HOUSES FOR WORKHOUSE MEDICAL OFFICERS.

THE following reply has been communicated by the Irish Local Government Board to an application from

the Guardians of the Gorey Union for a loan of money under the Dispensary Houses Act:—

Local Government Board, 22nd May.

SIR,—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of the Gorey Union of the 6th inst., containing a minute of the guardians inquiring whether they can borrow money under the Dispensary Houses (Ireland) Act for the purpose of building a residence for the medical officer of the workhouse, and in reply the Board desire to state that the Act in question provides for the erection of a house or building to be used as a dispensary, or as a dispensary residence for the dispensary district in which such house or building is situate, and in section 2 of the Act the meaning of the expression "dispensary" is defined to be a dispensary house for the medical officer of any dispensary district appointed under the Medical Charities Acts. The Board do not think, therefore, that the provisions of the Act apply to the case of a medical officer of a workhouse who is not also a medical officer of a dispensary district.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING, 4TH JUNE, 1883.

Report of Council for the Year ending 31st May, 1883.

MR. PRESIDENT AND GENTLEMEN,—

During the year just terminated, your Council held four, and the Committee of Council forty-seven meetings.

INCORPORATION OF THE ASSOCIATION.

Your Council have to report that the steps necessary to have the Irish Medical Association incorporated have been completed during the past year, and that it now enjoys the status, duties, and privileges of an incorporated society. A special report on the subject of incorporation, containing the "Articles of Association," and "Memorandum of Agreement," was circulated amongst the members on the 23rd January last. Your Council, therefore, consider it unnecessary to report further on the subject.

THE MEDICAL REFORM BILL.

Upon the presentation of the Medical Acts Amendment Bill to the House of Lords by Lord Carlingford, in last March, the attention of your Council were most anxiously directed to it, and its provisions were carefully discussed. It was found that the Bill provided effectually for the objects which the Association has advocated through many years past, *i.e.*, (a) admission to the practice of the profession through one central examining body for each division of the Kingdom; (b) reconstitution of the General Medical Council, with direct representation of the profession thereon; (c) increased stringency of the law for the repression of illegitimate practice; the Council, therefore welcomed the measure as a legislative embodiment of the principles which have long been adopted by medical reformers, and presented to the Lord President of the Privy Council a memorial in favour of legislation on these principles, which memorial will be found in the appendix.

Nevertheless the Bill seemed to your Council to be defective in many of its details, especially in not providing for strict uniformity of education, examination, and examination fee in the three divisions of the Kingdom, in not distributing equitably the funds arising from examination and registration fees, and in not giving to the direct representatives their proper influence and status in the Medical Boards throughout the Kingdom.

Being most anxious to obtain such amendments of the Bill as would meet the threatened opposition of Irish

licensing authorities, the Council requested Dr. Jacob to proceed to London for the purpose of offering to Lord Carlingford the suggestions of the Association as to amendments of the measure. A petition in favour of the Bill, which will be found in the appendix to this report, was entrusted to Dr. Jacob for presentation to the House of Lords, provided the amendments sought for by the Association were conceded. Dr. Jacob had several interviews with the representatives of the Government on these subjects, and having received satisfactory assurances that the clauses which provide for uniformity of system throughout the Kingdom, and for distribution of the surplus funds, would be altered to a more acceptable form, he placed the petition in the hands of Lord Carlingford, who presented it to the House.

When the Bill reached the Committee stage, in April, it was found that the views of the Association on these points had been met by new clauses which, if not identical, are, at least, in the direction of the views adopted by the Association. At that stage a change of which the Association could not approve was made, in that the King's and Queen's College of Physicians was left with an insufficient representation on the Medical Board for Ireland; moreover, at the Board the direct representative had no seat, and, therefore, no direct influence in the important questions which are placed in the hands of the Board for settlement. In these and other minor respects the Bill is still open to improvement, and the Council has not relaxed its efforts to obtain further changes which, if adopted, will bring the Bill into complete conformity with the policy of the Association.

Having passed the House of Lords, the measure has been brought to the House of Commons, and read a first time, being in the hands of Mr. Mundella, Vice-President of the Privy Council. The order for its second reading occupies a place on the notice paper from day to day. At the Committee stage, which will probably not take place for a fortnight after the second reading, numerous amendments will be moved on behalf of the various licensing bodies, and your Council proposes, while giving the measure its warmest support, to take the opportunity to press for such changes as are necessary to make the measure perfect in the interest of the public and the medical profession generally.

UNION OFFICERS' SUPERANNUATION (IRELAND) BILL.

The Union Officers' Superannuation (Ireland) Bill of last year was read a second time in the House of Commons, on the 22nd of July, and sent to a Select Committee, empowered to send for persons, papers, and records. The Select Committee met 8th August, when Mr. Herbert Gladstone, M.P., who has charge of the Bill, was elected chairman.

After examination of several witnesses, including Dr. A. H. Jacob, on behalf of this Association, the Select Committee made a special and an ordinary report to the House, bearing date, 11th August, 1882, but nothing further could then be done towards passing the Bill, as the Session had almost expired.

A copy of each of those reports, and a forecast of this year's Bill, containing the amendments suggested, were circulated in the report of Council issued on the 17th October, which was sent to every member of this Association.

The new Bill, however, was not re-introduced until the 5th April last, notwithstanding that the Council pressed Mr. H. Gladstone to bring it forward at the opening of this Session. It now stands for second reading; but, in the present state of public business in the House, and as the Bill has been "blocked" by Mr. Biggar, it is impossible to say when the second reading will take place.

The terms of the Bill are identical with those of its forecast already referred to, but your Council understand that Mr. H. Gladstone is considering the advisability of inserting some alterations which, he says, will tend to

strengthen the position of the union officers. These alterations have not yet been communicated to your Council, but it is understood that Clause 4 will be omitted.

Your Council have made every effort in their power to have the Bill pressed forward without delay, fearing that if it be withheld until the approach of the end of the Session it may be abandoned. They are, however, assured that Mr. Herbert Gladstone is thoroughly in earnest and most anxious to have the Bill passed as soon as possible.

Your Council, in co-operation with the Union Officers' Association, sent delegates to London with a view to dissuade the objecting members from continuing to offer opposition to the Bill, and their exertions appear to have had good effect with all but Mr. Biggar, though it is understood that several amendments will be sought to be introduced, which, so far as they are known to the Council, need not be objected to on behalf of this Association.

In the reports of the Committee of Council, bearing date 17th October and 23rd January last, which were at the time issued to the members of the Association, very full information was contained relative to the Bill, and the steps taken in support of it. Your Council, therefore, feel it will not be considered necessary at present to make further reference to that measure beyond expressing a fervent hope that it may soon be passed. The Council earnestly solicit the co-operation of all the members of the Association in the effort to influence their Parliamentary representatives in favour of the measure, and they suggest that that influence would be best obtained by a personal letter.

NOTIFICATION OF INFECTIOUS DISEASES BILL.

On the 21st February last Mr. Hastings, M.P., re-introduced his Bill dealing with the notification of infectious diseases in England, and your Council at once requested Mr. Meldon, M.P., to re-introduce the Bill on the same subject, which was drawn up and agreed to by this Association in conjunction with the Dublin branch of the British Medical Association, in order that both Bills might be before the House at the same time. Mr. Meldon is only awaiting a favourable opportunity to re-introduce the Bill, the principles of which have been approved of also by the College of Physicians and the Royal College of Surgeons.

Your Council would remind the Association that the principle of this Bill is to make notification of infectious diseases to the sanitary authorities in Ireland obligatory on the householder or guardian of the patient, the medical attendant being at liberty to notify if he voluntarily undertakes that responsibility, and thereby binds himself under penalty to perform it, but not otherwise.

In practice your Council believe such cases will, almost without exception, be voluntarily reported by the medical attendant at the request of the householder, and thus the occurrence of cases of infectious disease will be more generally notified to the sanitary authority than under any other system which your Council is aware of.

MEDICAL WITNESSES AT INQUESTS.

A complaint was made to your Council by a member of the Association, to the effect that the Coroner for his district had recently held an inquest within a very short distance of the complainant's residence, and had brought with him, as medical witness, a gentleman who resides about nine miles from the place where the inquest was held, and who is not practising in the immediate neighbourhood.

This procedure on the part of the Coroner being illegal, inasmuch as the 33rd section of the Coroners' (Ireland) Act, 9 and 10 Vic, cap 37, provides that the Coroner shall summon, as medical witness, "any legally qualified medical practitioner being at the time in actual practice at or near the place where such death happened," your Council instructed Mr. Lloyd, Solicitor to the Association, to oppose the presentment for the fee; and when the case came before the Grand Jury, the Coroner was recommended in future to comply strictly with the law.

IRISH POOR-LAW INTELLIGENCE.

THE TENURE OF OFFICE OF IRISH POOR-LAW MEDICAL OFFICERS.

THE Irish Local Government Board is at present engaged upon one of those bureaucratic attempts to override the law and the rights of its officers, of which public departments are frequently guilty, when they hope that the proceeding will pass unnoticed, or that the victims will be unable to contend against illegal and oppressive regulations. It will be in the recollection of our readers that the Board recently encouraged a Board of Guardians to deprive of office a workhouse surgeon who had served for thirteen years without any challenge of his efficiency, and whom the Local Government Board itself declared to have merited no such treatment; and they did this act to conciliate the caprice of influential guardians, and to save themselves the responsibility and trouble of a contest on behalf of their own officer. This may appear to be a rash accusation against a public department, but we make it with, as we believe, a full knowledge of the circumstances, and with the conviction that proceedings and motives of the Irish Local Government Board cannot be truthfully expressed in other terms. The warning which we now give to Irish Poor-law medical officers is that the Board is seeking to make the injustice and illegality thus perpetrated towards a single officer a precedent for treating all officers in the same way, and placing them at the feet of the guardians throughout Ireland to be dealt with as the political, religious, or personal tastes of these officials may dictate; and the Local Government Board has already issued a general order under the signature of the Lord Lieutenant, the effect of which is to place all medical officers in this position.

On the 18th of December, 1882, a new general order for the administration of unions was promulgated, which superseded all former orders, and contained the following clauses:—

ARTICLE 40.—The Board of Guardians may, at their discretion, suspend from the discharge of his duties any union officer, except the clerk, chaplain, or treasurer, and shall forthwith report such suspension, together with the cause thereof, to the Local Government Board; and if the Local Government Board shall remove such suspension, such officer shall remain and continue to discharge his duties; but if the Local Government Board shall decide not to remove such suspension, the Board of Guardians may, on being informed of such decision of the Local Government Board, dismiss such officer.

ARTICLE 36.—The salary of every Officer or Assistant appointed to or holding any Office or employment under this Order, shall, subject to the regulations in Article 34, and to the obligation to account to the Auditor, be payable up to the day on which he ceases to hold such office or employment, and no longer; but no officer having been suspended by the Board of Guardians, in pursuance of Article 40, and who shall without the previous removal of such suspension be dismissed by the Local Government Board, or by the Board of Guardians, shall be entitled to any salary from the date of such suspension.

The words which we have italicised are those interpolated in both clauses to enable the Local Government Board to shift the responsibility of dismissal on the boards of guardians. We shall not lose time at present in discussing the unwisdom and the injustice of thus placing the union officer under the foot of the guardian, because the course which the board pursued toward Dr. O'Reilly, of Lismore, has sufficiently proved that this act of the board is influenced not by any sense of its unwisdom or injustice, but by an imperative desire to save itself trouble and responsibility. We do not, therefore, appeal to the Board to act towards their officers as is manifestly right, but we demand that they shall act legally and at least consistently with their own precedents and their own rules, and we regret that the conduct of this public department obliges us to say that it appears insensible to any influence, save a fear of Parliament and of the law courts, and that no redress can be expected from it except by calling into action those powers which are competent to restrain it.

These new rules promulgated by the board are in fact totally illegal and *ultra vires*. The Board has no more power to make them than to dictate orders to the Lord Chancellor, and if it acts under legal advice of any value at all, it must have been told that the Act of Parliament distinctly invalidates any or every attempt to shift the responsibility of dismissal of its officers to any person or body whatever.

There is but one Act of Parliament (the Irish Poor Relief Act of '38) which governs the matter, and the meaning of its provisions do not seem to us to admit of doubt. The 31st section of the Act runs as follows:—

“It shall be lawful for the Commissioners as and where they shall see fit, by their order, to direct the guardians of any union . . . to appoint such paid officers as the Commissioners shall think necessary . . . and the Commissioners may and they are hereby empowered to define, specify, and

direct the execution of the respective duties of such officers, and the places or limits within which the same shall be performed, and direct the mode of the appointment and determine the continuance in office or the dismissal of such officers and the amount and nature of the security, &c. . ."

It will be noted that under this section the Commissioners are to "direct the mode of appointment" (as, for instance, the method of convening the election meeting, the persons entitled to vote, and so forth), and they—and no one else—are to "determine the continuance in office or the dismissal of such officers." These words of themselves might be considered sufficiently explicit, but they are confirmed by the phraseology of the 33rd section, and by the Order originally made by the Commissioners themselves, and now, with singular inconsistency, reiterated. The 33rd section says:—

"The Commissioners may and they are hereby authorised and empowered as and when they shall think proper by their order, either upon or without any suggestion or complaint on that behalf from the guardians of any union to remove any paid officer appointed under the provisions of this Act whom they shall deem unfit for or incompetent to discharge the duties of any such office, or who shall at any time refuse or neglect to obey and carry into effect any of the orders of the Commissioners, and, in case of the refusal or neglect of the persons competent to appoint, the Commissioners are hereby authorised to appoint, &c."

It is here set down—one would think—sufficiently clearly that the Commissioners are the persons to dismiss and that the guardians have no power in the matter save to offer "suggestion or complaint" which the Commissioners may or may not give effect to; and it is to be noted that the officer is liable to dismissal only upon incompetency or unfitness, or for refusal to obey the orders of the Commissioners—it being clearly the intent of Parliament that the officer should not be open to removal because of declining to fulfil the guardians' orders, or to conform to their personal caprice, and that he should be to that extent, independent of them in the discharge of his duties.

Neither in this clause, nor in any other part of any Act of Parliament that we can find, is there any power whatever given to the Commissioners to delegate dismissal powers to any person or body; and, indeed, such delegation is contrary to the whole spirit of Irish Poor-law legislation. The Commissioners themselves interpreted the law in this sense, for, acting upon the authority of the law which we have quoted, they made the following rule:—

ARTICLE 39.—Every officer appointed to or holding any office under this Order shall, subject to the provisions of Article 40 of this Order, continue to hold the same until he die, or resign, or be removed by the Local Government Board, and every porter or assistant may be dismissed by the Board of Guardians without the consent of the Local Government Board; and every such death or resignation, and every such dismissal, and the grounds thereof, shall be reported to the Local Government Board.

It will be noted that herein a marked distinction is drawn between those menial servants which the guardians might dismiss, and those higher officers which the Local Government Board alone was entitled to deal with; and nothing can be clearer than that that Board, and they alone, have power to remove the higher officers. This rule has been transferred unchanged from the old rules to the new, and its presence in the Order of December 18, 1882,

serves to illustrate the slovenly way in which such documents are drawn up in the offices of the department, and how little confidence may be placed in the legal advice under which the Board acts. Here we find the Board stating that "every officer shall continue to hold office until he die, or resign, or be removed by the Local Government Board," while the very next rule (which we have already quoted) says that the same officer may be dismissed by a third party.

The view of the law of tenure of office which we have here explained is that taken by the Irish Medical Association in its correspondence with the Local Government Board which we published in our supplement last week; and that view is supported by the highest authority. The Association has not ventured to move until it took the best advice; and it has received the following replies to its queries from Mr. Purcell, Q.C., Chairman of Quarter Sessions for the County Limerick:—

1. Counsel will therefore please advise whether the Local Government Board can legally, by sealed order or otherwise, empower a board of guardians to dismiss or suspend the medical officer of the union under any circumstances whatever.

I am of opinion that the Local Government Board have no power to delegate to boards of guardians any authority to dismiss or suspend the medical officer of the union, and that the general orders to this effect in the Articles 39 and 40 of their recent Circular are *ultra vires* and illegal.

2. Should Counsel be of opinion that the Local Government Board (though not being able to delegate their power of dismissal) can legally delegate the power of suspending a union medical officer, can a board of guardians exercise such power of suspension in such a way as to practically dismiss the union medical officer? And Counsel's general opinion is requested.

I find no provision in any of the Acts in relation to the power of suspension. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in Article 36 of the recent Circular as to the deprivation of the medical officer's salary from the date of suspension is also *ultra vires*.

T. A. PURCELL.

71 Harcourt Street, Dublin,
15th February, 1883.

The reply of the Irish Local Government Board to the representatives of the Irish Medical Association, which we publish to day, is characteristic. It pleads that "the only difference between the new and former orders consists in boards of guardians having now authority to dismiss an officer whose suspension the Local Government Board does not see fit to remove." In this view of the new law we entirely agree; but we think that this little "only" clause makes a wonderful difference to the medical officer. It places him at the disposition of a class of persons who, we know by experience, will sacrifice him and his family without mercy if it pleases their religious or political prejudices to do so; it subjects him to endless annoyance at the hands of people whom he dare not offend, for if he does so, he may, at any time be thrown on the world without employment; it makes the

honest discharge of his duty impossible, because he cannot afford to tread upon the toes of influential people to whom the Local Government Board has handed the whip for chastisement.

We say advisedly that the new rules have all this pernicious effect, and we say so because we do not consider the protective control reserved to the Local Government Board of any value whatever to the officer. We have only to turn back to the Lismore case, and to many other instances in which the Board has deserted its well-deserving officers in their extremity, to verify the belief that the Board has not the firmness to face a contest with any board of guardians which desires to immolate an officer, or to meet the mildest popular clamour. The Commissions have lately hinted that it is not their business to interfere with the discretion of guardians, and that officers had better take care of themselves if they do not want to be dismissed; and we, therefore, emphatically reject the invitation extended to Irish Poor-law Medical Officers to put their trust in the department under which they act.

The Board has been referred to the sections of the Act of Parliament, as above quoted, and it seeks refuge in the third section of the same Act, which says that—

“The Commissioners are authorised and required from time to time, as they shall see occasion, to make and issue all such orders for the government of workhouses . . . and the poor therein, and for the guidance and control, appointment and removal of the officers thereof, and for guidance and control, according to the intentions of this Act, of all guardians, wardens, and other officers, paid or unpaid, acting on the management or relief of the destitute poor; and the Commissioners may, at their discretion, from time to time suspend, alter, or rescind such orders, or any of them.”

The Board expresses the opinion that this section gives them power to “authorise Boards of Guardians to dismiss certain officers described in the general order,” in which view not only we, but the much higher legal authority of Mr. Purcell, Q.C., entirely disagree. The Board may, under this clause, make any rules it pleases, “according to the intentions of the Act;” but it has no power to make any decree which goes in the smallest tittle against or beyond the words of the law. We do not suppose that the Board would pretend to any right to make a rule which would entitle the guardians to appoint or depose an auditor, or which would authorise the Commissioners to appoint the chairman of the guardians. Every one knows that every Act of administrative law contains a clause enabling the central authority to make rules “according to the intentions” of the law, and every one knows that such clause does not confer upon the central authority any power whatever to depart from the intention of the law under which it acts. The plea thus urged by the Irish Local Government Board is puerile, and we believe it would not stand five minutes before a court of law, and we hope that the Board will see the wisdom of taking better legal advice than that on which it has acted, and—if advised that its rules are *ultra vires*—rescinding them with as good grace as possible. If the Board does not adopt this course, it may reasonably assume that the first case of dismissal by a board of guardians will involve both the guardians and the

Commissioners in a lawsuit and a judicial decision which will not profit the guardians or do credit to the legal acumen of the law adviser of the Irish Local Government Board.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

Read and adopted at a Meeting of the Council, held January 23rd, 1883.

Dr. WHISTLER, of Bray (Vice-President for Leinster), in the Chair.

(Concluded.)

RECOVERY OF FEES ON CANCELLED RED TICKET.

A dispensary medical officer, having been called upon, under the authority of a visiting ticket, to attend a patient whom he considered well able to afford to pay fees, brought the circumstances of the case under the notice of his dispensary committee, who thereupon cancelled the ticket.

The medical officer then sued the patient at Petty Sessions for £1 1s., the amount of his fee, and the justices asked the opinion of the law adviser, who recommended that they should dismiss the case, which they accordingly did. The Committee of Council then took up the case, which was listed for hearing at next Quarter Sessions, and directed that, if it were found necessary, a well-instructed junior counsel, nominated by the Committee of Council, should be specially retained, at the expense of the Association, to plead; and that if the case were unsuccessful, an appeal should be made to have the case tried in the Queen's Bench Division, as the Committee of Council deem it extremely important that the right to recover fees by a dispensary medical officer, upon whom such imposture has been practised, should be, once for all, established by the Supreme Court upon the first opportunity, in order that this form of abuse of the medical charities system may as effectively as possible be prevented.

There are very numerous instances in the Association's records, to which reference can at any time be made, in which claims of this nature have been allowed at sessions and assize courts, and the Committee of Council are not cognizant of any instance of late years in which such claims have been refused. It was therefore believed that the legality of such claims was fully established. However, should occasion arise for contesting the point in the Supreme Court, the Committee of Council are firmly of opinion that such course should be adopted in a spirited manner.

The Committee of Council have just learned, through Mr. Clifford Lloyd, Solicitor to the Association, that the difficulty in the case in question has just been removed by the claim having been settled out of court, the defendant having paid the fee demanded and a portion of the costs, as recommended for acceptance by the local solicitor.

In another instance of a similar nature, occurring in another county, a claim of £2 2s., for professional attendance given on a visiting ticket, which subsequently had been cancelled, was paid before the case came into court—a not unusual result. This case was also taken up by the Committee of Council.

The Committee of Council are advised that cases of this kind should not be brought into Petty Sessions Courts, as there is no appeal from such Courts beyond Quarter Sessions; and that it is advisable that such claims should, in the first instance, be heard at Quarter Sessions or Assize Courts, where, in the event of an adverse decision, it would enable the case to be brought

on appeal before the Supreme Court, where it would have a thorough hearing.

Any member of the Association feeling aggrieved in consequence of being called on, under the Dispensary system, to attend a case for which he undoubtedly ought to be paid for his services as a private practitioner, should immediately get the ticket cancelled by the Dispensary Committee, and then, if desirous of recovering his fees, forthwith communicate all the particulars of the case to the Hon. Secretary of this Association before initiating legal proceedings on his own account.

The Committee of Council understand that it is their duty to take up all such cases of unquestionable merit, and to have them conducted to their final issue at the expense of the Association, provided the case be managed strictly in accordance with their instructions.

NEW MEMBERS OF COUNCIL.

In compliance with the direction given at last meeting of Council, the Committee of Council have appointed Dr. Usher, of Dundrum, Co. Dublin, and Dr. Mackesy, of Waterford, to the two vacant seats in the Council, and they invited Dr. Austin Meldon, of Dublin, a member of Council, a compliment which he duly acknowledged with an expression of regret that his professional arrangements would prevent his being able to attend the meetings; consequently, the vacant seat in the Committee of Council has yet to be filled.

THE TENURE OF OFFICE OF WORKHOUSE OFFICIALS.

THE following communication in reference to the correspondence which we published last week has been received by the Irish Medical Association from the Local Government Board. The subject is fully dealt with in our issue of to-day:—

Local Government Board,
Dublin, March 22nd, 1883.

SIR,—The Local Government Board for Ireland have had under consideration your letter of the 8th inst., respecting terms of Articles 36, 39, and 40 of the Board's General Order of Dec. 18th, 1882, relating to the suspension of certain union officers from the discharge of their duties, and their dismissal from office, and in reference thereto the Board desires to call the attention of the Council of the Irish Medical Association to that part of Sec. 3 of Irish Poor Relief Act, 1838, which authorises the Board from time to time to make orders *inter alia* for the appointment and removal of workhouse officers. In pursuance of this enactment, general orders were made in the years 1839, 1844, and 1852, and in every one of those orders the guardians were given authority to dismiss certain officers, and, at their discretion, to suspend others from the discharge of their duties. No power in regard to the suspension of officers has been given to boards of guardians by the recent order in addition to what they possessed before, and the Local Government Board are unable to concur in the opinion which the Council appears to entertain that this order makes a medical officer's tenure of office dependent on the good will of the majority of the guardians, as the Board retains the power to remove the suspension, in which case the medical officer would remain and continue to discharge his duties. The only difference between the new and former orders consists in the board of guardians having now authority to dismiss an officer whose suspension the Local Government Board does not see fit to remove, and whose dismissal they approve of, and the Board are advised that they are fully warranted in making the regulation by the terms of the 3rd section of the Irish Poor Relief Act. The Local Government Board must dissent from the views of the Irish Medical

Association as to the construction and intention of the 33rd section of the Irish Poor Relief Act; that section enables the Local Government Board, if necessary, to act independently of a board of guardians, and to overrule their action in regard to the dismissal of an officer, but it does not deprive the Local Government Board of the power they possess under the 3rd section of the Irish Poor Relief Act to authorise boards of guardians to dismiss certain officers described in their General Order. The Local Government Board made the Order of 18th Dec., 1882, after very careful consideration and under legal advice, and they are not prepared at present to cancel their Order and to issue an amended one as requested.

I have the honour to be, Sir,
Your obedient servant,

W. D. WADSWORTH, Sec.

THE MEDICAL BILL.

THE following petition in favour of the Bill was presented last week by the Irish Medical Association:—

To the Right Honourable the Lords Spiritual and Temporal in Parliament assembled, the Petition of the President and Council of the Irish Medical Association

Most humbly sheweth—

That your Lordships' petitioners are the executive body of an incorporated Association, which numbers amongst its members more than one-third of the entire body of registered medical practitioners in Ireland, and which, for more than forty years, has been maintained in order "to unite the members of the medical profession in Ireland, and so form a body competent to exercise influence in sanitary and medical affairs for the public benefit, and to protect and promote the interests of the medical profession."

That your Lordships' petitioners have considered the provisions of the Medical Acts Amendment Bill, now standing for a second reading before your Right Honourable House, and fully approve of the principles of said Bill.

That the Irish Medical Association has, at many successive annual general meetings, declared its approval of the proposals—

a. To restrict the privilege of registration as a medical practitioner to persons who shall have passed before a Central Examining Board for each division of the Kingdom an examination adequate to ensure their competency, registration being granted throughout the Kingdom upon equal terms as regards standard of examination, duration of study, and amount of fees payable prior to examination.

b. To reconstitute the General Medical Council, so that an adequate direct representation therein of the registered medical practitioners throughout the Kingdom shall be secured.

c. To amend the existing law so as to check effectively the practice of medicine and the improper use of medical titles by unqualified persons.

That your Lordships' petitioners are aware great abuses have arisen in the granting of licences to practise medicine, and great injury has arisen to the public from the difficulty of distinguishing between competent and incompetent practitioners by reason of the inefficacy of the existing law.

That your Lordships' petitioners therefore humbly pray that your Most Honourable House will be pleased to pass said Bill.

(Signed)

JAMES MOLONY, President.

JOHN H. CHAPMAN, Hon. Sec.

IRISH POOR-LAW INTELLIGENCE.

POOR-LAW SUPERANNUATION (IRELAND) BILL.

THIS Bill stands for a second reading, and only waits for an occasion when the notice-paper of the Commons is clear enough to enable it to come on before midnight. After that hour it cannot, by the rules of the House, be taken, because the delectable member for Cavan, Mr. Biggar, and Mr. Richard Power, member for Waterford, have "blocked it"—i.e., given notice of a motion that it "be read a second time this day three months," which is the Parliamentary way of expressing rejection. Every effort has been unavailingly made to induce these gentlemen to take off the block, and therefore there is no way over the difficulty save for Mr. H. Gladstone to get the Bill put high up on the notice-paper, and fight it out with the Obstructives, who, we believe, are in a helpless minority. Unfortunately, this is not easily managed, and the Affirmation Bill has made it impossible for the present; but after Whitsuntide progress may be hoped for.

THE H. H. H. STEWART BEQUEST.

THE Master of the Rolls for Ireland—Sir Edward Sullivan—has recently given judgment as to the disposition of the estate left by the late Dr. Henry Hutchinson Stewart. Dr. Stewart occupied a remarkable position in the medical history of the last half century. He held the position of governor of the House of Industry, a sort of industrial institution which existed fifty years ago in Dublin, and which has since been converted into the House of Industry Hospital, by which name the Richmond (surgical), Whitworth (medical), and Hardwicke (fever) are now known. On the introduction of the Irish poor relief system, the House of Industry was abolished, and a number of the pauper lunatics were confided by Government to the care of Dr. Stewart, who maintained them at first at Island Bridge, near to Phoenix Park, and afterwards at Lucan, about six miles from Dublin. In this way, Dr. Stewart became the proprietor of a large asylum at Lucan, and amassed a considerable fortune, part of which has now been disposed of by the Master of the Rolls. Dr. Stewart's name will live in the memory of our profession as that of one of its most benevolent members. His first act after his retirement from active life was to hand over the valuable and spacious premises at Lucan, a free gift towards the foundation of the "Stewart" Institution for Imbeciles and

Lunatics, and at the same time he gave a large donation towards erecting a suitable building. After that time it was Dr. Stewart's habit to live in the most sparing manner, and to hand over to charity immediately the money thus saved by the sacrifice of his own pleasures. In this way he presented considerable sums from time to time to the Royal Medical Benevolent Fund Society in Ireland, and other charities, but his benevolence in this way did not prevent his leaving, after his death, a sum of about £18,000. Respecting this sum, he left only very indefinite instructions, and the Master of the Rolls was, therefore, called upon to dispose of the funds. To the Stewart Institution he gave a sum of about £2,000, sufficient to wipe off an old-standing debt due by the Institution to Dr. Stewart, and the balance he set aside for the endowment of medical scholarships in the University of Dublin and the Royal Irish University. We cannot but regret that the learned judge should have selected this method of disposing of Dr. Stewart's money. He might with great advantage have endowed the Irish Medical Benevolent Fund, with which for many years Dr. Stewart had been closely associated; or he might, if he considered himself restricted to medico-educational objects, have found many worthy purposes to which the money might have been given. The learned judge could hardly have found a purpose less consistent with the testator's wishes or with the interests of the public and the profession than those he has selected. Indeed, considering that the University of Dublin is wealthy enough to pay for any number of medical scholarships, and that the Royal Irish University is a State-supported institution, we can hardly imagine a less useful appropriation of Dr. Stewart's money than the handing it over to these institutions. If the benevolent testator could have known the object to which his savings would have been given, we are confident he would not have left a shilling of his money undistributed.

THE IRISH MEDICAL ASSOCIATION AND THE MEDICAL BILL.

THE following Memorial was presented last week to the Lord President of the Council by Dr. Jacob, on behalf of the Irish Medical Association:—

TO THE RIGHT HONOURABLE THE LORD PRESIDENT OF THE PRIVY COUNCIL.

The Memorial of the President and Council of the Irish Medical Association.

Humbly sheweth—

That your Lordship's memorialists having urged upon your Lordship the necessity for legislation for amendment of the Medical Acts, acknowledge with satisfaction and thankfulness the efforts of Government to promote such legislation, and have petitioned the House of Lords in support of the principles of the Medical Bill.

That your Lordship's memorialists nevertheless view with regret the proposal of the constitution of the Medical Board for Ireland contained in clause 9, subclause 5 of the amended Bill, inasmuch as it is therein proposed to exclude the directly elected representative of the medical practitioners of Ireland, and to give to the King's and Queen's College of Physicians only two representatives on the same Board.

That it is the opinion of your Lordship's memorialists it would be both unjust and inexpedient to exclude from consideration of Irish medical arrangements the representative of the medical practitioners in Ireland, and to limit the influence of that representative to the part which he may take in a meeting or meetings of the Medical Council for a few days in each year.

That without desiring to enter into a comparison of the respective claims of the medical authorities to be represented in said Board, your memorialists feel it their duty to give emphatic expression to the opinion that the licensing corporations of Ireland are by the extent of their work in medical education and qualification, by the high standard of curriculum and examination which they have maintained, and by the regard which they have shown for the general education and culture of their licentiates, fully entitled to an influence in the Medical Board equivalent to that secured to the Irish Universities by the Bill, and that the College of Physicians is in no respect deserving of less influence upon Irish medical affairs than any of the other medical authorities.

That your Lordship's memorialists consider the proposed method of election of the members of the Medical Board altogether objectionable, because in most instances it does not provide for the true representation of the constituents of the electing body, but vests the elective power in governing authorities which are frequently self-appointed, and are seldom so constituted as to be entitled to speak on behalf of the constituency. Your Lordship's memorialists are therefore strongly of opinion that clause 54, lines 29 to 32, page 30, ought to be so altered as to vest future power of election in the Fellows, Medical Graduates, or other medical corporate voters of the body entitled to return the delegate.

Your Lordship's memorialists therefore humbly pray that Her Majesty's Government will be pleased to give their support to the proposition for the amendment of the Bill in the direction above indicated.

Signed on behalf of the Irish Medical Association,

JAMES MOLONY, F.R.C.S.I., President.

JOHN H. CHAPMAN, F.K.Q.C.P.I., Hon. Sec.

LIST OF ENTRIES IN THE REGISTER OF THE
BRANCH MEDICAL COUNCIL (IRELAND) FOR
THE MONTHS OF FEBRUARY AND MARCH, 1883.

FEB. 1st.—Gowland, J. W.; Newton House, Rathgar; M.B. and Bac. Surg. Univ. Dub. 1882.

1st.—Martin, W. A. P.; Markethill, co. Armagh; M.D. R. Univ. Irel. 1882.

13th.—Alcorn, S. A.; New South Wales; M.B. and Bac. Surg. Univ. Dub. 1883.

14th.—Concannon, Austin; Tuam, co. Galway; Lic. R. Coll. Phys. & Surg. Edin. 1883; L.A.H. Dub. 1882.

14th.—Carry, W. W. S.; St. Mark's Hosp., Dublin; Lic. R. Coll. Surg. Irel. 1882; L.A.H. Dub. 1883.

14th.—Fetherstonhaugh, W.; 2 Belgrave Square West, Monkstown; Lic. R. Coll. Surg. Irel. 1879.

16th.—Curtis, J. H.; 7 Camden Place, Cork; Lic. R. Coll. Phys. & Surg. Edin. 1883.

16th.—Peet, F. F. Tralee; Lic. R. Coll. Surg. Irel. 1882.

17th.—Graham, S.; Legoniel, co. Antrim; Lic. R. Coll. Phys. Lond. 1883.

23rd.—Torney, G. P.; 8 Blackball Street, Dublin; Lic. R. Coll. Surg. Irel. 1882.

27th.—Finegan, J. P.; Kingscourt, co. Cavan; M.B. and Bac. Surg. Univ. Dub. 1883.

MARCH 1st.—Lane, Thomas; 127 Leinster Road, Dublin; Lic. R. Coll. Surg. Irel. 1882; Lic. K. Q. Coll. Phys. Irel. 1883; Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

7th.—Heffernan, Geo. B.; 22 Charleville Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1882.

9th.—Hatch, Richard; Duleek, co. Meath; Lic. R. Coll. Surg. Irel. 1881; Lic. & Lic. Mid. K. Q. Coll. Phys. Irel. 1882.

13th.—Tweedy, William; Newry Street, Banbridge; Lic. R. Coll. Phys. & Surg. Edin. 1883.

13th.—O'Callaghan, J. Dromleigh; Macroom, Cork; Lic. R. Coll. Phys. & Surg. Edin. 1882.

20th.—Brooks, H. St. J.; 7 Chelmsford Road, Dublin; M.B. & Bac. Surg. Univ. Dub. 1882.

24th.—Garham, John; Clifden, co. Galway; Lic. R. Coll. Phys. & Surg. Edin. 1882.

28th.—Howard, Timothy; 9 Herbert Road, Sandymount; Lic. R. Coll. Surg. Irel. 1882; Lic. & Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

28th.—Gormley, J. W.; Peter St., Drogheda.

28th.—Cruise, F. J.; 93 Merrion Square West, Dublin; Lic. R. Coll. Surg. Irel. 1882.

UNION OFFICERS' SUPERANNUATION BILL.

Abstract of a Bill to make better provision for the Superannuation of the Officers of Poor-law Unions in Ireland.

Introduced April 5, 1883, by Mr. Herbert Gladstone, Mr. Trevelyan, and the Attorney-General for Ireland.

BE it enacted, &c.

1. This Act may be cited as the Union Officers' Superannuation (Ireland) Act, 1883.

2. *Grant of Superannuation.*—From and after the passing of this Act the board of guardians of every union in Ireland shall, with the sanction of the Local Government Board for Ireland (in this Act called "the Local Government Board"), grant to any union officer belonging to that union who shall become incapable of discharging the duties of his office with efficiency by reason of permanent infirmity of mind or body or of old age, upon his resigning or otherwise ceasing to hold his office, a superannuation allowance, according to the following scale—that is to say—

To any officer who shall have served in some one or more unions in Ireland for ten years and upwards, and under eleven years, an annual allowance of ten-sixtieths of the annual salary and emoluments of his office:

For eleven years and under twelve years, an annual allowance of eleven-sixtieths of such salary and emoluments:

And in like manner a further addition to the annual allowance of one-sixtieth of such annual salary and emoluments in respect of each additional year of such service until the completion of a period of service of forty years, when an annual allowance of forty-sixtieths shall be granted, and no addition shall be made in respect of any service beyond forty years.

No officer shall be entitled to such allowance on the ground of age who shall not have completed the full age of sixty years, and shall not have served as a union officer in some one or more unions in Ireland for twenty years at the least.

For the purposes of this section, the annual salary and emoluments of a union officer shall be calculated on the average of the three years ending with the quarter-day next before he ceases to hold his office.

No officer shall be entitled to any superannuation allowance or gratuity under this Act unless the Local Government Board are satisfied that he has discharged his duties as a union officer with diligence and fidelity.

3. *Allowance in Cases of Bodily Injury.*—The board of

guardians of any union, with the sanction of the Local Government Board, may, if they think fit, grant to any person, being the holder of a union office in the union in respect of which a superannuation allowance might be granted under this Act, who, before the completion of the period which would have entitled him to a superannuation allowance, is compelled to quit the service of the union by reason of severe bodily injury occasioned, without his own default, in the discharge of his duty as a union officer, a gratuity not exceeding three months' pay for every two years' service, or a superannuation allowance not exceeding ten-sixtieths of the annual salary and emoluments of his office; and may, if they think fit, with the like sanction, grant to any such holder of a union office who is compelled from infirmity of mind or body to leave the union service before the completion of the period which would have entitled him to a superannuation allowance, such sum of money as the board may think proper, but so that no such gratuity shall exceed the amount of one month's pay for each year of service.

4. *Local Government Board may Reduce any Pension.*—Whenever an application is made to the Local Government Board to sanction the grant to any union officer by a board of guardians of a superannuation allowance or gratuity under this Act, it shall be lawful for the Local Government Board either to sanction or to refuse to sanction such grant, or to sanction the grant of a superannuation allowance or gratuity to such officer of such less amount than otherwise would have been awarded to him as the Local Government Board may determine, where the defaults or demerit of such officer in relation to the union service appear to them to justify such diminution.

5. Every superannuation allowance or gratuity granted under this Act shall be payable to, or in trust for, the union officer, and shall not be assignable nor chargeable with his debts or other liabilities.

6. *Discontinuance of Pension in certain Cases.*—In case any person enjoying any superannuation allowance under this Act is appointed to be a union officer in any union, every such allowance shall cease to be paid so long as he continues to hold such appointment if the annual amount of the profits of the office to which he is appointed are equal to those of the office formerly held by him; and in case they are not equal to those of his former office, then no more of such superannuation allowance shall be paid him than with the salary of his new appointment shall be equal to that of his former office.

7. *Provision for Cases of Professional Qualification.*—The Local Government Board may from time to time, by order, declare that for the due and efficient discharge of the duties of any union office or class of offices to be specified in such order, professional or other peculiar qualifications are required, and that it is for the interest of the public that persons should be appointed thereto at an age exceeding that at which public service ordinarily begins; and may, by the same or any other order, direct that when any person holding any such office shall retire from the union service, a number of years not exceeding ten, to be specified in the order, shall, in computing the amount of the superannuation allowance which may be granted to him under this Act, be added to the number of years during which he may have actually served.

8. The Local Government Board may from time to time make rules with reference to the mode in which a union officer shall establish what his age is, and establish that he has discharged his duties with diligence and fidelity, and with respect to any other conditions the fulfilment of which the Board may require to be proved; and in the case of an officer retiring on the ground of infirmity of mind or body, if the Board by any such rules require the officer to appear for examination before a medical board, or before a medical practitioner nominated by the Local Government Board, the Local Government Board may defray the expenses of such examination out of the superannuation fund provided by this Act.

9. All allowances and gratuities payable under this Act shall be advanced from time to time by the board of guardians of the union in which the officer was serving at the time of his ceasing to be a union officer, and shall be repaid to the board of guardians out of the union officers' superannuation fund.

For the purpose of providing for such repayments, the following enactments shall take effect:—

(1.) On, or as soon as conveniently may be after, the first day of January in every year after the passing of this Act, the Local Government Board shall estimate what sum will be necessary for the purposes of this Act during the year.

In making the first of such estimates under this Act, the Local Government Board shall estimate what sum will be necessary for the purposes of this Act during the whole of the period between the passing of this Act and the first day of January next following the making of the estimate.

The Local Government Board shall in each year, by order under their seal, assess that sum on the several unions in proportion to the net annual value of the property therein. They shall send copies of the order to the guardians and to the treasurer of each union.

(2.) Thereupon the treasurer shall, if he has then in his hands to the credit of the guardians sufficient funds, pay the amount so assessed into the Bank of Ireland; and if he has in his hands to the credit of the guardians funds not sufficient for payment in full of the amount so assessed, he shall pay into the Bank of Ireland such balance as he may have in his hands in reduction of the amount so assessed; and in such case, or if he has no funds in his hands to the credit of the guardians, then he shall, out of all moneys subsequently received by him on account of the guardians, pay the amount assessed into the Bank of Ireland. Moneys paid into the Bank of Ireland under this Act shall be placed to the credit of a fund which shall be called the Union Officers' Superannuation Fund.

The guardians of each union shall debit the several electoral divisions with proportions of the sum assessed upon the union, according to the net annual value of the property in each division.

(3.) On the 25th day of March, 1884, and on every 29th day of September and 25th day of March following, the guardians of each union shall furnish to the Local Government Board accounts of the moneys expended by them for superannuation allowances and gratuities payable under this Act since the date of the last preceding account, or, in the case of the accounts furnished on the 25th day of March, 1884, since the date of the passing of this Act; and the Local Government Board shall pay to the treasurer of the union, out of the union officers' superannuation fund, the amount mentioned in the account furnished by the board of guardians of the union when such amount has been found to be correct.

10. In this Act the term "union officer" includes every person appointed by the board of guardians of any union to be a permanent officer of the union under the provisions of the 31st section of the Act of the session of Parliament of the 1st and 2nd years of the reign of Her present Majesty, chapter 56, and the 4th section of the Act of the session of Parliament of the 10th year of the reign of Her present Majesty, chapter 31, whether such officer is paid by wages, poundage, or percentage on collection of rates, or by a salary; and also every chaplain of a union, and every medical or surgical officer of a union, or of any dispensary district therein; and every person appointed or constituted as sanitary officer under the 11th section of the Public Health (Ireland) Act, 1878, or clerk to the burial board of any district where such burial board is a board of guardians, or clerk to the local authority acting in execution of the Contagious Diseases

Humbly sheweth -

That your Lord of the M thankful legislati port of Tha' with Board amer the titi Co B

Supplement of The Medical Press and Circular

(Animals) Act, 1878, where such person has been so appointed by a board of guardians, or holds his office as a sanitary officer, or clerk of the burial board, or clerk of the said local authority, by virtue of any other guardians; which he has been appointed by a board of guardians; and also the registrar of births, deaths, and marriages in every union, and the superintendent registrar, being also the clerk of the union.

The term "emoluments" includes all fees, poundage, and other payments made to a union officer for his own use, as such union officer out of poor rate or sanitary rate, or money voted by Parliament; and also the remuneration or money voted by Parliament; and other remuneration value of rations, apartments, and other remuneration appertaining to the office held by such union officer, estimated according to such scale or in such manner as the Local Government Board shall prescribe.

11. The Acts specified in the schedule to this Act are hereby repealed so far as they relate to the superannuation of any officer who retires from his office after the passing of this Act.

This repeal shall not affect the powers of the board of guardians of any union with reference to the granting of a superannuation allowance under any of the said Acts to an officer who has retired from his office before the passing of this Act; nor anything duly done or suffered, nor any right or liability acquired, accrued, or incurred, under any enactment hereby repealed; and shall not relieve the board of guardians of any union from the obligation to pay any superannuation allowance granted by them under any of the said Acts.

SCHEDULE (referred to in Section 11).

Session and Chapter.	Title or Short Title.
28 & 29 Vic., c. 26.	An Act to provide for superannuation allowances to officers of unions in Ireland.
32 & 33 Vic., c. 50.	The Medical Officers' Superannuation Act (Ireland), 1869.
35 & 36 Vic., c. 89.	An Act to amend the Act providing superannuation allowances to officers of unions in Ireland.

CORONERS' SALARIES.

At the recent Commission of Assize for Queen's County, Chief Justice Morris presiding in the Crown Court, the question of coroners' salaries was brought before his Lordship.

Dr. Higgins, the coroner for one of the divisions of the county, applied to the Grand Jury for a presentment for £52, half a year's salary, and £6 for three inquests held out of his division. Dr. Quirke, the coroner for the other division, also applied for £52, half a year's salary. It appears that upon the passing of the Act commuting the paying of coroners by fees to payment by salary, the coronerships for the county were held by the late Mr. Clarke and Dr. O'Kelly. The Act provides that the salary fixed shall be based on the amount of fees paid to the coroner or his predecessor for five years previous to the passing of the statute. About seven years before the passing of the Act, Dr. O'Kelly went to reside out of the county, and the Grand Jury found that they could not present for his fees under the circumstances. The consequence was that though Dr. O'Kelly had not resigned his appointment he did not hold any inquests during the five years previous to the passing of the Act, and the work of the entire county was consequently done by Mr. Clarke. A committee of the Grand Jury fixed Mr. Clarke's salary—upon the work of the entire county—at £104, and no salary was fixed for Dr. O'Kelly. Upon Mr. Clarke's death Dr. Higgins was elected coroner for the division held by the deceased gentleman, and claims the amount of salary Mr. Clarke received. Dr. O'Kelly held office for some short time after Mr. Clarke's death, still doing no

work. He subsequently resigned, and Dr. Quirke was elected to his division. Dr. Quirke also claims a salary of £104 a year. The Grand Jury threw out both presentments, in order that the question might be brought before the judge.

The question having been argued at some length, his Lordship said it appeared to him the Act of Parliament had been framed without a full knowledge of the subject, as this case exemplified. No provision was made for contingencies. He was only putting a reasonable interpretation upon the Act when he said that a "predecessor in office" was the person who previously held the post. Accordingly, Dr. Quirke was entitled to Dr. O'Kelly's salary, which was nil. The Grand Jury had passed a resolution of remonstrance on this subject at the last July assizes. The Act of Parliament was his master in the matter, and he must abide by it. He would therefore pass the presentment at £104 for Dr. Higgins.

ELECTION OF MEDICAL OFFICER FOR HEADFORD DISPENSARY DISTRICT

A MEETING of the Dispensary Committee for Headford district was recently held for the purpose of electing a medical officer in room of Dr. J. C. Flood, then resigned. The result was a tie, ten having voted for Dr. Charles J. Blake, of Tuam, and ten for Dr. James Gorham, of Letterfrack, the only candidates nominated. Mr. O. Flaherty there and then objected to the votes of two members of the committee, inasmuch as one had been adjudicated a bankrupt, and the other was not a rated occupier in the district; and on these grounds claimed the election for Dr. Blake. Dr. Gorham made a counter objection, representing the proceedings to have been illegal, one of the Poor-law guardians not having been notified to attend the election. All objections and protests for and against were forwarded to the Local Government Board, but that body not having determined the issue one way or the other, the committee recently appointed met on Tuesday when Dr. Blake and Dr. Gorham again entered the lists, and the former was returned by a majority of two. In appointing committee the week before last some changes were made.

* It being put to a poll, there voted for Dr. Blake, 12.

For Dr. Gorham, 10.

The chairman declared Dr. Blake duly elected.

Dr. Blake briefly returned thanks, whereupon the proceedings terminated.

EXTIRPATION OF THE COCCYX.

THIS operation was done by Marie B. Werner, M.D., Philadelphia, in the case of a married woman who came under her care for intolerable backache, which was always aggravated in the act of sitting down, or resuming the erect posture. On examination the extremity of the coccyx was found to be very painful, and turned to the right. The patient had suffered from this pain for a year and a-half, since her last confinement. It was determined in consultation that mere division of the ligaments would not suffice, so extirpation of the bone was resolved upon. The patient made a good recovery. There was a good deal of interference with the power of making water until the patient was able to be up and about again. Acute pain of a throbbing, stinging, and cutting character was felt on the third day, but this was relieved by the removal of the three stitches by which the wound was closed, and which had been introduced deeply to keep the parts well together. Some pain and soreness remained for six weeks after removal of the bone, but this gradually subsided. The free extremity of the bone was found to be the seat of commencing osteitis.

IRISH POOR-LAW INTELLIGENCE.

THE IRISH MEDICAL ASSOCIATION

HELD its Annual Meeting at the Irish College of Surgeons on Monday last.

The usual breakfast of the members took place at the Shelborne Hotel, the chair being occupied by Dr. Robert Browne, Chairman of the Council of the Association.

The Annual Meeting commenced at 11 a.m. at the College, Dr. Moloney, of Tulla, President of the Association, being in the chair. After the reading of the Report (which we print in our Irish Supplement of the present issue), the following resolutions, amongst others, were moved and adopted :—

“That the Medical Act (1858) Amendment Bill now before Parliament is approved in principle by this Association, and that the Council are hereby instructed to support said Bill, while endeavouring to obtain such amendments as appear to them desirable.”

“That the Union Officers' Superannuation (Ireland) Bill of this session is entitled to the warm support of this Association, and that the Council are hereby requested to exert all the influence of this Association, with a view to secure the passing of said Bill this session.”

“That Mr. Meldons' Notification of Infectious Diseases (Ireland) Bill deserves the support of this Association, and that the Council are hereby directed to oppose any Bill which proposes that the duty of notifying infectious diseases to the sanitary authorities shall be made obligatory upon the medical attendant.”

“That the present system of dispensary medical relief, under which a large proportion of tickets is indiscriminately issued, is opposed to the public interest, as it directly leads to habits of dependence and improvidence, and at the same time not only improperly increases the poor rates, but also unfairly occupies the time and services of the medical officers, who are thereby deprived of legitimate fees.”

In the evening the members of the Association met for dinner, under the Presidency of Dr. Jacob, who had been selected for the coming year. Amongst those present were the Presidents and Vice-Presidents of the Colleges of Physicians and Surgeons, the Principal Medical Officer of the Army Medical Department for Ireland, the Medical Commissioner of the Local Government Board, the Registrar-General, the President of the Academy of Medicine, and other distinguished guests.

We hope to give a fuller report of the day's proceedings in our next issue.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF APRIL, 1883.

APRIL 6th.—Crowe, Daniel; Blackrock, co. Dublin; M.B. Univ. Dub. 1882; Bac. Surg. Univ. Dub. 1883.

7th.—Currie, Robert; Ballymena, co. Antrim; Lic. R. Coll. Phys. & Surg. Edin. 1883.

7th.—Henry, James; Monaghan; M.D. R. Univ. Irel. 1882; Mast. Surg. R. Univ. Irel. 1882; Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

7th.—Hackett, J. C.; Dungarvan; M.D. and Mast. Surg. R. Univ. Irel. 1882.

9th.—Armstrong, John; 8 Leeson Park, Dublin; M.B. Univ. Dub. 1882; Bac. Surg. Univ. Dub. 1883.

13th.—Campbell, K. J.; 87 Stephen's Green, Dublin; Lic. R. Coll. Phys. & Surg. Edin. 1883.

14th.—Kennedy, D. W.; Castleshane, co. Monaghan; Lic. R. Coll. Surg. Irel. 1882.

14th.—Wright, W. A.; Anglesea, N. Wales; L.A.H. Dub. 1883.

16th.—Hoey, J. C.; 1 Royal Marine Road, Kingstown; Lic. R. Coll. Surg. Irel. 1882; Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

17th.—Hamilton, W. R.; Fivemiletown, co. Tyrone; M.D. R. Univ. Irel. 1882; Mast. Surg. R. Univ. Irel. 1882; Lic. Mid. K. Q. Coll. Phys. Irel. 1883.

18th.—Allen, J. T. W.; 52 Richmond Street, S. Dublin; L.A.H. Dub. 1883.

19th.—Fryer, W. F.; Clonburrin, Bagenalstown; Lic. R. Coll. Phys. and Surg. Edin. 1882.

PAYMENT OF DISPENSARY SUBSTITUTES.

KILMEAGUE DISPENSARY.

The following correspondence was read :—

“May 29th, 1883.

“DEAR SIR,—At a special meeting of the committee held on this day (Rev. J. Farrell, P.P., in the chair), the enclosed resolution and amendment, also medical certificate, were submitted. The medical officer expects the board of guardians will be good enough to pay his *locum tenens* during his absence on sick leave, as is usual in such cases, as he believes he is not bound to do so.

“I am, yours, &c.,

“J. M. NEALE, Hon. Sec.”

A certificate of ill-health signed by Dr. Wheeler, Surgeon to the City of Dublin Hospital, was enclosed.

Proposed and seconded :—“That Dr. Sale be granted one month's leave of absence, he paying a properly-qualified substitute.”

Proposed as an amendment :—“That a month's leave of absence be granted, and that the guardians pay for a substitute.”

Mr. Nolan said the committee were of opinion that Dr. Sale was quite able to pay for his own substitute.

The Clerk observed that in all his experience he never heard of the same thing occurring before. The board never refused to pay for a substitute up to this.

Mr. Dunne said it was also unusual to interfere with the proceedings of a dispensary committee.

Mr. Tracy considered it very hard lines that when a medical officer was incapacitated by ill-health the guardians should refuse to pay for a substitute.

Sir Erasmus Borrowes was likewise in favour of the recommendation of the dispensary committee.

It was decided that the resolution that the medical officer pay for a substitute be agreed to.

STROKESTOWN DISPENSARY.

Mr. Dick proposed the payment of a substitute for Dr. Shanley. He said Dr. Shanley was such an old officer of the board—having he believed over 31 years' service, that no apology is necessary for the step I have taken—an old and tried officer who has given the most unqualified satisfaction in the discharge of his duties, and who has at all times made himself conspicuous by his liberality and attention to the poor is deserving of any compliment and consideration this board may have in their power to bestow. It is usual that the substitutes of medical officers are paid by boards of guardians, and this board will not, I trust, take a step that may in any degree detract from its ancient principles, which have always been honest, just, and honourable.

Mr. Cox said with regard to the resolution proposed, he fully concurred, but he had his duty to perform to the ratepayers. Unfortunately, if that resolution was carried the salary will have to be paid out of the rates for the doctor's substitute, and is a further burden on the ratepayers. Under these circumstances he would propose that Dr. Shanley pay a substitute himself.

On its being put to a poll, there voted for the resolution, 5; for the amendment, 6.

The Chairman announced the amendment carried by a majority of one.

It ought to be unnecessary for us to remind Poor-law Medical Officers that, if they are foolish enough to pay their substitutes in illness, they have none but themselves to blame.

In the terms of the Regulations—the duty of a dispensary medical officer, in case of his being “temporarily incapacitated by illness of other cause,” is strictly confined—*first*, to his “immediately, if practicable, communicating with the chairman or honorary secretary,” and *secondly*, to “recommending” a duly qualified *locum tenens*. The medical officer is not authorised to appoint his substitute, and the committee have full discretion to act upon his recommendation, or to disregard it, as they see fit—he has not any authority whatsoever to make arrangements with the *locum tenens* as to his remuneration, nor would any promises made by him be in the least binding either on the committee or the board of guardians—he is simply directed to suggest to the committee the name of a medical man who possesses the qualifications required by the regulations, and in doing so he will, of course, act rightly in recommending a practitioner who can conveniently and effectually discharge the duties for the advantage of the sick poor.

The practitioner who acts as *locum tenens* should understand that it is incumbent on him, without a moment's delay to arrange with the secretary for his *ad interim* duties; but he should recollect that his acting for the medical officer is irregular until he has a definite appointment from the responsible officer of the dispensary committee, and that he has no claim whatever for remuneration except on a definite arrangement on the subject with that officer. The practitioner will, no doubt, in circumstances of urgency, act upon the request of the medical officer, *ad interim*, until the secretary or chairman of the committee can be communicated with, but he should distinctly understand that by so doing he

acquires no claim—moral or legal—upon the medical officer. He should remember also that if he omits to obtain, at the hands of the committee, or its responsible officer, a definite appointment and a definite understanding as to payment, he in undertaking the duties does so at his own risk, inasmuch as it is the regulation that the guardians “shall, subject to the approval of the Local Government Board, determine the amount of remuneration (if any) to be paid” to the temporary substitutes, and it is therefore quite open to the guardians (and boards have frequently, through a short sighted policy, availed themselves of the power) to refuse to pay anything for such services, unless they have previously contracted with the *locum tenens* for a suitable remuneration for his services.

As regards the continuance of the salary of the dispensary medical officer during his illness, the Council desire to point out that the dispensary medical officer who complies strictly with the terms of the regulations, as above referred to, is entitled, as a matter of right, to receive his salary during the continuance of his illness, and it is not within the power of the guardians to refuse payment, or to make any deduction from the amount, either for remuneration of the *locum tenens*, or for any other purpose.

It is not within the authority of a board of guardians, by any resolution made at the time or previously, to alter the provisions of the regulations, or to create a rule having such effect; and in case of their refusal to pay the *locum tenens*, the dispensary medical officer is not bound in honour or in law to make good such payment, unless he has previously entered into an implied or expressed understanding with the *locum tenens* to that effect, which he is in no way called upon to do.

FEEES FOR EXAMINING A LUNATIC.

An application for two guineas was read to the Ballinasloe Guardians from Dr. Brennan, Kiltormer, for examining a lunatic.

Mr. Hardy thought the charge enormous. He had signed two or three of these orders as a magistrate during the past week, and in his opinion one guinea was sufficient.

Mr. T. D. Mahon considered that the doctor should examine lunatics in his division free of charge, the same as dispensary patients. A case like this occurred in his district before, and he obtained the opinion of the law adviser on the matter, and ascertained that a dispensary doctor was bound to examine lunatics in his district free of charge.

Chairman.—This is the most extraordinary charge I ever heard. Two guineas for examining a lunatic.

Mr. Geoghegan.—Dr. Brennan had to drive from Kiltormer to Ballinasloe with the patient.

Chairman.—He was not bound to do so. I cannot conceive what medical officers are for if not for examining lunatics in their district. They have nothing else to do.

Mr. Horne.—I do not agree with the chairman's observations that the doctors have nothing else to do.

Mr. Mahon proposed that the opinion of the Local Government Board be requested on the subject.

A resolution was adopted asking the Local Government Board to inform the guardians were the medical officers bound to examine lunatics in their district in the same way as dispensary patients?

[A dispensary medical officer must visit, advise, and prescribe for any patient, lunatic or other, for whom he receives a red ticket. Here his duty ends. He is not called upon to certify, and may decline to do so. He cannot, however, receive any fee from the guardians for a certificate unless for a dangerous lunatic committed by

the police, and with the authority of a magistrate, and, even in such case, no fee unless upon the order of the magistrate before whom the lunatic was brought. An order issued by the magistrate must be honoured by the guardians, and they can neither refuse payment nor reduce the amount.—Ed.]

CARLOW UNION.

A COMPLAINT.

DR. O'CALLAGHAN, of Bagenalstown, appeared before the board to complain of the refusal of Relieving Officer Lewis to pay a nurse employed in an urgent case. Dr. O'Callaghan stated that he was called on to attend a woman in her confinement. Her husband came home drunk and pulled her out of the bed, thus endangering her life. When he came again he found it necessary to get a woman to stay with her, and he got the man arrested. Subsequently he sent a note to the Relieving Officer to pay the woman what he considered proper. In reply the Relieving Officer sent an impertinent message to let the doctor who engaged the woman pay her.

The Relieving Officer said he received a note from Dr. O'Callaghan: "Please to pay Catherine Dowling for nursing two nights by my directions, and explain why she was not paid before."

Chairman—Had you got a message to pay before?

Relieving Officer—No.

Chairman—What reply did you send to this?

Relieving Officer—"If the doctor employed you let him pay you." I had no authority to pay anything except by the authority of the board.

Dr. O'Callaghan—It was simply a matter of life and death. The answer I got, and which I complain of, was an answer to the first note I sent to pay her what he thought fair.

Chairman—Here is a requisition from the medical officer to pay a nurse, and the question is did you refuse?

Relieving Officer—I had no authority.

Chairman—Suppose you got a message from the doctor to employ a nurse?

Relieving Officer—I would employ a nurse.

Chairman—You would have paid the nurse employed by yourself, and you would not pay the nurse employed by the doctor?

Relieving Officer—No. It is entirely against the rule.

Chairman—Not even in an urgent case?

Relieving Officer—No.

Relieving Officer Codd—The doctor has no power to employ a nurse without acquainting the relieving officer. If he does appoint a nurse he writes to the relieving officer at the earliest moment, and the relieving officer complies with it.

Mr. Fitzmaurice—I think in this case Mr. Lewis was entirely mistaken.

Chairman—I think so too. The board are surprised that Mr. Lewis should not have complied with the doctor's request, instead of relying on the red-tapeism of the law. You knew it was an urgent case, and in any case you should not have sent back an impertinent reply. The board has expressed its opinion, and no doubt in future Mr. Lewis will take care to conduct himself in a proper way, and not send impertinent messages.

HOUSES FOR WORKHOUSE MEDICAL OFFICERS.

THE following reply has been communicated by the Irish Local Government Board to an application from

the Guardians of the Gorey Union for a loan of money under the Dispensary Houses Act:—

Local Government Board, 22nd May.

SIR.—The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of the Gorey Union of the 6th inst., containing a minute of the guardians inquiring whether they can borrow money under the Dispensary Houses (Ireland) Act for the purpose of building a residence for the medical officer of the workhouse, and in reply the Board desire to state that the Act in question provides for the erection of a house or building to be used as a dispensary, or as a dispensary residence for the dispensary district in which such house or building is situate, and in section 2 of the Act the meaning of the expression "dispensary" is defined to be a dispensary house for the medical officer of any dispensary district appointed under the Medical Charities Acts. The Board do not think, therefore, that the provisions of the Act apply to the case of a medical officer of a workhouse who is not also a medical officer of a dispensary district.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING, 4TH JUNE, 1883.

Report of Council for the Year ending 31st May, 1883.

MR. PRESIDENT AND GENTLEMEN,—

During the year just terminated, your Council held four, and the Committee of Council forty-seven meetings.

INCORPORATION OF THE ASSOCIATION.

Your Council have to report that the steps necessary to have the Irish Medical Association incorporated have been completed during the past year, and that it now enjoys the status, duties, and privileges of an incorporated society. A special report on the subject of incorporation, containing the "Articles of Association," and "Memorandum of Agreement," was circulated amongst the members on the 23rd January last. Your Council, therefore, consider it unnecessary to report further on the subject.

THE MEDICAL REFORM BILL.

Upon the presentation of the Medical Acts Amendment Bill to the House of Lords by Lord Carlisle, in last March, the attention of your Council were most anxiously directed to it, and its provisions were carefully discussed. It was found that the Bill provided effectually for the objects which the Association has advocated through many years past, *i.e.*, (a) admission to the practice of the profession through one central examining body for each division of the Kingdom; (b) reconstitution of the General Medical Council, with direct representation of the profession thereon; (c) increased stringency of the law for the repression of illegitimate practice; and the Council, therefore welcomed the measure as a legislative embodiment of the principles which have long been adopted by medical reformers, and presented to the Lord President of the Privy Council a memorial in favour of legislation on these principles, which memorial will be found in the appendix.

Nevertheless the Bill seemed to your Council to be defective in many of its details, especially in not providing for strict uniformity of education, examination, and examination fee in the three divisions of the Kingdom, in not distributing equitably the funds arising from examination and registration fees, and in not giving to the direct representatives their proper influence and status in the Medical Boards throughout the Kingdom.

Being most anxious to obtain such amendments of the Bill as would meet the threatened opposition of Irish

licensing authorities, the Council requested Dr. Jacob to proceed to London for the purpose of offering to Lord Carlingford the suggestions of the Association as to amendments of the measure. A petition in favour of the Bill, which will be found in the appendix to this report, was entrusted to Dr. Jacob for presentation to the House of Lords, provided the amendments sought for by the Association were conceded. Dr. Jacob had several interviews with the representatives of the Government on these subjects, and having received satisfactory assurances that the clauses which provide for uniformity of system throughout the Kingdom, and for distribution of the surplus funds, would be altered to a more acceptable form, he placed the petition in the hands of Lord Carlingford, who presented it to the House.

When the Bill reached the Committee stage, in April, it was found that the views of the Association on these points had been met by new clauses which, if not identical, are, at least, in the direction of the views adopted by the Association. At that stage a change of which the Association could not approve was made, in that the King's and Queen's College of Physicians was left with an insufficient representation on the Medical Board for Ireland; moreover, at the Board the direct representative had no seat, and, therefore, no direct influence in the important questions which are placed in the hands of the Board for settlement. In these and other minor respects the Bill is still open to improvement, and the Council has not relaxed its efforts to obtain further changes which, if adopted, will bring the Bill into complete conformity with the policy of the Association.

Having passed the House of Lords, the measure has been brought to the House of Commons, and read a first time, being in the hands of Mr. Mundella, Vice-President of the Privy Council. The order for its second reading occupies a place on the notice paper from day to day. At the Committee stage, which will probably not take place for a fortnight after the second reading, numerous amendments will be moved on behalf of the various licensing bodies, and your Council propose, while giving the measure its warmest support, to take the opportunity to press for such changes as are necessary to make the measure perfect in the interest of the public and the medical profession generally.

UNION OFFICERS' SUPERANNUATION (IRELAND) BILL.

The Union Officers' Superannuation (Ireland) Bill of last year was read a second time in the House of Commons, on the 22nd of July, and sent to a Select Committee, empowered to send for persons, papers, and records. The Select Committee met 8th August, when Mr. Herbert Gladstone, M.P., who has charge of the Bill, was elected chairman.

After examination of several witnesses, including Dr. A. H. Jacob, on behalf of this Association, the Select Committee made a special and an ordinary report to the House, bearing date, 11th August, 1882, but nothing further could then be done towards passing the Bill, as the Session had almost expired.

A copy of each of those reports, and a forecast of this year's Bill, containing the amendments suggested, were circulated in the report of Council issued on the 17th October, which was sent to every member of this Association.

The new Bill, however, was not re-introduced until the 5th April last, notwithstanding that the Council pressed Mr. H. Gladstone to bring it forward at the opening of this Session. It now stands for second reading; but, in the present state of public business in the House, and as the Bill has been "blocked" by Mr. Biggar, it is impossible to say when the second reading will take place.

The terms of the Bill are identical with those of its forecast already referred to, but your Council understand Mr. H. Gladstone is considering the advisability of making some alterations which, he says, will tend to

strengthen the position of the union officers. These alterations have not yet been communicated to your Council, but it is understood that Clause 4 will be omitted.

Your Council have made every effort in their power to have the Bill pressed forward without delay, fearing that if it be withheld until the approach of the end of the Session it may be abandoned. They are, however, assured that Mr. Herbert Gladstone is thoroughly in earnest and most anxious to have the Bill passed as soon as possible.

Your Council, in co-operation with the Union Officers' Association, sent delegates to London with a view to dissuade the objecting members from continuing to offer opposition to the Bill, and their exertions appear to have had good effect with all but Mr. Biggar, though it is understood that several amendments will be sought to be introduced, which, so far as they are known to the Council, need not be objected to on behalf of this Association.

In the reports of the Committee of Council, bearing date 17th October and 23rd January last, which were at the time issued to the members of the Association, very full information was contained relative to the Bill, and the steps taken in support of it. Your Council, therefore, feel it will not be considered necessary at present to make further reference to that measure beyond expressing a fervent hope that it may soon be passed. The Council earnestly solicit the co-operation of all the members of the Association in the effort to influence their Parliamentary representatives in favour of the measure, and they suggest that that influence would be best obtained by a personal letter.

NOTIFICATION OF INFECTIOUS DISEASES BILL.

On the 21st February last Mr. Hastings, M.P., re-introduced his Bill dealing with the notification of infectious diseases in England, and your Council at once requested Mr. Meldon, M.P., to re-introduce the Bill on the same subject, which was drawn up and agreed to by this Association in conjunction with the Dublin branch of the British Medical Association, in order that both Bills might be before the House at the same time. Mr. Meldon is only awaiting a favourable opportunity to re-introduce the Bill, the principles of which have been approved of also by the College of Physicians and the Royal College of Surgeons.

Your Council would remind the Association that the principle of this Bill is to make notification of infectious diseases to the sanitary authorities in Ireland obligatory on the householder or guardian of the patient, the medical attendant being at liberty to notify if he voluntarily undertakes that responsibility, and thereby binds himself under penalty to perform it, but not otherwise.

In practice your Council believe such cases will, almost without exception, be voluntarily reported by the medical attendant at the request of the householder, and thus the occurrence of cases of infectious disease will be more generally notified to the sanitary authority than under any other system which your Council is aware of.

MEDICAL WITNESSES AT INQUESTS.

A complaint was made to your Council by a member of the Association, to the effect that the Coroner for his district had recently held an inquest within a very short distance of the complainant's residence, and had brought with him, as medical witness, a gentleman who resides about nine miles from the place where the inquest was held, and who is not practising in the immediate neighbourhood.

This procedure on the part of the Coroner being illegal, inasmuch as the 33rd section of the Coroners' (Ireland) Act, 9 and 10 Vic, cap 37, provides that the Coroner shall summon, as medical witness, "any legally qualified medical practitioner being at the time in actual practice at or near the place where such death happened," your Council instructed Mr. Lloyd, Solicitor to the Association, to oppose the presentment for the fee; and when the case came before the Grand Jury, the Coroner was recommended in future to comply strictly with the law.

IRISH POOR-LAW INTELLIGENCE.

CORRESPONDENCE.

THE GRIEVANCES OF DISPENSARY HACKS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I know your columns are ever ready to plead the cause of the hard-worked dispensary doctor, I venture to point your attention to the hardships of my case. Perhaps on reading it some of my brethren in harness may be induced to bestir themselves and make an effort to remedy some of our greatest grievances.

I hold an appointment in a remote arduous country district. I have two dispensaries to attend to, one of which is several miles from my residence. If I do not wait there for several hours (though nominally I am supposed to have a fixed time), and if a certain patient does not happen to arrive at the dispensary before I leave, I frequently get a *red ticket* next day to attend that patient. Added to this, I am constantly getting red tickets to attend patients who are comfortable farmers, and right well able to pay a reasonable fee; in fact, they are far better off than I am as far as worldly means go. If I get the ticket cancelled I find I am not the gainer in any sense. Faction is strong, and there are several ways of worrying a dispensary hack. After twelve months' hard work, I applied for a few weeks' leave of absence to recruit my wearied frame. Notwithstanding that my dispensary committee are aware that I have had *extra hard duty by night as well as day*, I am refused the leave unless I pay a substitute. This, unfortunately, I can't afford to do and leave home, and I have no doubt there are several in the same position as myself. We are expected to keep up the position of gentlemen—support a house, horse, and servants on the miserable pay of £150 per year, everything in the way of registration fees, &c., included.

How is it that we are the *worst paid, worst treated, and hardest worked* public servants in Ireland? Is there any hope that our condition will be improved? or are we ourselves to blame for not trying to do our best to have some of our most crying grievances redressed? The present ought to be a favourable time if the dispensary doctor would try to enlist some kind-hearted M.P., like the gifted member for Dublin, who would doubtless feel for his afflicted poor brethren if he only half understood their grievances; and when Mr. Herbert Gladstone's Bill comes on the Poor-law union medical officers' friends will have an opportunity of speaking in their defence.

Trusting you will kindly excuse my intruding on your space for the first and last time, and hoping that some one competent to deal with the subject in a practical manner will tell us what we ought to do,

I am, Sir, yours, &c.,

AN AGGRIEVED DISPENSARY HACK.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have been a dispensary medical officer for nearly six years, and during that time have endeavoured to make my district one in which the abuse of red tickets was not so glaring as when first appointed.

The population of my district, according to the Registrar-General's quarterly return, is 7,000, and during the past twelve months I received over 1,300 tickets, of which 275 were scarlet runners. My district is not one remote, nor are the people very poor. Will you kindly inform me if the number of tickets I have received is not in excess of the average? I made a calculation to-day, and find that for each patient I attend I receive the sum of 1s. 5d., and very often have to drive five, six, or seven miles to see the same patient several times, and all for the above sum. If the average number of times the 1,300 persons who presented tickets were prescribed for was taken, it would leave a very small sum for each attendance.

Knowing the interest you take, Sir, in our welfare, I trouble you with this note, and I believe until the Local Government Board defines more clearly those for whom dispensary relief is intended, that the present abuse will continue.

I had great difficulty a short time since in getting my committee to cancel the ticket of an unmarried man who was in the receipt of £80 a year. What chance should I then have to get the tickets of others cancelled who are well able to pay a small fee, but having families, and probably being a customer of one of the committee, have medical attendance gratis?

I am a member of the Irish Medical Association, but regret I have never been able to attend any of the meetings, but I think, until the dispensary doctors unite in a body and with a will to have our grievances remedied, that we will still continue the hardest-worked and worst-paid body in the world.

I am, Sir, yours, &c.,

A DISPENSARY DOCTOR.

DISMISSAL OF UNION OFFICERS.

THE following letter has been forwarded by the Council of the Irish Medical Association to every work-house medical officer in Ireland:—

SIR,—The attention of the Council of the Association has been called to a General Order promulgated by the Local Government Board on the 18th of December, 1882, which purports to make a very serious alteration in the terms under which union officers hold their appointments.

The tenure of the appointment of such officers is fixed by sections 31 and 33 of the Irish Poor Relief Act of 1838 (1 and 2 Vic., cap. 56—see Banks's Compendium of Poor Law, pages 21-3), and by the General Order of the 19th of January, 1852, made by the Local Government Board under the authority of this Act (see Compendium, page 722).

Under this Order, it was declared (article 42) that—

“The Board of Guardians may, at their discretion, suspend from the discharge of his duties any union officer, except the clerk, chaplain, or treasurer, and shall forthwith report such suspension, together with the cause thereof, to the Local Government Board; and if the Local Government Board shall remove such suspension, such officer shall remain and continue to discharge his duties.”

Article 38 of the same Order also declared that—

“No officer, having been suspended by the Board of Guardians (and who shall, without the previous removal of such suspension, be dismissed by the Commissioners) shall be entitled to any salary from the date of such suspension.”

These regulations have been altered by the recent order above referred to, and words have been added, which declare that—

“If the Local Government Board shall decide not to remove such suspension, the Board of Guardians may, on being informed of such decision of the Local Government Board, dismiss such officer.”

And again (article 38)—

“No officer . . . who shall . . . be dismissed by the Commissioners, or by the Board of Guardians, shall be entitled, &c., &c.”

In this change of rule the Council of the Association has recognised a disposition on the part of the Local Government Board to reduce the union officer to a condition of dependence for his continuance in office upon the good will of the Board of Guardians, subject only to such protective control as the Local Government Board may be disposed to afford. Under this rule, in fact, the officer is liable at any moment to be suspended by his Board of Guardians, “at their discretion”—without notice to him—without any accusation involving dereliction of or incapacity for duty, and without any inquiry whatever. That suspension would deprive him of his emoluments, and might be continued for an indefinite period, and eventually be converted into an absolute dismissal (with all the disgrace and loss which peremptory removal from office involves) unless the Local Government Board should please to exercise its power of veto, and thus place itself in direct antagonism with the views of the Guardians.

The Council emphatically protests against union medical officers being classed with the workhouse porter or his assistant (who have heretofore been the only functionaries liable to dismissal by the Guardians), and being degraded to a position in which subserviency to the personal, political, and religious feelings of the Guardians would necessarily take the place of zeal, conscientiousness, and capacity, as the means by which continuance in office might be secured. It would, in the opinion of the Council, be altogether incompatible with efficient workhouse administration if the responsible officers were so placed as to be unable to discharge any duty which might be distasteful to a majority of the Guardians, without encountering the immediate risk of dismissal.

The Council, being of opinion that this change in the regulations is both unjust to the officer and unwise in the public interest, is advised by the high legal authority that it is also altogether illegal, and that the Local Government Board has no authority whatever to transfer the power of dismissing an officer to the guardians or to any other persons.

The 31st section of the Poor Relief Act of 1838 says:—

“It shall be lawful for the Commissioners, by their order, to direct the guardians of any union . . . to appoint such paid officers . . . and the Commissioners may, and they are hereby empowered, to define, specify, and direct the execution of the respective duties of such officers and the places or limits within which the same shall be performed, and direct the mode of the appointment, and determine the continuance in office or the dismissal of such officers, and the amount and nature of the security, &c. . . .”

Under this section the Commissioners may direct the mode of appointment, i.e., the details of the method of procedure, but they (and no one else) are to “determine the continuance in office or the dismissal of such officers.”

Again, by the 33rd section—

“The Commissioners may, either upon or without any suggestion or complaint on that behalf from the guardians of any union, remove any paid officer appointed under the provisions of this Act whom they shall deem unfit for, or incompetent to discharge, the duties of any such office, or who shall at any time refuse or neglect to obey and carry into effect any of the orders of the Commissioners.”

It will be noted that the part which the guardians may take towards a dismissal is here restricted to the making of a “suggestion or complaint,” while the removal of the officer is strictly confined to the Commissioners themselves.

Under the authority of these sections the Local Government Board has made the following rule, which, though apparently inconsistent with the addition to Article 38 quoted above, is, nevertheless, re-enacted by the recent order—

“ARTICLE 39.—Every officer appointed to or holding any office under this Order shall, subject to the provisions of Article 40 of this Order, continue to hold the same until he die, or resign, or be removed by the Local Government Board, and every porter or assistant may be dismissed by the board of guardians without the consent of the Local Government Board.”

The Council having submitted the case to their legal adviser, Mr. Purcell, Q.C., County Court Judge for the Co. Limerick, has received the following replies to their queries:—

“1. Counsel will therefore please advise whether the Local Government Board can legally, by Sealed Order or otherwise, empower a board of guardians to dismiss or suspend the medical officer of the union under any circumstances whatever?”

“I am of opinion that the Local Government Board have no power to delegate to boards of guardians any authority to dismiss or suspend the medical officer of the union, and that the General Orders to this effect in the Articles 39 and 40 of the recent Circular are *ultra vires* and illegal.

“2. Should counsel be of opinion that the Local Government Board (though not being able to delegate their power of dismissal) can legally delegate the power of suspending a union medical officer, can a board of guardians exercise such powers of suspension in such a way as to practically dismiss the union medical officer?”

“I find no provision in any of the Acts in relation to the power of suspension. In my opinion, neither the Local Government Board nor a board of guardians have power to suspend a union medical officer, or to deprive him of his salary, except from the date of his dismissal by the Local Government Board, and that the provision in Article 36 of the recent Circular as to the deprivation

of the medical officer's salary from the date of suspension is also *ultra vires*.

"T. A. PURCELL.

"71 Harcourt Street, Dublin,
"15th February, 1883."

This opinion has been recently reconsidered by Mr. Purcell, with special reference to the view of the law put forward subsequently by the Local Government Board, and it has been emphatically reaffirmed by him.

The Council of the Association has in vain solicited the Board to amend the objectionable articles of the recent General Order, or to submit the legality of their action for confirmation by the Law Officers of the Crown; but, having been advised that the validity of the General Order can be tested at law, only by an officer who has been dismissed or suspended by a board of guardians, the Council, therefore, is prevented taking the necessary steps to set aside the rules in question by application to the Court of Queen's Bench.

I am, therefore, directed to communicate to you, as a union medical officer, the legal advice on the subject which the Council has received, and to point out to you, for the information of all union officers, that, from Mr. Purcell's opinion, it follows that a dismissal or suspension by a board of guardians is wholly invalid; and that an officer is entitled (notwithstanding the General Order of the 18th of Dec., 1882, or any vote of the board of guardians founded thereon) to continue in his office, and to receive and recover at law, all his emoluments until he is formally removed by the Local Government under section 33 above quoted, the legal responsibility of such removal devolving solely upon that board.

The Council is prepared to consider the case of any officer dismissed or suspended by a board of guardians under this Order, with a view to proceedings to contest such dismissal at law where the circumstances appear to justify such action.

I am, Sir, yours, &c.,

T. GIOR, Mus.D., Assistant Secretary.

Irish Medical Association, Royal College of Surgeons,
Dublin, May, 1883.

GALWAY UNION.

VACCINATION SUBSTITUTES.

READ the following letter :—

"Arran Island, June 2, 1883.

"GENTLEMEN,—I received a large supply of vaccine lymph from Dublin with a letter directing me to keep up a local supply. This I find impossible to do as the people refuse to let lymph be taken from their children's arms. A policeman named Smirl, whose two children were in the first batch I vaccinated refused to let me have the lymph even after I had read to him the Act making it a criminal offence to refuse. I think if Smirl were prosecuted as an example, it would have a salutary effect on the rest. I mention his name particularly, as he refused both Dr. Roughan and myself in an offensive manner to comply with the Act.

"I am yours obediently,

"W. F. CARMODY."

Mr. McDonagh—I thought it was Dr. Michael Carmody who was appointed to Arran.

The Clerk—So it was so, and this is signed by W. F. Carmody.

Mr. McDonagh—And the doctor who was appointed is away for the last month, and he seems to think he can do what he likes and where he likes.

Dr. Roughan—He said he was Dr. Carmody's brother, and that his brother went away as I took it he was temporarily in the usual way.

Mr. Hernon—There is no one to appoint him. There is no dispensary committee in Arran.

Dr. Roughan—How is a man to act if he wants to go away?

Mr. Burke—Before he went away he should appoint a duly qualified person to act.

Mr. Hernon—He could not appoint any one. It is the board of guardians that should do it.

The following was handed in :—

"I propose we ask the Local Government Board whether a medical officer could in the failure of there being a dispensary committee in his district of his own will and without any leave or reference or notification of his absence to the guardians absent himself from his dispensary district. The medical officer of the Arran dispensary district has now been absent from the Island for over three weeks."

SOUTH DUBLIN UNION.

SUPERANNUATION ALLOWANCE.

Mr. SEXTON moved, "That Dr. G. W. Owens be granted a superannuation allowance of £75 per annum, Dr. Owens having lost his health while in the service of the board." Dr. Owens' health was utterly shattered, and his resignation now, after 15 years' service, would enable the board to make some very necessary alterations in the medical staff of the workhouse, which they had in view for a considerable time.

Mr. Flanagan wished to reduce the vote by £40, giving £35 per annum, which was all he was legally entitled to. They had dealt very leniently by Dr. Owens in not dismissing him, but that was on the statement that he would be voted a very moderate retiring allowance. Now it was proposed to give him more than the very highest in their power. He moved that the allowance be £35 a year.

Mr. Lyons said the board could only vote a superannuation allowance of 15-60ths of Dr. Owens' salary, which would be £37 10s. The Local Government Board could then add 10 years' service, which would bring it up to £62 10s.

Mr. Hearne opposed the vote *in toto*.

Dr. Ormsby said that particular report had been discussed before, and thoroughly thrashed out. He had read all the evidence, and did not think Dr. Owens had been guilty of the slightest carelessness on the occasion in question. It was very hard indeed for a medical officer not to get confused with 200 or 300 children to look after, and the sum of Dr. Owens' offending was that he had given rather confused evidence. He appealed to the guardians not to refuse Mr. Sexton's motion, which would give a professional gentleman a superannuation allowance even smaller than had been previously voted to a gate-keeper.

The amendment, altered to £37 10s. per annum, was then put, when there voted—for, 17; against, 34.

The amendment was therefore declared lost.

Mr. Lyons then moved that the superannuation allowance be £50 a year.

This amendment was also declared lost, and the original resolution being put, was carried by same division—31 to 19.

THE late Mr. Henry Seybert, of Philadelphia, was cremated at Washington, Pennsylvania, on March 7th. Mr. Seybert left 60,000 dollars to the University of Pennsylvania, by which bequest it is stipulated that an impartial investigation of modern spiritualism be made.

IRISH MEDICAL ASSOCIATION.*Report of Council for the Year ending 31st May, 1883.**(Continued.)***WORKHOUSE MEDICAL OFFICERS.**

In a recently-issued order of the Local Government Board, bearing date 18th December, 1882, the Council discovered that the Board delegates to the board of guardians the right to dismiss certain officers of a union, including the medical officer, subject to the confirmation of the Local Government Board; and your Council, considering that the Local Government Board has no authority to delegate that power, and fearing that injustice to the medical officers would result therefrom, instructed Mr. Lloyd, solicitor to the Association, to prepare a case for opinion of counsel.

Mr. Purcell, Q.C., to whom the case was submitted, is of opinion that the view taken by your Council is correct. Your Council, therefore, sent a copy of the case and opinion to the Local Government Board; but the Board still adheres to the terms of its order.

The opinion of Mr. Purcell and the correspondence on the subject will be found in the appendix to this report.

Your Council consider that when a case of dismissal of a medical officer by a board of guardians occurs, the question should be brought into the Court of Queen's Bench, at the expense of the Association, and there decided.

PRISON SURGEONS.

A prison surgeon not long since was summoned by the Crown to give evidence in certain cases then at trial at a considerable distance in another county, and he was thus prevented from discharging his official duties as prison medical officer. He forthwith notified to the authorities that he would be unavoidably absent on Crown business, and requested them to appoint a substitute, but subsequently, by direction of the General Prisons Board, he nominated a substitute, informing that gentleman at the same time that he was not, and would not be, responsible for any remuneration, and he sent a letter to the same effect to the authorities.

The Governor of the prison asked the nominated substitute to state in writing whether he was willing to undertake the duties, and he having by letter consented to undertake the duties, subsequently performed them. During the absence of the prison surgeon certain executions took place in the prison, and the substitute was obliged to perform professional duties, for which he claimed remuneration from the prison authorities, who submitted his application to the Treasury; but the Treasury ruled that the prison surgeon was responsible for the substitute's remuneration, as he had been paid for his services to the Crown during his absence from duty, and that the fees he received were intended to cover such expenses. The prison surgeon denied that he received remuneration for any such purpose, and clearly proved that the fees paid him for his services in the Crown cases were only the ordinary fees which should be paid to any medical witness, whether or not holding any official appointment.

The authorities again submitted the claim to the Treasury, but with no better result, and the substitute (who is also a member of the Association) appealed to the Council to endeavour to enforce payment of his fees.

Your Council consider the matter one of great importance, not only to prison surgeons but to all medical men holding official appointments, as it would be a very grave injustice if medical men, compelled to be absent from duty on Crown business, are thus to be practically deprived of any remuneration for their services, and subjected to inconvenience and loss, while having to hand over their fees to their substitutes.

Your Council, accordingly, have instructed Mr. Lloyd, solicitor to the Association, to take legal proceedings

against the prison authorities to recover the substitute's remuneration—and it is hoped a very important precedent will thus be established.

DISPENSARY MEDICAL OFFICERS—POLICE CASES.

Your Council have frequently been appealed to by dispensary medical officers regarding their responsibilities in connection with police cases, and, as it appears that not only private individuals, but public departments consider it right and proper to take every advantage of the Poor-law system, your Council would again remind dispensary medical officers that they have no responsibility whatever appertaining to their duties as such concerning attendance on any person unless under the authority of a properly issued ticket. If a ticket, signed and filled up by an authorised person, be presented to a dispensary medical officer requiring his attendance on any person he is bound to give his services; but unless such a ticket has been presented he is not bound in any way, and is quite free to exercise his own discretion as to whether he will visit the patient or not. Police cases are *no exception*, and dispensary medical officers who are so hardly used would be right in refusing to give any services to police or other cases unless previously presented with a ticket properly issued by a duly authorised person. In police cases they can hope for no fees, as the authorities do not now recognise such claims; they should, therefore, make it a rule not to give any services until presented with a fee or a properly issued ticket; and if they believe that a patient for whom a ticket has been received is not a poor person properly entitled to dispensary medical relief, they should at the next meeting of the Dispensary Committee represent the facts, and seek to have such ticket cancelled. If the ticket be not cancelled the matter must end there, but if it be cancelled the medical officer is at liberty to sue either the person who improperly issued the ticket, or the person who improperly accepted his services under it.

Such cases are of very frequent occurrence, and if any dispensary medical officer so aggrieved communicates with the hon. secretary of this Association, he will receive full information as to the course he should take with a view to the recovery of his fees.

Numerous instances of recovery of fees for attendance on cancelled tickets have occurred during the past and former years.

FEES OF MEDICAL WITNESSES.

In the intermediate Reports, issued since the last annual general meeting, your Council referred to the subject of fees payable to medical witnesses, and reported that a conference of representatives of the College of Physicians, the Royal College of Surgeons, and of this Association, had been held, which resulted in the adoption of a memorial for presentation to His Excellency the Lord Lieutenant, praying for an amendment of the scale laid down. Your Council have since been in communication with the Right Honourable the Attorney General for Ireland on this subject, and have been informed that under the regulation of 22nd April, 1880, the allowance for hotel expenses of a medical witness in a Crown case has been further reduced from fifteen to ten shillings a night—nothing for the day. Accordingly, only ten shillings is at present allowed for the maintenance of a professional gentleman compelled to absent himself from the sphere of his duties during two days and one night—for one night's absence from home almost invariably involves that of two days also. Your Council are endeavouring to have this injustice to the profession removed, and expect soon to be able to present to His Excellency the Lord Lieutenant a convincing statement that the fees and allowances now fixed are not reasonable for members of the medical profession, and that such limitations would practically exclude all eminent medical men from being employed by litigants, and thereby place the public (especially persons of small means) at a great disadvantage.

I N D E X.

VOL. XXXV. NEW SERIES. VOL. LXXXVI. OLD SERIES.

JANUARY TO JUNE, 1883.

A

"A. and H." malt extract, 415
 Abdominal pulsation, 309
 Aberdeen university, honorary degrees, 262; court, 347
 Aberdeen, university of, 237; additional medical instruction at, 261
 Aberdeen university, opening of summer session, 434
 Aberdeen university, pass list, 481
 Abortion, induction of, at the eighth month, 203
 Abrath, Dr., the case of, 282
 Abscess, cerebral, or pyramis originates in disease of the ear, 445
 Abuses in medical practice, 307
 Academical distinction, 60
 Academy of medicine, Ireland, 83
ACADEMY OF MEDICINE IN IRELAND.
 —Medical Section.—President's address, the; causation of left-side pain; unilateral paralysis of the soft palate, 8; empyema, with notes on antiseptic fluids and drainage tubes, 99; sudden change in the colour of the hair and skin, 184; locomotor ataxy; ulceration and perforation of the intestines, 185; bleeders; hammer-cramp, 275; therapeutic value of nerve stretch in g, 446; thoracic aneurism, 447
 Obstetrical Section.—Opening address; exhibits, 74; cicatricial occlusion of the vagina, 75; breaking strain of the umbilical cord; mummification of one foetus in a twin pregnancy, 76; induction of abortion at the fifth month necessitated by hæmorrhage; connection between ocular diseases and certain affections of the female generative organs, 203; metris (so-called puerperal fever), 255; the third stage of labour, 512
 Pathological Section.—Specimens exhibited by card, 76; double glioma retina; intra-ocular tumour, 77; penetrating wounds of the bladder, 159; microscopic diagnosis of phthisis, 160; blood vessels of new growth; congenital defects of the rectum; occlusion of the inferior vena cava, 250; hematerphia facialis—abdominal aneurism—dysidrosis—atheroma of the pulmonary artery, 381; congenital malformation of the thorax; the influence of fracture on the growth of bone; hydatid disease of the

femur, 534; thrombosis of the pulmonary artery, 535
 Surgical Section.—Anæsthetics in certain surgical operations, 93; axillary aneurism, 274; strangulated hernia, 275; spontaneous dislocation of the hip, 316; injury of the spine, 317; removal of the thyroid gland in cases of bronchocele, 468; primary consideration of orthopædic cases, 469
 Anatomy, Sub-Section of.—President's address; the refractory period of the auricle of the heart, 251
 State Medicine, Sub-Section of.—Public hygiene from the earliest time; census statistics and health statistics, 229; a new test for organisms in water; result of consanguineous marriages; disposal of sewage in villages, 422

Achromatopsia in hysterical patients, 73
 Action of sedatives and stimulants on the nerves, 306
 Adelaide hospital, the, 431
 Adulteration law in New York, 40
 Advertising, &c., 189
 Adliss, London, 482
 Affiliation of examiners, 560
 Air, rarefied, action of, 143
 Albert medal, the, 566
 Albumen, new test paper for, 445
 Allocation of surplus funds, 560
 Alps, winter health resorts of the, 375, 399
 Althaus, Dr., failure of brain power (review), 239
 Amblyopia, 118
 Ambulance lectures, 107
 America, quackery in, 13
 American model of education, 191
 American opinion on the medical council, 315
 Amateur doctoring, dangers of, 103
 Anemia, pernicious, 17
 Anæsthetics in certain surgical operations, 93
 Analysis of drinking water, 131
 Anatomical specimens, danger of keeping, 13
 Anderson's college, Glasgow, 16, 305
 Aneurism, abdominal, 331
 Aneurism, axillary, 274
 Aneurism, thoracic, 417
 Angina pectoris, 281
 Anisometropia, 315
 Ankyloglossis, 558
 Ankylosis, 404
 Annual meeting of the royal college of surgeons, 517
 Annual summary, registrar-general's, 471
 Anstruther parochial board, 455

Another medical act amendment bill, 432
 Anti-contagious act agitation, 542
 Anti-vaccination, 345
 Anti-vaccination controversy, 372
 Anti-vaccination persecution, the recent, 231, 235
 Anti-vaccinators, a hint to, 453
 Anti-vaccinators, serious obstruction by, 411
 Anti-vivisection conference, 507
 Anti-vivisection meeting at Edinburgh, 63
 Anus, fissured, 431
 Aorta, aneurism of the descending, 404
 Apoplexy, abortive, 81
 Apothecaries, London society of, 13
 Appeal, special, for Aberdeen infirmary, 464
 Apportionment of hospital beds to consultants, 459
 Appointments—See last page of each No.
 Army medical department, present and future, 162
 Army medical examinations, 237
 Army medical service, 123
 Army medical service, pass list, 151, 217
 Army medical service, the charges against the, 471
 Army, testotalism in the, 124
 Arteria centralis retina, embolism of, 315
 Arthropathy, tabetic, 340
 Ascites, treatment of, 307
 Aseptic chamber, an, 84
 Association of F.R.C.S. Eng., new, 302
 Astley Cooper prize, 303
 Ataxy, locomotor, 185
 Atheroma of the pulmonary artery, 381
 Atrophy, progressive muscular, 317
 Athill's diseases peculiar to women (review), 130
 Aural surgery in Edinburgh infirmary, 237
 Auricle of the heart, refractory period of, 251
 Author wanted, 328
 Autopsy on M. Gambetta, 117

B

Bacilli in tuberculosis, 470
 Bacillus mounting, 283
 Bacillus tuberculosis, another stage, 257
 Bacillus tubercle war in Germany, 367, 502
 Bacon, Dr. G. M., death of, 217
 Banks, Mr. Benjamin, retirement of, 192
 Bannockburn, typhoid fever at, 193
 Barnhill poorhouse, medicine at, 306

Barnwood house, 425
 Barony medical officer, 413
 Barton, Dr. T. B., death of, 395
 Basillary artery, aneurism of the, 251
 Barracks, royal, Dublin, 190
 Barry, Dr., pharmaceutical phrase-book (review), 437
 Basilysis, 56
 Baths of Bath, the, 324
 Beard, Dr. G., death of, 151, 327
 Believer in drugs, a, 518
 Bell, Mr. Benjamin, death of, 519
 Benevolent, a case for the, 318
 Benevolent college, royal medical, 15, 53
 Benevolent fund of Ireland, bequest to, 303
 Benevolent fund society of Ireland, royal medical, 40, 336
 Bequest, munificent, to Edinburgh infirmary, 63; to Edinburgh charities, 326; to Scotch institutions, 413
 Bequests to medical charities, 167
 Beverley asylum, 239
 Bill, the medical, 251, 255, 276, 278, 300, 343, 386, 415, 427
 Birmingham hospital Saturday, 409
 Birmingham hospital Sunday, 14
 Births—See last page of each No.
 Bladder and ureters, dilatation and hypertrophy of the, 405
 Bladder, supra-pubic puncture of the, 414
 Bladder, tapping the, 229, 287
 "Bleeders," 275
 Bleorrhœa, neonatorum, prevention of, 390
 Blood globules, 478
 Blood vessels of new growths, 250
 Blyth, Mr. A. W., foods (review), 239
 Bone, influence of fracture on the growth of, 534
 Bone setter, practice of the, 513
 Bone acid in cystitis, 379
 Brain theories, 357
 Brand treatment of typhoid, 316
 Bright's disease, 5:9
 British medical association and the medical bill, 389
 British medical association, Dublin branch of, 61
 Briton life assurance, 513
 Broadbent, Dr., cerebellar tumour, 271
 Broadmoor asylum, 426
 Buchanan, the late Mrs., 546
 Bumbledon at the royal college of physicians of London, 165, 195, 217
 Burroughs, Dr. W. H. (Paris), complete inversion of uterus produced by a midwife, 117
 Burton, Dr. J. E., on puerperal eclampsia, 442, 462
 Busby, typhoid fever at, 42

C

Cæsarian section, three cases of, 432
 Calamity at Sunderland, the, 562
 Cambridge, professorships at, 542
 Cambridge university, pass list, 217
 Cameron, Dr. C. A., sanitary legislation and administration at home and abroad, 179
 Cancer, colloid, in peritoneum, 78
 Cancer hospital, 196
 Cancer of the stomach, 374
 Cape, small-pox at the, 147
 Carbolic iodiform, 283
 Cardiac malformation, case of, 564
 Careless patronage, 519
 Caries, etiology and pathology of dental, 204
 Carpenter, Dr., and anti-vaccination, 429
 Case stated against the compulsory notification of infectious diseases by the attending physician, 32, 80, 121, 143
 CASHEL UNION HOSPITAL—Notes on the employment of surgical appliances in hospital practice, by Thos. Laffan, 256
 Catarrhal ulcers, 312
 Cathart, small-pox at, 86; proposed fever hospital at, 368
 Centenarian, almost a, 432
 Centenarian, death of a, 14, 129
 Centenarians, 213
 Cerebellar tumour, 371
 Cerebro-spinalis, the micrococcus of meningitis, 301
 Certificate regulations of the Irish college of surgeons, 60
 Certificate system, Irish branch counsel and sham, 477
 Charbon, production of, 489
 Charcot, Dr. J. M., hysterical contraction of, traumatic origin, 417, 439, 461
 Charcot's disease, 273
 Charteris, Dr., case of congenital malformation of the heart, 364
 Charity, medical, 367
 Chaumont, Dr., origin and development of the science of hygiene, 506
 Chest, diseases of the (review), 434
 Chest, examination of the (review), 563
 Cheyne, Dr. Watson, the relation of micro-organisms to tuberculosis, 246
 Children, Liverpool infirmary for, 367
 Chinoline, treatment of diphtheria by, 40
 Chloroform accidents, 259
 Chloroform breath, 374
 Chloroform breath in gastric disturbance, 341
 Chloroform, death from, 212, 523
 Chloroform, method of rendering the skin insensible without, 588
 Chloroform narcosis during sleep, 840
 Chloroform question, the, 484
 Cholera in Egypt, 565
 Cholera, the, 40, 84
 Cholera and dirt, 52
 Circumcision, modern, 499
 Clark, Dr. Andrew, the work of the clinical society of London, 89
 Climate and fevers of India (review), 43
 Climatic influences on mortality, 325

CLINICAL RECORDS.

Two cases of empyema, Dr. Lichtenberg, 6; caries of the ileum, with abscess cavity in right loin, Mr. A. T. Norton, 78; glossitis, Dr. Thorowgood, 171; acute general tuberculosis, Dr. A. Semple, 139; tubercular meningitis, Dr. A. Semple, 181, 202; employment of surgical appliances in hospital practice, Dr. Laffan, 226; vesical calculus, Mr. A. Meldon, 249; cerebellar tumour, Dr. Broadbent, 271; ophthalmic cases, Mr. B. Vernon, 315; chorea, Dr. A.

Semple, 337; congenital malformation of the heart, opening between aortic valve and right ventricle, Dr. Charteris, 354; tetanus, recovery, Dr. Mapother, 378; strangulated hernia, Mr. A. T. Norton, 402; meningitis, death, Dr. A. Semple, 421; cases of herniotomy, Mr. H. J. Morris, 512, 533
 Clinical society of London, 58, 498
 Clinical society of London, the work of, 89
 CLINICAL SOCIETY OF LONDON.—Supposed myxodema; case of enormous enlargement of the lower lip, cured by operation; case of transpatellar excision of the knee, 54; on the activity of the infective power of the poison of scarlet fever during the pre-eruptive stage of the disease, 97; sub-peritoneal amputation at the hip-joint, 140; a successful case of nephrolithotomy, 141; case of supposed hydrophobia treated by chloral which recovered; pseudo-hydrophobia, death, 183; two cases of pseudo-hydrophobic paralysis in adults, 184; fracture of the radius and dislocation forward of the ulna at the wrist; acute necrosis of the right orbital plate of the frontal bone in a girl; picric acid as a test for albumen and sugar in the urine, 227; contused wound of the thigh and leg in a child, gangrene of limb, death, 295; tetanus; tetanus following laceration of the toes, Syme's operation, recovery, 296; removal by internal operation of a pin from the larynx of a boy, set. 12, in which it had been impacted thirteen months, and had caused anchylosis of the left crico-arytenoid articulation; erythematous eruption in enteric fever (two cases), 383; case of lateral curvature of the spine, illustrating its treatment without the use of mechanical supports, 389; case of tabetic arthropathy in which the tarsal bones of both feet were involved, 340; case of lepra tuberculosis, 379; removal of a large portion of the upper lip without deformity of the face; tacheitic symmetrical gangrene, 380; new test paper for albumen; examples of the two classes of cases in which cerebral abscess, meningitis, or pyæmia originates in disease of the ear, 445; case of morphia in the region of the fifth nerve, with paralysis of the intra-ocular branches of the third, 446; cases of nystagmus infantilis; excision of small goitre, recovery, 489; ulceration at the pylorus, situated at the valve, the floor of the ulcer being formed by the neck of the gall bladder, 490; large sebaceous or dermoid cyst in the tongue, removed by operation, cure; stretching the facial nerve for tic convulsif, 556; spondylitis deformans; spondylitis deformans and osteitis deformans; two cases of epithelioma which had occurred on old cicatrices, 557; nodes from congenital syphilis; infantile hemiplegia, with unusual reflex phenomena, 558
 Clippingsdale, Dr., hip-joint disease, 30, 51, 72, 115, 138, 200, 293
 Coaching, medical, breach of contract for, 195
 Coca erythroxylon, green leaves of, 414
 Colleges' scheme, the combined, 261
 Collegiate combination, 225
 Collapse, the recent anti-vaccination, 561
 Colour-blindness in India, 37

Colour-blindness, 118; and the medical profession, 119
 Colour of the hair and skin, sudden change in, the, 184
 Combined examination for Ireland, 146
 Comedones, treatment of, 328
 Coming medical reform, 104
 Committees, powers of, 550
 Compounding & prescribing, 283
 Compulsory notification put to the test, 191
 Concealment of disease under compulsory notification, 451
 Confidence between patient and medical attendant, the question of, 350
 Conflagrations, prevention of, 412, 435
 Conjoint examination for Ireland, proposed, 85
 Conjoint examination scheme, 366
 Conjoint muddling, 255
 Consanguineous marriages, 422
 Contagious disease act, the, 488
 Contagious disease: acts, 415, 435, 436, 569
 Contagious diseases acts and the house of commons, 327
 Corn, Indian, 125
 Coroners, abolition of, in America, 127
 COREESPONDENCE.
 Abuses in medical practice, 307
 Academic distinctions, 66
 Analysis of drinking water, chemical, 132
 Anæmia, pernicious, 17
 Appeal, an urgent, 374
 Apportionment of hospital beds to consultants, 459
 Army medical examinations, 237
 Ascites, treatment of, 307
 Assistants, unqualified, 479, 527
 Bacillus mounting, 283
 Beard, Dr. G. M., the late, 327
 Benevolent, a case for, the, 308
 Biadder, tapping the, 287
 Bumbledom of the royal college of physicians, 196, 217
 Chloroform breath, 374
 Comedones, treatment of, 328
 Conflagrations, prevention of, 435
 Contagious diseases acts, the, 569
 Dublin hospitals and the Irish profession, 434
 Ecclesiastical judgment in matters medical, 250
 Endocarditis, rheumatic, 171, 183, 262
 France, unqualified practice in, 451
 Homœopathic pharmacopœia, 151
 Hydrophobia, prevention of, 63, 87
 Invalid transit, 196
 Jacob, Dr., proposed testimonial to, 286; night lecturing and the Irish college of Surgeons, 549
 Llamore union, 132
 Listerism, 373
 Longevity, 242
 L.R.C.P. Ed., 456
 Masturbation, 18
 Medical bills and medical titles, 306
 "Medical reform," 132
 Mercantile marine medical service, 286
 Needles in heart, 418
 Nerve, action of sedatives and stimulants on, 306, 328
 Night lecture system, 526
 Night lecturing and the Irish college of surgeons, 549
 Our hospitals, 263
 Ovariotomy statistics, 216
 Paraphimosis, reduction of, 273
 Patella, fractures of the, 563
 Pernicious anæmia, 17
 Phthisis, pulmonary, 504
 Railway society patients and dispensary medical officers, 66
 Sallidin in rheumatic fever, 194, 306
 Science, a public minister of, 482
 Servants, gratuitous attendance on, 65
 Ships' surgeons, 288
 Sterility, Dr. Matthews Duncan's lectures on, 303
 Sympathy, case for general, 319
 Transfusion, 300
 "Transfusion solution," 109
 Unqualified practice in France, 45
 Unqualified assistants, 479, 527

Vaccination conference, 43, 65
 Warts, 396, 416
 Corrosive sublimate, 106
 Cottage hospitals, originator of, 150
 Council of the royal college of surgeons, 531
 Counterblast for Sir Wilfrid, 500
 Countries, foreign, 395
 County infirmaries, Irish, 137
 County on disease of the uterus (review), 436
 Cranial injury, general paralysis from, 25
 Crichton institution, 286, 298
 Croom's minor gynecological operations (review), 327
 Crosshill, new hospital for, 567
 Cruelty to animals bill, the, 232
 Cystitis, boric acid in, 379
 Cystic kidney, ossified, 273
 D
 Dairymple home for inebriates, 453, 520
 Dawson's guide to the L.S.A. examination (review), 240
 Death certificates, illegal signing of, 403, 423, 447, 466
 Death, foundations for, 188
 Death-rate, the, 16
 Deaths—See last page of each No.
 Deformans, spondylitis, 557
 Degrees, honorary, Glasgow, 393
 Dental decay, the causes of, 9
 Derby county asylum, 426
 Diarrhoea, treatment of chronic, 273
 Dilke, Sir C., on the proposed new consolidated order, 430
 Diphtheria at Fettes college, 546
 Diphtheria, the dormant period of, 410
 Diphtheria, transmission of, from children to fowls, 259
 Diplomas, foreign, 564
 Dirt and cholera, 52
 Direct representative, admission of, to the medical board, 559
 Disaster at Sunderland, the, 553
 Disinfectant, a slighted, 16
 Dislocation of the hip, spontaneous, 316
 Dolan, Dr. T. M., vaccination: its place and power, 93; whooping cough (review), 170
 Donovan, Dr. W., abortive apoplexy, 31
 Double execution in Glasgow, 478
 Drainage, defective, damages for, 450
 Drainage of Sheffield, 282
 Dressing, naphthaline as a surgical, 565
 Drink and strong drink (review), 349
 Drinking water, chemical analysis of, 105
 Druggist, a prescribing, 303
 Drugs, a believer in, 546
 Druitt, Dr., death of, 453
 Drysdale, Dr. C. R., six years of experience in the treatment of syphilis, 335
 Dublin hospitals and the Irish profession, 433
 Dublin hospital Sunday fund, 124
 Dublin medical students' club, 103
 Dublin school returns, 14
 Dublin students and the Irish college of surgeons, 256
 Dublin university, pass list, 18, 151
 Duckworth, Dr. Dyce, rheumatism, cutaneous, subcutaneous, and periosteal nodules, 377
 Duelling among students, 212
 Dumfries infirmary, 150
 Duncan, Dr. Matthews, lectures on sterility, 167, 175, 197, 222, 243, 265, 289, 319, 331
 Dundee, deaths from whooping-cough in, 479
 Dundee English, 326
 Dundee lunatic asylum, 61
 Dundee royal asylum, 425, 545
 Dundee royal infirmary, gifts to, 262
 Dundrum criminal lunatic asylum, 410
 Durham university medical society, 200
 Dwarf, 14

Durham, university of, pass list, 570
Dysidrosis, 381
Dyson, Dr. W., fever accompanied by herpes of the pharynx, 532
Dyspepsia, 201, 204

E

Eadie, Dr., and the chloroform question, 237
Eastbourne as a residence for invalids (review), 130
Eberle v. Moore, 195
Ecclesiastical judgment in matters medical, 350
Eclampsia, puerperal, 442, 462
Edinburgh dispensary, 150
Edinburgh health lectures, 129
Edinburgh, health of, 42, 62, 66, 107, 129, 170, 193, 215, 233, 285, 306, 326, 347, 369, 393, 454, 500, 523, 545, 567
EDINBURGH MEDICO-CHIRURGICAL SOCIETY—Gelatinous degeneration of knee-joint, motor and sensory paralysis, necrosis of the nasal bone, peculiar mental state as the result of cranial injuries, 77
Edinburgh medical schools, 16
Edinburgh medical school, opening of, 413
EDINBURGH OBSTETRICAL SOCIETY—Some observations on the bladder during the early puerperium, umbilical cord round child's neck as a cause of delayed labour, and cause of infantile death, 55; case of basiliyis, 56; uterus removed twenty-four hours after death, new form of bivalve speculum, on obstinate vomiting during pregnancy, 163
Edinburgh royal colleges of physicians and surgeons, pass list, 195, 217, 487
Edinburgh royal college of surgeons, pass list, 195
Edinburgh royal dispensary, 129
Edinburgh royal infirmary, 546
Edinburgh school of medicine, 86
Edinburgh university, 42, 285, 326, 346, 369, 394
Edinburgh university and the medical acts amendment bill, 523
Edinburgh university buildings completion fund, 285, 500
Education schemes, 560
Egypt, cholera in, 565
Egypt, medical arrangements in, 526
Egyptian plague, 37
Elbow, simple splint for the, 420
Electrical photophore, an, 569
Electricity v. hanging, 82
Emergency case, a pocket medical, 240
Empyema, two cases, 6, 99
Endocarditis, 45, 67
Endocarditis, rheumatic, 171, 262
England, royal college of surgeons and medical reform, 319
England, royal college of surgeons, pass list, 109, 573, 453, 549
Enteric fever, erythematous eruption in, 338
Enteric fever in London, 12
Epitaph on a poor-law medical officer, 433
Epileptic, 433
Epileptic, two cases of, 557
Epidemic growths, 274
Ergot, the poison of, 301
Erichsen, Prof., testimonial to, 211
Ermarch, Prof., first aid to the injured (review), 239
Ether, hypodermic injection of, 142
Examination fees, exemption of university undergraduates from, 560
Examination questions, 110
Examination schemes, 560
Examinees, affiliation of, 500
Executions and the public press, 513
Execution, double, in Glasgow, 478
Expenses, administrative, 395
Explosion, photograph of, 174
Extra-mural school, Edinburgh, 169, 218, 286, 346

Extra-mural schools, the future of, 500
Eyes, influence of electric light on the, 374
Eyes, injuries to the, 404

F

Facial nerve, stretching the, 556
Facialis, hemiatrophia, 331
Factory inspectors, 514
Faecal gas as an illuminant, 128
Failure of brain power (review), 229
Fair, Dr. G., death of, 131
False certificates again, 104
False teeth, death through, 103
Farr, Dr. W., death of, 372
Fashion, cost of, 298
Favouritism in the Indian medical service, 100
Fees, medical, in English law courts, 481
Fees, payment of, 371
Feline test for defective sewer pipes, 475
Female generative organ, connection between ocular diseases and certain affections of the, 203
Female students' home, 38
Femur, hydatid disease of the, 534
Ferrocyanic test pellets as a clinical test for atumens, 157
Fettes college, diphtheria at, 546
Fever at Dumfries, 62
Fife-Jameson memorial, 238, 347
Flisured anus, 431
Finlayson, Miss, presentation to, 215
Fisheries exhibition, the, 430
Flinn, Dr., presentation to, 263
Flower's, Prof., lectures, 160
Fetus in utero, crying of, 344
Food act, the adulteration of, 136
Food, prognosis in cases of refusal of, 469
Foods (review), 239
Foreign bodies, a treatise on (review), 438
Foreign bodies in the ear, 414
Foreign diplomas, recognition of, 564
Foreign practitioners, 276
"Fort mit dem spray," 302
Fothergillian gold medal, 235
Fractures of the patella, 563
France, depopulation of, 406
Francis, Surg.-gen., Indian medical notes, 354
Frontal bone, acute necrosis of right orbital plate of the, 227
Fruits of anti-vivisection, 344
Furious anti-vivisectionist, a, 559
Furuncles, treatment of, 341

G

Gall bladder, extirpation of the, 168
Gambetta, M., death of, 33
Gambetta's death, 63
Gambetta's wound, 99; autopsy on, 117
Gangrene of limb, 295
Gangrene, tacheic symmetrical, 381
Garibaldi's body, proposed cremation of, 106
Garrod, Dr., uric acid, 493, 503, 5, 9, 555
Gastrostomy, 379
Gelatininum sempervirens, 344
General medical council, 13, 104
GENERAL MEDICAL COUNCIL—Address, presidential, 358
Death certificates, false, 333
Erasure from register, 362
Jacob's, Dr., letter on the attendance on lectures by medical students in Ireland, 332, 334
Medical acts amendment bill, 332
Medical bill, the, 384
Petition for restoration to register, 380
Preliminary examinations, 362
Prosser, Mr., case of, 360
Sidgrove, Mr., case of, 360, 364
Study, course of professional, 384
Unqualified assistant, 361

German society for surgery, 346
Germany, tubercle bacillus war in, 367, 562
Germicide, mercuric chloride as a, 543
Glander microbe, 272
Glanders, 69
Glands, enlarged, electrical treatment of, 60
Glasgow convalescent home, 66
Glasgow ear hospital, 306
Glasgow faculty of physicians and surgeons and the new medical bill, 455
Glasgow faculty of physicians and surgeons, pass list, 195, 217, 437
Glasgow, health of, 41, 62, 107, 129, 170, 193, 215, 237, 285, 326, 393, 455, 479, 500, 545, 567
Glasgow, important meeting in, 546
Glasgow public dispensary, 150
Glasgow royal infirmary, 130, 455
GLASGOW ROYAL INFIRMARY—Congenital malformation of the heart, opening between aortic valve and right ventricle, Dr. Charteris, 334
Glasgow southern medical society and the medical act bill, 368
Glasgow university, 413
Glasgow university, lord rector of, 388, 346
Glioma retinae, double, 77
Glossitis, case of, 117
Glycerine, 379
Glycerite, mercurial, 149
Goitre, excision of small, 489
Goitre, extirpation of a large, 406
Goitre, treatment of, 477
Gout, migratory, 488
Goyder, Mr., the late, 14
Graduation ceremonial at Aberdeen university, 393
Gray's anatomy (review), 525
Greenock infirmary, annual meeting of, 86
Gresham lectures, 128
Grievances of students in the Scottish universities, 433
Growth, premature, 528
Guardians, English, 281
Guardians, reports to, 604
Gulstonian lectures on sterility, 175, 197, 224, 243, 265, 280, 329, 351
Gunshot wounds, particular form of, 136
Guy's hospital, 475
Gwynne, Mr. C. N., infantile paralysis, 268, 274
Gynaecology, manual of (review), 170
Gynaecological operations, Dr. Croom (review), 327

H

Hæmorrhage, dangerous, from the external generative organs during labour, 136
Hæmorrhage, frequent, following fright, 65
Hanging v. electricity, 82
Hart testimonial, the, 325
Harveian society, 41
Hastings, health of, 453
"Have parliament or the public sanction compulsory notification?" 183
Health lectures at Cheltenham, 124
Health society, Edinburgh, 285
Health, the public, 15
Heligoland as a climatic and hydro-pathic station, 511
Hemichorea, post-hemiplegic, 78
Hemiplegia, infantile, 553
Hernia cerebri, and the comparison between meningitis and cerebritis, Mr. A. T. Norton, 219
Hernia, gravity of congenital, 298
Hernia, strangulated, 229
Hernia, strangulated inguinal, 402, 444.
Hernia, strangulated umbilical, 535
Herniotomy, cases of, 512, 533
Herpes, bacteria in, 411
Herpes of the pharynx, 532
Hip-joint, amputation at, 140
Hip-joint disease, 30, 51, 72, 115, 138, 200, 298

Hip-joint, irreducible luxation of the, 988
Historical physiology, 323
Historical sketch of royal college of surgeons in Ireland, 3, 29, 114
Hogg, Mr. J., chemical analysis of drinking waters, 131
Hogganfield, measles at, 238
Holmes, Dr. O. H., 409
Homoeopathic pharmacopoeia, 161
Homoeopathy, 125
Hood, Dr. D. W. C., ulcer of the stomach, 201, 204
Hospital administration charges, 58
Hospital drug bill, 106
Hospital expenditure, 409
Hospital Sunday in London, 521
Hospitals, our, 263
Hot pack in puerperal eclampsia, 16
House builders' eccentricities, 127
Hounslow tragedy, the, 39, 70
Human blood pressure curves, 212
Human morphology (review), 524
Hunterian oration, 165
Hunterian society, 174
Husband, Dr., value of lactopeptine in the gastric disorders of children, 464
Hydrocele, 535
Hydrophobia, 61, 63
Hydrophobia and its prevention, 87
Hydrophobia (supposed) treated by chloral, 132
"Hydrotherapy," 107
Hygiene, origin and development of the science of, 505
Hypæmia, 316
Hypogastric lithotomy, 186
Hysterectomy, 454

I

Ichthyol, 495
Illegal signing of death certificates, 402, 423, 447, 466
Illegitimacy in Scotland, 214
Ileum, caries of the, 73
Incurables, home for, Perth, 151
India, medical appointments, 192
India, medical staff in, 8
India, vaccination in, 371
Indian corn, 125
Indian medical notes, Surgeon gen. C. R. Francis, 354
Indian medical service, pass list, 151, 217
Indian medical service, 423, 480
Inducton apparatus, automatic pocket, 241
Inebriates, home for, 235
Infamous conduct, 542
Infantile hemiplegia, 558
Infantile paralysis, 268, 274
Infectious diseases, notification of, 366
Infirmary, a crowded, 237
Infirmary, royal, Edinburgh, 42
Injured, first aid to (review), 239
Insane, Edinburgh asylum, 214
Insanity in criminal cases, plea of, 278, 299
Instinct, the seat of, 128
International sanitary exhibition at Nice, 570
Interstitial nephritis, anatomy of (review), 237
Intestinal obstruction, prolonged, 393
Intestines, surgery of the, 63
Intestines, ulceration and perforation of the, 185
Intra-cardiac diseases, 273
Intra-ocular tumours, 77
Intra-venous injection, 544
Invalid carriage, 9
Invalid transit, 196
Investigation of disease, collective, 101
Iodine, soluble salts of, 161
Iodoform, carbolic, 233
Iodoform, disinfecting, 40
Ireland, King and Queen's college of physicians, pass list, 87, 195, 264, 373, 437, 481, 549
Ireland, royal college of surgeons in, pass list, 18, 87, 437
Irish college of surgeons, annual meeting, 476
Irish college of surgeons, elections at the, 391, 410

Iridectomy, 261
Irish college of surgeons, election of examiners in the, 368
Irish college of surgeons, the examinations at, 235
Irish gaol commission, 199
Irish graduates' association, 283
Irish intermediate examinations as preliminary to professional study, 125
Irish medical board, and the apothecaries' hall, 450
Irish poor-law reform, 211
Irish prison board and its medical officers, 520
Irish prisons, 59
Is it possible to grow giants? 39
Islay, remarkable longevity in, 567

J

Jack, pleasant for, 519
Jacksonian prize, the, 345
Jacob, Dr. A. H., historical sketch of the royal college of surgeons in Ireland, 3, 59, 144
Jacob, Dr., proposed testimonial to, 286
James, Dr. P., therapeutical action of rhamnus purshiana, 368
Jennings, Dr. C. E., on transfusion, 4
JERVIS STREET HOSPITAL.—Vesical calculus, of which a No. 1 catheter formed the nucleus; stricture; albuminuria; lithotomy—Austin Meldon, 249
Jones, Dr. McN., presentation, to 15, 282, 304
Jurisprudence, chair of medical, at Aberdeen, 478

K

Kairine, 496
Keller's, Dr., museum, 262
Kirkwa's, measles at, 326
Knee, excision of, 54
Knee-joint, gelatinous degeneration of, 77
Koch, Dr., and Dr. A. Smith, the discoveries of, 528
Koch and Pasteur, 57
"Krao," so-called missing link, 6
Kreuznach and its ozone (review), 568

L

Labour, the third stage of, 512
Lactopeptine in the gastric disorders of children, value of, 404
Lady doctors want, d., 345
Lady students, a strike against, 167
Laffan, Dr. Thos., notes on the employment of surgical appliances in hospital practice, 226, 270
Lambert, Dr. W. O., the Sunderland disaster, 555
Laparotomy, 149, 258
Laudanum, an overdose of, 567
Law courts, new, 430

LEADING ARTICLES.

Annual meeting of the Irish college of surgeons, the, 617
Army medical service, the, 128
Bacillus tuberculosis.—another stage, 267
Bumbledom at the royal college of physicians of London, 165
Case stated against the compulsory notification of infectious disease by the attending physician, 33, 80, 121, 143
Charges against the army medical service, the, 471
Claims for priority in observation and introduction of new methods of treatment, 364
Collective investigation of disease, 101
Combined examination for Ireland, the, 146
Concealment of disease under compulsory notification, 461, 494
Conjoint muddling, 265

Cruelty to animals bill, the, 232
Damages for defective drainage, 450
Dr. Carpenter and anti-vaccination, 425
Dublin students and the Irish college of surgeons, the, 256
Enteric fever in London, 12
Executions and the public press, 518
Foundations for death, 168
General medical council, the, 362
Has the profession sanctioned compulsory notification? 209
Have parliament or the public sanctioned compulsory notification? 185
Hounslow tragedy, the, 79
Hunsterian oration, the, 165
Ichthyol, 495
Indian medical service, 428
Intra-cardiac disease, 273
Irish lunatic poor bill, the, 539
Lord Morley's committee on the army medical department, 493, 516

Materia medica, 186
Medical reform, 36
Medical students' register, the, 163
Medical aspect of the telephone, the, 322
Medical bill, the, 254, 278, 300, 341, 343, 380, 415, 427, 561
Medical women for India, 233
Mercantile marine medical service, a, 206
Metropolitan board of works and its work, the, 473
Micrococcus of meningitis cerebrospinalis, the, 301
New danger, a—the medical bill, 341
Notificationists and the profession, the, 102
Pasteur and Koch, 57
Plea of insanity in criminal cases, 270
Prison surgeons, 233
Pulmonary syphilis, 208
Quackery in Germany, 35
Quackery rampant, 301
Recent anti-vaccination persecution, the, 231
Recent anti-vaccination collapse, the, 501
Richardson, Dr., on medical men, 122
Royal college of surgeons of England and medical reform, the, 619
Royal college of surgeons, Ireland, and the certificate system, the, 472

Scotch interests and the new medical bill, 559
Share of each licensing body in the medical work, the, 342
Ship surgeons, 10
Stimulants and narcotics, 143
Subperitoneal operations, 145
Sudden death, 84
Tenure of office of poor-law medical officers, the, 357
Title clause, the, 407
Transfusion, 56
Tubercle bacilli war, the, 321, 408
Tubercle bacillus war in Germany, the, 562
Typhoid epidemic in Paris, the, 10
Ultra-peculiarity, 120
Unqualified assistant system, the, 537

Leckie-Mactear fellowship, 214
Lecture arrangements, royal college of surgeons, England, 125
Lecturer, bad, ready method with, 168
Lead general infirmity, 324
Left-side pain, causation of, 8
Lepra tuberculosis, 379
Leprosy in Norway, 212
Lethal trace, the, 165
Lettsoman lectures on the treatment of diseases of the heart, 45, 67, 80, 111, 133, 163
Levee to profession at the, 192, 237, 374
Licences, Scotch, 543
Licensing body, share of each in the medical work, 342
Lichtenberg, Dr., two cases of empyema, 6
Life, simplicity of (review), 42

Limb, gangrene of, 205
Liamore union case, 84
Literature, 373
Literary notes and gossip, 108, 371, 502
Lithotomy, hypogastric, 186, 373
Littlejohn, Dr., and the Dublin physicians, 126
Littlejohn's, Dr., opinion of his profession, 147
Liverpool hospital for women, amalgamation scheme of, 163
Liverpool medical institution, 65
Living museum of heart pathology, 211
Locomotor ataxy, 185
Locum tenens, power of committees as to, 560
Loggerheads, sanitary authorities at, 261
London sediles, 482
London apothecaries society and the medical act amendment bill 480
London college of surgeons, lectures at, 475
London hospital, the, 324
London, royal college of surgeons of, pass lists, 109, 396, 458
London university, pass list, 18
Longevity of medical men, 108
Longevity, remarkable, 567
Longevity, remarkable case of, 193, 218
L.R.C.P. Ed., the, 453
L.S.A. examinations, guide to (review), 240
Lunatic asylum, new, 546
Lunatic asylums, private, 193
Lunatic, death of a noted, 167
Lunatic, Irish, poor bill, 539
Lung, resection of the, 489, 559
Luxation of the hip-joint, 298

M

MacCulloch, Dr., death of, 483
McDonnell, Dr. H. H., electrical treatment of enlarged glands, 50
McEwen, Mr. W., and the Glasgow royal infirmary, 214, 238, 261, 483
MacKenzi's, Dr. S., subcutaneous nodules, 378
MacLagan, Dr. J. J., on rheumatic endocarditis, 171, 267
Magdalene institution, Glasgow, 16
Malformation, case of cardiac, 564
Malpraxis in native Indian surgery, 334
Malthusianism, fashionable, 390
Manson, Dr., testimonial to, 62
Maphother, Dr., case of tetanus, recovery, 328
Maret's catheter, relative value of silver and, 227
Marriage.—See last page of each No.
"Mars" training-ship, outbreak of fever, 107
Marson, Prof., on the universities' bill, 368
Martin, Dr. J. W., cases in private practice, 488; case of pericarditis with effusion, 96; cases in practice, 153; arrested menstruation, 294
Martin's bandages, 227
Materia medica, 186
Masturbation, 18
Massage as practised by barbarians, 59
Maxilla, development of the lower, 406
Measles epidemic in Glasgow, 522
Measles, epidemic of, 262
Medal, the Albert, 560
Medical act and Scotch universities, 327
Medical acts amendment bill, 559
Medical acts amendment bill in the Lords, 318
Medical benefit society, proposed, 452
Medical bill, analysis of the, 277, 273, 300
Medical bill, a new danger, 341
Medical bill, prospects of the, 513
Medical bill, the, 231, 257, 276, 561
Medical boards, constitution of, 894
Medical classes, Edinburgh, close of, 305

Medical boards, 369
Medical congress, international, 513
Medical council, the general, 283
Medical council, 362
Medical department of English local government board, report of 275
"Medical reform," 132, 172
Medical reform bill, 190
Medical relief, provident system of, 212
Medical research association, 192
Medical reserve force, a 543
Medical school, Edinburgh, 16
Medical society of London, 138, 236
MEDICAL SOCIETY OF LONDON.—Invalid carriage, 9
Medical staff in India, 8
Medical students' register, 163
Medical titles, 376, 395
Medical titles and the medical bill, 396
Medical union society, 12, 377, 390
Medico-chirurgical society of Glasgow, and medical reform, 347, 368
MEDICO-PSYCHOLOGICAL ASSOCIATION.—Prognosis in cases of refusal of food, 469
Mickle, Dr., accident to, 347
Meldon, Mr. A., vesical calculus, 249
Medicine, practice of in Irish college of surgeons, 499
Medicine, progress in, 212
Medicine, school of, Edinburgh, 129
Medicine, theory and practice of (review), 64
Meningitis, death, 421
Meningitis, tuberculous, Dr. C. E. A. Sempie, 181, 202
Meningitis, treatment of with iodide of potassium, 444
Menstruation, arrested, 294
Mental state, peculiar, as the result of cranial injuries, 77
Mercantile marine medical service, a, 206, 286
Merchant company, Edinburgh and the university, 393
Metria, 365
Milk, purity of, ready method of testing, 553
Mickle, Dr. W. J., general paralysis from cranial injury, 25
Micro-photography (review), 348

MIDDLESEX HOSPITAL.—Cases of herniotomy, Mr. H. J. Morris, 512, 533
Midwifery mischief, another case of, 412
Midwife, conviction of, a 168
Midwives' registrat on bill, need of, 391
Mitral regurgitation, 90
Minutes of the medical council, 431
Modern circumcision, 499
Mogador, 38
Monster, a twin, 32
Montreal, British association at, 324
Monstrosity, a remarkable, 81
Montrose asylum, 545
Moore v. Eberle, 195
Morley's, Lord, committee on the army medical department, 493, 516
Morphea, case of, 443
Morris, W. H. J., cases of herniotomy, 512, 533
Moseley's Eastbourne (review), 130
Moxa, use of in chronic affections of the spinal cord, Dr. Callimore, 496
MOXA, use of the, 538
Muddling, conjoint, 265
Mullein plant, the, 126
Mummification of one fetus in twin pregnancy, 76
Marchisoli memorial scholarship, 497
Muscular effort, sustained, 149
Museum, royal college of surgeons', 60
Myrtle, Dr., migratory gout, 488

N

Narcotics and stimulants, 143
Neale's digest (review), 240
National health society's exhibition, 515

Naphthalene as a surgical dressing, 515
 Naval medical service, pass list, 217
 Necrosis of the nasal bones, 77
 Needle, death through a fall on, 396, 416
 Nephrectomy in America, 490
 Nephro-lithotomy, 141
 Next international medical congress, 13
 Nice, international sanitary exhibition at, 570
 Nickel money, 15
 Night-lecturing and the Irish college of surgeons, 549
 Night-lecture, sham certificate system, 391
 Night-lecture system, the, 596
 Nitric acid, death from drinking, 455
 No Chinese need apply, 126
 Nudes from congenital syphilis, 558
 Nodules, rheumatismal, 377
 Nodules, subcutaneous, 378
NORTH-EASTERN HOSPITAL FOR CHILDREN.—Case of acute general tuberculosis, Dr. C. E. Armand Sempie, 139; tubercular meningitis, Dr. C. E. Armand Sempie, 181; two cases of chorea, Dr. C. E. Armand Sempie, 337; meningitis, death, Dr. Armand Sempie, 421
 North London, proposed hospital for, 392
 Notices—See last page of each No.
 Notification, compulsory, 494
 Notification of disease in Edinburgh, compulsory, 42, 326
 Notification of infectious diseases, 283, 410
 Notificationists and the profession, 102
 Norton, Mr. A. T., caries of the ileum, with abscess cavity in the right loin, 73; clinical lecture on hernia cerebri and the comparison between meningitis and cerebritis, 219; strangulated inguinal hernia (entero-epiplocele), operation, excision of omentum, recovery, 402
 Norway, leprosy in, 212
 Nurses' meeting at Glasgow infirmary, 41
 Nursery powder, an improved, 569
 Nystagmus infantili, 480

O

Obesity, treatment of, 44
OBITUARY.—Mr. J. Stark, 132; Dr. G. Fair, 132; Dr. G. M. Beard, 151; Surgeon Wier, 217; Dr. G. M. Bacon, 217; Dr. J. Palfrey, 347; Dr. W. Fair, 372; Dr. T. R. Barton, 393; Mr. R. Wills Richardson, 414; Dr. W. E. Steele, 457; Dr. P. Stewart, 481; Mr. B. Bell, 549
ODONTOLOGICAL SOCIETY.—The causes of dental decay, 9; etiology and pathology of dental caries, 204; epuloid growths, 274; therapeutic agents for the promotion of osseous development, 274; development of the lower maxilla, 406; spontaneous fracture of the teeth, 406; characters of the teeth in persons of the arthritic diathesis, 469
 Ogston, Prof., resignation of, 454
 Oleoresin of male fern, 40
 Omental tumour, laparotomy for large, 258
 Open spaces in Edinburgh, 213
 Ophthalmia neonatorum, prophylaxis of, 161
 Ophthalmic institution, Glasgow, 285
 Ophthalmic methods, new, 404
 Ophthalmology at the London university, 82
 Ophthalmology, lectureship on, 434
 Ormsby, Mr. L. H., causes, symptoms, treatment of phimosia and paraphimosis, 293, 313, 332
 Orchiopexic cases, primary consideration of, 469
 Osecus development, therapeutic

agents for the promotion of, 274
 Ossified cystic kidney, 273
 Osteitis deformans, 557
 Otology at the London university, 82
 Otology, French society of, 454
 Our hospitals, 234
 Outbreak of typhus fever in Edinburgh, 16
 Ovariectomy statistics, Mr. Spencer Wells, 216
 Overdose of laudanum, 567
 Overcrowding of the royal lunatic asylum, Aberdeen, 523
 Oxalurea, 498
 Oxford, clinical lectures at, 259
 Oxford, physiology at, 542

P

Paget, Sir James, 174
 Palfrey, Dr., death of, 345
 Paraldehyde, 401
 Paralysis, general, from cranial injury, 25
 Paralysis in adults, two cases of, 184
 Paralysis, infantile, 268, 274
 Paralysis, motor and sensory, 77
 Paraphimosis, 373
 Paris municipal laboratory, 257
 Paris, plaster of, uses of in surgery, 119
 Paris, typhoid epidemic in, 10
 Parkes museum, 258, 390, 478, 541, 566
 Parson, Mr. H., re-fracture of the patella, 533, 568
 Pasteur and Koch, 57
 Pasteur's vaccination, 37
 Patella, three cases of fractured, 535
 Paterson bursary, the, 160
 Pathogenesis of uræmic eclampsia, 544
 Pathological society, 38
 Pathology, teaching of in Aberdeen university, 107
 Patronage, carelessness, 519
 Pavy, Dr. F. W., ferrocyanic test pellets as a clinical test for albumen, 157
 Paying wards, St. Thomas's, 193
 Pericarditis, more, 303
 Pericarditis, case of with effusion, 96
 Personation, 128, 236
 Pharmaceutical phrase book, (review), 437
 Pharmaceutical society, Scottish branch of, the, 170
 Pharmacopœia as a student's manual (review), 17
 Pharmacopœia, revision of, 325
 Pharmacy, south London school of, 18
 Phimosia and paraphimosis, treatment of, 294, 313, 332
 Photophore, an electrical, 569
 Phthisis, microscopic diagnosis of, 160
 Phthisis, pulmonary, 504
 Phthisis, relation of the tubercle bacillus to, 551
 Physiology, chair of at university college, 124
 Physiology, historical, 323
 Physicians and surgeons, Glasgow faculty of, 413
 Physicians, royal college of, Edinburgh, 413
 Physicians, the London college of, 105, 365
 Picric acid as a test for albumen and sugar in urine, 227
 Picocarpin in polyuria, 65
 Pin, removal of a, from larynx, 333
 Pink eye, spread of, 523
 Plague, Egyptian, 37
 Pleasant for Jack, 519
 Poisoning, curious case of, 545
 Poisonous manufactures, 238
 Poisonous medicines, 238
 Poor-law superannuation bill, 543
 "Poor profession," a, 41
 Porritt, Mr. N., simple splint for the elbow, 420
 Porro's operation, 83
 Poulet, Dr. A., foreign bodies (review), 458
 Powder, an improved nursery, 569
 Practical joke, a shocking, 455
 Practice, medical, abuses in, 307

Pregnancy-sickness, simple remedy, 259
 Premature growth, 528
 Premature triumph, 213
 Prescribing v. compounding, 283
 Priority in observation, claim for, 364
 Prison surgeons, 233
 Professional advertisements, 213
 Professional confidences, 475
 Profession in Scotland, meeting of the, 500
 Profession sanctioned compulsory notification has the, 209
 Professors as examiners, 522
 Prostitution and its regulation, 389
 Proxy voting at royal college of surgeons, England, 545
 Pseudo-hydrophobia, 183
 Public health, the, 15
 Puerperal eclampsia, hot pack in, 16
 Puerperal hyperpyrexia, 465
 Puerperium, observations on the bladder during the early, 55
 Pulmonary consumption, contagiousness of (review), 43
 Pulmonary syphilis, 308
 Pulsation, abdominal, 309
 Purity of milk, ready method of testing, 552
 Pylorus, ulceration at the, 490

Q

Quack, American cancer, 453
 Quacks' clauses of the medical bill, 396
 Quack doctor, conviction of, 298
 Quackery in America, 13
 Quackery in Germany, 35
 Quackery rampant, 301
 Quain's dictionary, 148
 Quain's dictionary of medicine (review), 517
 Quain's elements of anatomy (review), 240
 Qualifying body, a twentieth, 323
 Queen's college, Cork, 481
 Questionable advertisements, 61, 85
 Quinine in whooping-cough, 475
 Quinine mixtures, 88
 Quinine, sulphate of, as an anti-pyretic, 208
 Quinlan, Dr. F. J. B., new hypodermic paraldehyde, 401; ready method of testing the purity of milk, 553

R

Radius, fracture of, the, 227
 Railway society patients and dispensary medical officers, 66
 Rampant quackery, 311
 Rarefied air, action of, 148
 Re advertising, 189
 Recognition of foreign diplomas, 564
 Rectorship of Edinburgh university, 123, 393
 Rectum, congenital defect of, 250
 Red cross, the Royal, 497
 Reed, Dr., death of, 303
 Reeve's morphology (review), 524
 Reflex phenomena in infantile hemiplegia, 558
 Reform, medical, 36, 172
 Registration, 369
 Registrar-general's returns, 413, 433
 Registrarship of the Irish branch medical council, 474
 Remedies, on the solution of the actions of, 225, 248, 270
 Rennet, vegetable, 85
 Research association, medical, 192
 Research, encouragement of original, 502
 Research in sanitary science, 261
 Research rewards in France, 541
 Resection of the lung, 559
 Residences for medical student, 191
 Resuscitated medical society, a, 367
 Retgression, 365
 Rhamnus purshiana, therapeutical action of, Dr. F. James, 353
 Rheumatic endocarditis, letter from Dr. Lawson, 193
 Rheumatic fever, salicin in, 306

Rheumatism, acute, 158
 Richardson, Dr. B. W., death of, 339, 409, 414
 Richardson, Dr., on medical men, 123
 Richly merited distinction, 392
 Rickets, relation of hereditary syphilis to, 273
 Rickets, relation of, to syphilis, 425
 Rip Van Winkle, 325
 Rising to eminence in his profession, 556
 Risks of medical practice, the, 86
 Rivington, W., rupture of the urinary bladder, 1, 27, 48, 69, 114, 136, 156
 Roslin, typhoid fever at, 107
 Routh, Dr. C. H. F., difficulty of diagnosing true syphilitic disease in women, 307, 419, 441
 Royal college of surgeons in Ireland, meeting at the, 501
 Royal college of surgeons of England, 345
 Royal institution, 284
 Royal medical benevolent college, 498
 Royal medical society, Edinburgh, 150
 Royal society, the, 320
 Rupture of the urinary bladder, 1, 27, 48, 69, 114, 136, 156

S

St. Andrews, pass list, 373, 433
 St. Andrews, university of, 193, 499
 St. Andrews university and the medical acts amendment bill, 567
ST. BARTHOLOMEW'S HOSPITAL.—Ophthalmic cases, Mr. Bowater Vernon, 315
 St. Bartholomew's hospital reports (review) 343
 St. John ambulance association in Egypt, 305
 St. Kilda native, peculiarities of, 523
ST. MARY'S HOSPITAL.—Caries of the ileum with abscess cavity in the right loin, Mr. A. T. Norton, 73; case of cerebellar tumour, Dr. W. H. Broadbent, 271; strangulated inguinal hernia (entero-epiplocele), operation, excision of omentum, recovery, Mr. Norton, 402
 St. Thomas's hospital, 565
 St. Thomas's hospital reports (review), 525, 543
ST. VINCENT'S HOSPITAL, DUBLIN.—Tetanus, recovery, Dr. Mappother, 378
 Sailors, the health of our, 452
 Salicin in rheumatic fever, 191, 306
 Sanderson's exercises in physiology (review), 240
 Sanitary assurance, 195, 550
 Sanitary authorities at loggerheads, 261
 Sanitary science, research in, 261
 Sanitary institute of Great Britain at Glasgow, 107
 Sanitary insurance in Dublin, 541
 Sanitary legislation and administration at home and abroad, Dr. C. A. Cameron, 179
 Sanitary prosecutions, 459
 Sanitary protection for Edinburgh, 306
 Sanitary research, encouragement of, 316
 Sanquhar, epidemic at, 523
 Sanson, Dr. A. E., on the treatment of valvular diseases of the heart, 45, 67, 90, 111, 139, 153
 Sanson, Dr., rheumatic endocarditis, 193
 Santoni, mode of administration, 304
 Scapula, cancerous tumour of, 404
 Scarlet fever, activity of the infective power of the poison of, 97
 Schwarz, Dr., Heligoland as a climatic and hydropathic station, 511
 Science, a public minister of, 492
 Sclerosis of the spinal cord, 357
 Scotch corporations and the medical bill, 393
 Scotch corporations and the universities, 500

Scotch interests and the new medical bill, 539
Sedatives and stimulants, action of, on the nerves, 306
Sédillot, M., death of, 238
Semple, Dr. C. E. A., acute general tuberculosis, 139; tubercular meningitis, 181, 202; two cases of chorea, 337
Servants, gratuitous attendance on, 65
Sewage in villages, disposal of, 422
Sham certificate trade, the Dublin, 520
SHEFFIELD FEVER HOSPITAL.—Treatment of ulcers, by E. A. Whitelegge, M.D., 249
SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—Chasotic disease; vegetations in the mitral aortic valves, 273; cancer of the stomach; infantile paralysis, 274; thoracic aneurism—lateral sclerosis of spinal cord—brain theories, 357; injuries to the eye; aneurism of the descending aorta; cancerous tumour of the left scapula; new ophthalmic methods, 404; three cases of fractured patella; strangulated umbilical hernia; case of hydrocele, 535
Ship surgeons, 10, 83, 238, 478
Shoulder-joint, amputation at the, 235
Sick children's hospital, Edinburgh, 129
Sick, diet for the (review), 130
Sick rooms, notes from (review), 130
Signund, Prof., death of, 258
Skin diseases, atlas of (review), 43
Skin diseases, Glasgow dispensary for, 308
Small-pox at Nottingham, 105
Small-pox at the Cape, 147
Small-pox in Dublin, 497
Snake bite, fatal shock from supposed, 354
Soap sheets, carbolic, 241
Social science congress, 521
Society for relief of widows and orphans of medical men, 477
Soldiers in India, our, 205
Something wrong somewhere, 346
Southam's regional surgery (review), 524
Southern hospital, Glasgow, 347
Specialists, medical, as public lecturers, 107
Speculum, bivalve, a new form of, 160
Spina bifida, 168
Spina bifida, clinical society's committee on, 497
Spina, Dr. Arnold, 565
Spine, injury of the, 317
Spine, lateral curvature of the, 339
Spondylitis deformans, 557
Spontaneous dislocation of the hip, 316
Spurious practitioner fined, another, 211
Stabel, Dr., Kreuznach and its ozone (review), 568
Stark, Mr. James, death of, 131
Steele, Dr., death of, 457
Steele's, Dr., the late, successor, 457
Sterility, Dr. Matthews Duncan on, 176, 197, 222, 243, 265, 289, 329, 351
Steward, Dr., death of, 150
Stewart, Dr. P., death of, 491
Stewart, Prof. Grainger, 62, 214, 552
Stimulants and narcotics, 143
Stimulants in workhouses, 475
Stokes' diseases of the chest (review), 426
Strangulated hernia, 275
Strangulated umbilical hernia, 535
Strike against lady students, a, 167
Students, increase of, 262
Students, Irish, at the army medical examinations, 280
Students, medical, residences for, 191
Students, new rules for, in Edinburgh university, 107
Sub-periosteal operations, 145
Sudden death, 34
Suicide of a medical gentleman, 285
Suicide of a surgeon, 60

Sunderland disaster, the, 555
Superannuation, 604
Surgeons, royal college of, Edinburgh, 414
Surgery international encyclopedia of (review), 437
Surgical appliance society, 190
Surplus funds, allocation of, 560
Sympathy, a case for, 349
Syphilis? can animals have, 475
Syphilitic disease in woman, difficulty of diagnosing true, 897, 419, 441
Syphilitic inoculation, 525
Syphilis, nodes from congenital, 558
Syphilis, six years of experiment in the treatment of, 335

T

Tabs mesenterica, iodine blisters in, 142
Teeth, in persons of the arthritic diathesis, characters of the, 460
Teeth, spontaneous fracture of the, 406
Teetotalism in the army, 124
Teetotalers, good news for, 65
Telephone, medical use of the, 482
Telephone, the, medical aspect of, 522
Telephonic night service for Dublin, 544
Tenure of office of poor-law medical officers, 387, 521
Tercenary of Edinburgh university, 169
Testimonials, 127
Tetanus, 378
Tetanus, 298; following laceration of the toes, Syme's amputation, recovery, 206
Tetanus, mechanical excitement of the peripheral nerves in, 168
"The St. Luke's mystery," 274
Theory of microbes, 425
Thermo-cautery, destruction of the lung by the, 470
Thomas, Mr. H. O., on the solution of the actions of remedies, 225, 243
Thompson, Dr. E. Symes, winter health resorts of the Alps, 375, 399
Thorowgood, Dr., case of glositis, 117
Thoracic aneurism, 356
Thorax, congenital malformation of the, 534
Thrombosis of the pulmonary artery, 535
Tic convulsif, stretching the facial nerve for, 558
Title clause, the, 407
Tongue, dermat. cyst in, 556
Too successful experiment, a, 520
TOTTENHAM TRAINING HOSPITAL.—Two cases of empyema, Dr. Lichtenberg, 6

U

Ulceration at the pylorus, 490
Ulcers, catarrhal, 312
Ulcer of the stomach, 202, 204

Ulcers, treatment of, 249
Ultra-peculiarity, 127
Umbilical cord, breaking strain of, 76
Umbilical cord round child's neck, a cause of infantile death, 55
Umbilical epithelioma, 341
Umbilical hernia, 535
Undergraduates of universities, exemption of, from examination fees, 560
Unilateral paralysis of the soft palate, 8
"Unification," 84
Uniformity in examination, 370
Uniformity of educational standards, 559
Univ. society, medical, 123, 189, 235
Universities bill, Prof. Marson on the, 268
University court, Edinburgh, 107
Unqualified assistant again, 497, 527
Unqualified assistant system and illegal signing of death certificates, 402, 423, 447, 466
Unqualified assistants, 479, 491, 514, 536, 537
Unqualified assistants in France, 456
Unusual occurrence, an, 496
Upper extremity, two cases of compound fracture of the, 119
Upper lip, removal of, 380
Uræmic eclampsia, pathogenesis of, 544
Uric acid, Dr. Garrod, 483, 508, 529, 553
Urinary bladder, rupture of the, 1, 27, 48, 69, 136, 156
Uterus, complete inversion of, by a midwife, 117
Uterus, diseases of the (review), 436
Uterus, excision of a fibroid, 411
Uterus removed twenty-four hours after death, 160

V

Vacancies—see last page of each No.
Vaccination, compulsory, in Switzerland, 108
Vaccination conference, a, 43
Vaccination, essentials of (review), 64
Vaccination from calf lymph, 480
Vaccination in India, 371
Vaccination inquiry, the, 162, 297
Vaccination: its place and power, 93
Vaccination, Pasteur's, 37
Vagina, cicatricial occlusion of, 75
Value of nerve stretching, 446
Vegetable rennet, 85
Vegetarian diet, cost of, 489
Vegetation, cardiac and subcutaneous nodules, 405
Vegetations in the mitral aortic valves, 273
Vena cava, occlusion of the inferior, 250
Venereal disease in Egypt, 431
Verdict, a luminous, 143
Vesical calculus, 249
Victoria university, 234
Vienna, prostitution in, 260
Virchow, Dr., on catarrhal ulcers, 312
Vital statistics, a month's, 62
Vivisection bill, the, 323
Vivisection, anti, counterblast to, 192
Volunteer medical corps, 325, 345
Volunteer medical organisation, 462, 521
Vomiting, obstinate, during pregnancy, 160
Votes in Irish county infirmaries, 541

W

Wakes, 234
Waller, Dr. B. C., microscopic anatomy of interstitial nephritis (review), 287

War, the tubercle-bacilli, 321, 367, 408
Warden's tickets, 528
Warning, a, 148
Warts, 596, 416
Water-bed for lying-in, 32
Water, drinking, chemical analysis of, 131
Water, new test for organisms in, 422
Watson prize, Glasgow, 303
Wells, Mr. Spencer, 365
Wells, Mr. S., ovariotomy statistics, 216
West, Dr., how to examine the chest (review), 563
WEST LONDON HOSPITAL.—Case of glositis, treatment by calomel, Dr. Thorowgood, 117

WEST LONDON MEDICO-CHIRURGICAL.—Colloid cancer in the peritoneum, post hemiplegic hemichorea, recurrent fibroid, calculus in the ureter, 73; post hemiplegic hemichorea with hemianæsthesia, 78; dyspepsia, ulcer of the stomach, 204; ankylosis, especially of the hip-joint, 404; dilatation and hypertrophy of the bladder and ureters, 405; relation between subcutaneous nodules and cardiac vegetations, 405; the international medical congress, 513; the practice of the bone-setter, 53

Whitelegge, Dr., treatment of ulcers, 249
Williams, Dr. C. Theodore, lectures on the relation of the tubercle bacillus to phthisis, 551
Whooping-cough, 216
Whooping-cough, Dr. T. M. Dolan (review), 170
Whooping-cough in Dundee, deaths from, 479
Whooping-cough, investigation into the origin of, 125
Whooping-cough, quinine in, 475
Widows and orphans of medical men, society for relief of, 87
Wilburn, Dr., death of, 498
Wills, medical, 60
Wilson, Sir E. and John Brown, 326
Wiltshire, Dr., on abdominal pulsation, 309
Windfall for Edinburgh royal infirmary, 215
Women, Liverpool hospital for, amalgamation scheme of, 13
Women, diseases of (review), 130
Women doctors for India, 475
Women, medical, for India, 233
Women, new hospital for, Liverpool, 411
Woodilee asylum, 426
Work of the metropolitan board of works, 472
Workhouse medical officer, arbitrary proceedings against a, 324
Workhouse, North Dublin, 284
Workhouses, stimulants in, 476
Workhouse surgeons, tenure of office of, 457
Worms, perforation of ileum by, 14
Wound of the bladder, 159
Wyer, Surgeon, death of, 217

Y

Year's medical publications, 59
YORK MEDICAL SOCIETY.—Some of the uses of plaster of Paris in surgery, 119; two cases of compound fracture of the upper extremity, 119
Young, Dr., dangerous hæmorrhage from the external generative organs during labour, 135

Z

Zenana missions? what are, 19
Ziemssen's klinik, treatment of typhoid fever in, 161
Zymotic diseases in the metropolis, decrease of, 280



